

Workers' Compensation Procedures

Workers' Compensation 101

- Report all work related injuries immediately to your Supervisor or Campus Nurse, **even if you aren't going to seek medical treatment.**
- Supervisor or Nurse will complete the First Report of Injury (FROI) and submit to Phyllis Klein.
- If an emergency, call 911 or report to nearest ER.
- Treatment must be with an Alliance Provider. List can be found in WC Packet, or at www.pswca.org
- If prescriptions are given, please use the Helios Card found in the WC packet and take to a participating pharmacy.
- Employee must complete page 2 of the packet and return to Phyllis Klein via fax at 940-369-4980.
- If employee misses work due to the injury, they must complete page 3 (Use of Leave Authorization form) of the packet and choose whether or not to give Denton ISD permission to use their available paid leave during the 7 day waiting period before they can be compensated by Workers' Comp. for lost time. If this is not done, the employee's pay will be docked for the time they missed work.
- It is the responsibility of injured worker to keep in contact with his/her supervisor regarding their work status.

Helpful Information at a Glance

To PRINT Workers' Compensation forms, go to the Risk Management page of the Denton ISD Website.

<http://www.dentonisd.org/Page/46492>

To find an Alliance Provider:

www.pswca.org

If a true emergency – call 911 or go to nearest ER.

If not a true emergency, please do not go to the ER, but to an Alliance Provider.

Please report any questions or concerns to Phyllis Klein at 940-369-0030.

*****Employee must check in with Phyllis Klein (x0030) in the Risk Management Dept. before returning to work. *****

Phyllis Klein

Workers' Comp. and Leave Specialist

940-369-0030 direct

940-369-4980 fax

pklein@dentonisd.org

<http://www.dentonisd.org/Page/46491>



DENTON INDEPENDENT SCHOOL DISTRICT
Risk Management Department
P. O. Box 1951
Denton, TX 76202
940-369-0030
940-369-4980 - fax

POLITICAL SUBDIVISION WORKERS' COMPENSATION ALLIANCE

EMPLOYEE ACKNOWLEDGEMENT OF THE ALLIANCE DIRECT CONTRACTING PROGRAM

I have received information that informs me how to obtain health care under my employer's workers' compensation coverage. If I am hurt on the job, and live in a service area described in the information received, I understand that:

1. If I need emergency care, I may go to any licensed medical professional within the United States.
2. I must choose a treating doctor from the Alliance list of doctors designated as treating doctors. To view the list of treating doctors in the Denton County area, visit the PSWCA website at www.pswca.org or contact the Insurance Department at 940-369-0028.
3. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating Doctor will refer me to an appropriate specialist.
4. Even though my treating doctor should refer me to a specialist of providers contracted with the Alliance, I understand that I need to verify that the referral doctor is a member of the Alliance provider panel.
5. The Texas Association of School Boards Risk Management Fund (TASB), Denton ISD workers' compensation claims administrator, will pay the treating and other Alliance providers, directly, for all health care related to my compensable injury.
6. I understand that my medical and/or income benefits may be disputed if I receive health care related to my injury from a provider other than an Alliance provider without prior approval from TASB.
7. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and/or imprisonment.
8. If I want to change doctors, after my first choice, I can only choose from the Alliance list of providers. A third change choice must be approved by my assigned TASB claims adjuster.

This is my initial notification.

Date Acknowledged: _____

Employer: Denton Independent School District Location: _____

Employee Printed Name: _____

Employee Signature: _____

Employee current Address is: _____

City: _____ State: _____ Zip: _____

PLEASE SIGN AND RETURN TO DENTON ISD RISK MANAGEMENT DEPARTMENT



**ELECT LEAVE BENEFITS WITH WORKERS' COMPENSATION
(No OFFSET)**

Name _____ **Employee number** _____

Position _____ **Department/Campus** _____

This employee is absent from duty because of a job-related illness or injury beginning on _____. If eligible, workers' compensation insurance may begin paying a percentage of the employee's current wages on the eighth day of absence from duty if an extended absence is required.

