



WORKER'S COMPENSATION PROCEDURES

1. All on the job injuries must be reported to the employee's Department Head or designee immediately. The attached written report must be completed by the end of the next regular working day or as soon as possible.
 - a. The **employee** should complete pages 2 to 4 (Employee Injury Report Form and Designated Medical Provider Policy).
 - b. The **supervisor** should complete page 5 and sign page 4.
 - c. Any **witness(es)** should complete page 6. Copies may be made, if necessary.
 - d. The employee should take pages 7 through 9 with them to the health care provider so that the proper insurance can be billed. The employee will keep these pages after their appointment.
2. If medical treatment is necessary, make arrangements for the injured worker to receive medical attention from the most appropriate provider listed below. If