District authorized signature

Date

Employee choice:

I am absent from duty because of a job-related illness or injury. I understand that I am not eligible for workers' compensation weekly income benefits until my absence exceeds seven calendar days. I also understand that the district will continue to pay its contribution toward the cost of my group health insurance coverage (if applicable) as long as I am on **paid** leave and/or family and medical leave (FMLA). I further understand that I will be responsible for paying all health insurance premiums if I am on **unpaid** leave that is not FMLA leave. I choose the following option:

- ☐ I choose to use only _____ days of available paid leave at this time.
- ☐ I choose to use all available paid leave. I understand that I will not receive workers' compensation weekly income benefits until I have exhausted all of my paid leave or to the extent that paid leave does not equal my pre-illness or -injury wage.
- ☐ I choose **not** to use any available paid leave at this time. I understand that I will not receive any regular salary payments from Denton ISD while receiving weekly income benefits under workers' compensation. No available paid leave will be deducted from my leave balance. I further understand that by selecting this option, I will only receive workers' compensation wage benefits for any absences resulting from my work-related illness or injury, unless and until I communicate to the district a change in my decision.

Employee signature

Date

For Claims Reporting Purposes Only:

For all employees:

Amount of leave paid to employee: \$ ____.

Daily rate: \$ _____

Period of payment: from ____/____/____ through ____/____/____
for ____ days **or** ____ weeks

Payroll Signature: _____ Date: _____

For hourly employees only:

Hourly rate: \$ ____.

Number of hours paid: _____

Payroll Signature _____

Date: _____



TASB Alliance Medical Network List of Local Alliance Providers

A complete list of TASB Alliance Network doctors may be found at www.pswca.org

Urgent Care Facilities:

CareNow - Denton 940-383-2700

3751 South I-35E, Denton, TX 76210 (Mayhill & I35E)

HOURS: Week days 8am – 9pm; Saturday 8am – 8pm; Sunday 8am – 5pm

CareNow - Frisco West 940-335-0030

301 W. Main Street, Frisco, TX 75034 (Main St. & FM 423)

HOURS: Week days 8am – 9pm; Saturday 8am – 8pm; Sunday 8am – 5pm

CareNow - Lewisville 972-436-0333

1559 W. Main Street, Lewisville, TX 75067 (Main & Garden Ridge)

HOURS: Week days 8am – 9pm; Saturday 8am – 8pm; Sunday 8am – 5pm

Minor Emergency of Denton 940-220-3224

4400 Teasley Ln, #200, Denton, TX 76210

HOURS: Mon, Thur, Fri 8am – 10pm; Tue, Wed 8am – 8pm; Sat 10am – 5pm; Sun 12pm – 5pm

Prescription (Rx) Information:

Present your Helios card (found in wc packet) and prescription to the pharmacist. If you have any questions, please call 866-599-5426.

Walgreens 🌀 CVS 🌀 Wal Mart 🌀 Target 🌀 Kroger

Additional pharmacies within our area may be found at www.tmesys.com Click on “pharmacy locator”.

MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Helios has been chosen to manage your workers' compensation pharmacy benefits for TASB Risk Management Fund. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to a Helios Tmesys network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.





Most pharmacies, including all major chains, such as Walgreens, CVS, Rite Aid, WalMart, Target, and more, are included in the network. To find a network pharmacy call 866.599.5426 or visit www.tmesys.com and click on "Pharmacy Locator."

Questions? Need Help?



866.599.5426

TASB Risk Management Fund

CARRIER/TPA


EMPLOYER

INJURED WORKER NAME

SOCIAL SECURITY NUMBER

DATE OF INJURY (YYMMDD)

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: www.tmesys.com/pharmacy-locator
Download Free Mobile App: www.tmesys.com/MyWorkComp




Attention Pharmacists: Enter RxBIN, RxPCN, and GROUP. Member ID # format is the date of injury, and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient. **This card is not valid for compound medications.**

Tmesys Pharmacy
Help Desk 800.964.2531

	<u>NDC</u>		<u>Envoy</u>
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	<u>T099</u>		



NOTE: This First Fill card is only valid for your workers' compensation injury or illness.



Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

HACEMOS MÁS SENCILLO...

EL ABASTECIMIENTO DE LAS RECETAS MÉDICAS DEL PROGRAMA DE COMPENSACIÓN POR ACCIDENTES LABORALES.

Helios ha sido elegido para administrar los beneficios farmacéuticos de TASB Risk Management Fund. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

Empleado lesionado:



Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia de la red Helios Tmesys. Entregue esta tarjeta temporal al farmacéutico. El farmacéutico abastecerá su receta médica bajo costo o sin costo alguno.



Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones o enfermedades relacionadas con su trabajo.



La mayoría de farmacias, incluyendo las grandes cadenas, tal como Walgreens, CVS, Rite Aid, WalMart, Target, y más, forman parte de la red. Para encontrar una farmacia de la red, llame al 866.940.4459 o visite www.tmesys.com y haga clic en "Pharmacy Locator" (Localizador de farmacias).

¿Tiene alguna pregunta?

¿Necesita ayuda?



866.940.4459




TASB Risk Management Fund

PORTADORA EMPLEADOR

NOMBRE DEL TRABAJADOR LESIONADO

NUMERO DE SEGURO SOCIAL FECHA DE LA LESION (YYMMDD)

Aviso para el titular de la tarjeta: Presente esta tarjeta a la farmacia para recibir los medicamentos para su lesión relacionada con su trabajo. Para ubicar una farmacia, visite www.tmesys.com/pharmacy-locator

Descargue la aplicación móvil gratuita en www.tmesys.com/MyWorkComp



Attention Pharmacists: Enter RxBIN, RxPCN, and GROUP. Member ID # format is the date of injury, and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient. **This card is not valid for compound medications.**

Tmesys Pharmacy
Help Desk 800.964.2531

	NDC		Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	T099		



NOTA: Esta tarjeta First Fill solo es válida para una lesión o enfermedad cubierta por su programa de compensación por accidentes laborales.



Empleador:

Inmediatamente después de recibir un aviso sobre una lesión, llene la información antes indicada y entregue este formulario al empleado.

tmesys®

EMPLOYEE NOTICE OF ALLIANCE REQUIREMENTS

Important Contact Information

To locate a provider, go to www.pswca.org.

To contact your adjuster at the TASB Risk Management Fund, visit www.tasbrmf.org or call (800) 482-7276.

Information, Instructions, Rights, and Obligations

If you are injured at work, tell your supervisor or employer immediately. The information in this notice will help you to seek medical treatment for your injury. Your employer will also help with any questions about how to get treatment. You may also contact your adjuster at the TASB Risk Management Fund (the Fund) for any questions about treatment for a work related injury. The Fund is your employer's workers' compensation coverage provider and they are working with your employer to ensure you receive timely and appropriate health care. The goal is to return you to work as soon as it is safe to do so.

- **How do I choose a treating doctor?**

If you are hurt at work **and** you live in the Alliance service area, you are required to choose a treating doctor from the provider list. This is required for you to receive coverage of healthcare costs for your work related injury. A provider listing is available through the Alliance website at www.pswca.org and a link to that site is also contained on the Fund's website at www.tasbrmf.org. It identifies providers who are taking new patients.

If your treating doctor leaves the Alliance, we will tell you in writing. You will have the right to choose another treating doctor from the list of Alliance doctors. If your doctor leaves the Alliance and you have a life threatening or acute condition for which a disruption of care would be harmful to you, your doctor may request that you treat with him or her for an extra **90 days**.

- **What if I live outside the service area?**

If you believe you live outside of the service area, you may request a service area review by calling your adjuster.

- **How do I change treating doctors?**

Within the first 60 days of beginning treatment, if you become dissatisfied with your first choice of a treating doctor, you can select an alternate treating doctor from the list of Alliance treating doctors in your service area. The Fund will not deny a choice of an alternate treating doctor. **However, before you can change treating doctors a second time, you must obtain permission from your adjuster.**

- **How are treating doctor referrals handled?**

Referrals for health care services that you or your doctor request will be made available on a timely basis as required by your medical condition. Referrals will be made **no later than 21 days** after the request. Your doctor should refer you to another Alliance provider unless it becomes medically necessary to make a referral outside of the Alliance. You do not have to get a referral if you are in need of emergency care.

- **Who pays for the healthcare?**

Alliance providers have agreed to seek payment from the Fund for your health care. They should not request payment from you. If you obtain health care from a doctor who is not in the Alliance without prior approval from your adjuster, you may have to pay for the cost of that care and your income benefits may be disputed. You may treat with medical providers that are **not contracted** with the Alliance only if one of the following situations occurs:

- Emergencies: You should go to the nearest hospital or emergency care facility.
- You do not live within an Alliance service area.
- Your treating doctor refers you to a provider or facility outside of the Alliance. This referral must be approved by your adjuster.

EMPLOYEE NOTICE OF ALLIANCE REQUIREMENTS – PAGE 2

How to File a Complaint

You have the right to file a complaint with the Alliance. You may do this if you are dissatisfied with any aspect of direct contract program operations. This includes a complaint about the program and/or your Alliance doctor. It may also be a general complaint about the Alliance. A complainant can notify the Alliance Grievance Coordinator of a complaint by phone, from the Alliance website www.pswca.org or in writing via mail or fax. Complaints should be forwarded to:

PSWCA (The Alliance)
Attention: Grievance Coordinator
P.O. Box 763
Austin, TX 78767-0763
866-997-7922

A complaint must be filed with the program grievance coordinator **no later than 90 days from the date the issue occurred**. Texas law does not permit the Alliance to retaliate against you if you file a complaint against the program. Nor can the Alliance retaliate if you appeal the decision of the program. The law does not permit the Alliance to retaliate against your treating doctor if he or she files a complaint against the program or appeals the decision of the program on your behalf.

What to do when you are injured on the job

If you are injured while on the job, tell your employer as soon as possible. A list of Alliance treating doctors in your service area may be available from your employer. A complete list of Alliance treating doctors is also available online at www.pswca.org. Or, you may contact us directly at the following address and/or toll-free telephone number:

TASB Risk Management Fund
P.O. Box 2010
Austin, TX 78768
(800) 482-7276

In case of an emergency...

If you are hurt at work and it is a life threatening emergency, you should go to the nearest emergency room. If you are injured at work after normal business hours or while working outside your service area, you should go to the nearest care facility. After you receive emergency care, you may need ongoing care. You will need to select a treating doctor from the Alliance provider list. This list is available online at www.pswca.org. If you do not have internet access call (800) 482-7276 or contact your employer for a list. The doctor you choose will oversee the care you receive for your work related injury. Except for emergency care you must obtain all health care and specialist referrals through your treating doctor.

Emergency care does not need to be approved in advance. "Medical emergency" is defined in Texas laws. It is a medical condition that comes up suddenly with acute symptoms that are severe enough that a reasonable person would believe that you need immediate care or you would be harmed. That harm would include your health or bodily functions being in danger or a loss of function of any body organ or part.

EMPLOYEE NOTICE OF ALLIANCE REQUIREMENTS – PAGE 3

Non-emergency care...

Report your injury to your employer as soon as you can. Select a treating doctor from the Alliance provider list. This list is available online at www.pswca.org. If you do not have internet access, call 800-482-7276 or contact your employer for a list.

Treatments Requiring Advance Approval

Certain treatments or services prescribed by your doctor need to be approved in advance. Your doctor is required to request approval from the TASB Risk Management Fund before the specific treatment or service is provided. For example, you may need to stay more days in the hospital than what was first approved. If so, the added treatment must be approved in advance.

The following non-emergency healthcare treatment requests must be approved in advance:

Inpatient hospital admissions
Outpatient Surgical or ambulatory surgical services
Spinal Surgery
All non-exempted work hardening
All non-exempted work conditioning
Physical or occupational therapy except for the first twelve (12) visits if those visits were done within the first 6 months immediately following date of injury or date of surgery
Any investigational or experimental service
Psychological testing exceeding 3 hours with no more than four tests, such as MMPI2, BDI, BAI, P-3
Repeat psychological testing
Psychotherapy and cognitive/behavioral therapy greater than 6 visits, repeat psychological interviews and biofeedback
Repeat diagnostic studies greater than \$350.
All durable medical equipment (DME) in excess of \$500
Chronic pain management and interdisciplinary pain rehabilitation
Drugs not included in the TDI Division of Workers' Compensation Formulary
All narcotic medications dispensed greater than 60 days
Any treatment or service that exceeds the Official Disability Guidelines.

The number your doctor must call to request one of these treatments is 800-482-7276, ext. 6654. If a treatment or service request is denied, we will tell you in writing. This written notice will have information about your right to request a reconsideration or appeal of the denied treatment. It will also tell you about your right to request review by an Independent Review Organization through the Texas Department of Insurance.



OFFICE OF INJURED EMPLOYEE COUNSEL

NORMAN DARWIN, PUBLIC COUNSEL

Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the State agency that administers and regulates the workers' compensation system through the Division of Workers' Compensation (DWC).

Many services provided by OIEC and DWC can be completed over the telephone. You can contact OIEC by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Additional information, including office locations, is available on the Internet at: www.oiec.texas.gov. You can contact DWC by calling the toll-free telephone number 1-800-252-7031. Information about DWC is available on the Internet at: www.tdi.texas.gov.

Your Rights in the Texas Workers' Compensation System:

1. You have the right to hire an attorney to help you with your workers' compensation claim.

For assistance locating an attorney, contact the State Bar of Texas' lawyer referral service at 1-877-983-9227 or <http://www.texasbar.com/>. Attorney referral information can also be found on OIEC's website at www.oiec.texas.gov.

2. You have the right to receive assistance from OIEC if you do not have an attorney.

OIEC Customer Service Representatives and Ombudsmen are available to answer your questions and provide assistance with your workers' compensation claim by calling OIEC or visiting an OIEC office. **You must sign a written authorization before an OIEC employee can access information on your claim.** Call or visit an OIEC office to fill out the written authorization. Customer Service Representatives and Ombudsmen are trained in the field of workers' compensation and can help you with scheduling a dispute resolution proceeding about your workers' compensation claim. An Ombudsman can also assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot make decisions for you or give legal advice.

3. You may have the right to receive medical and income benefits regardless of who was at fault for your injury, with certain exceptions. Your beneficiaries may be entitled to death and burial benefits.

Information about the exceptions can be found at www.tdi.texas.gov or by visiting with OIEC staff.

4. You may have the right to receive medical care to treat your workplace injury or illness for as long as it is medically necessary and related to the workplace injury.

You may have the right to reimbursement of your incurred expenses after traveling to attend a medical appointment or required medical examination if the trip meets qualifying conditions.

5. You may have the right to receive income benefits for your work-related injury.

There are several types of income benefits and eligibility requirements. Information on the types of income benefits that may be available and the eligibility requirements can be found at www.tdi.texas.gov or by visiting with OIEC staff.

6. You may have the right to dispute resolution regarding income and medical benefits.

You may request Medical Dispute Resolution if you disagree with the insurance carrier regarding medical benefits. You may request Indemnity (Income) Dispute Resolution if you disagree with the insurance carrier regarding income benefits. The law provides that your dispute proceedings will be held within 75 miles from your residence.

7. You have the right to choose a treating doctor.

If you are in a Workers' Compensation Health Care Network (network), you must choose your doctor from the network's treating doctor list. You may change your treating doctor once without network approval. If you are not in a network, you may initially choose any doctor who is willing to treat your workers' compensation injury; however, changing your treating doctor must be pre-approved by the DWC if you are not in a network. If you are employed by a political subdivision (e.g. city, county, school district,) you must follow its rules for choosing a treating doctor. It is important to follow all the rules in the workers' compensation system. **If you do not follow these rules, you may be held responsible for payment of medical bills.** OIEC staff can help you to understand these rules.

8. You have the right for your workers' compensation claim information to be kept confidential.

In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from DWC.

Your Responsibilities in the Texas Workers' Compensation System

1. You have the responsibility to tell your employer if you have been injured at work while performing the duties of your job. You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.

2. You have the responsibility to know if you are in a Workers' Compensation Health Care Network (network).

If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are in a network, you have the responsibility to follow the network rules. If there is something you do not understand, ask your employer or call OIEC. If you would like to file a complaint about a network, call TDI's Customer Help Line at 1-800-252-3439 or file a complaint online at <http://www.tdi.texas.gov/consumer/complfrm.html#wc>.

3. If you worked for a political subdivision (e.g., city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment.

Your employer should be able to provide you with the information you will need in order to determine which health care providers can treat you for your workplace injury.

4. You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.

5. You have the responsibility to send a completed Employee's Claim for Compensation for a Work-Related Injury or Occupational Claim Form (DWC041) to DWC.

You have one year to send the form after you were injured or first knew that your illness might be work-related. Send the completed DWC041 form even if you already are receiving benefits. You may lose your right to benefits if you do not timely send the completed claim form to DWC. For a copy of the DWC041 form you may contact DWC or OIEC.

6. You have the responsibility to provide your current address, telephone number, and employer information to DWC and the insurance carrier. DWC can be contacted at 1-800-252-7031.

7. You have the responsibility to tell DWC and the insurance carrier anytime there is a change in your employment status or wages. (Examples of changes include: you stop working because of your injury; you start working; or you are offered a job).

8. Eligible beneficiaries or persons seeking death and burial benefits have the responsibility to send a completed Beneficiary Claim for Death Benefits (DWC-042) to DWC within one year following the employee's date of death.

9. You are prohibited from making frivolous or fraudulent claims or demands.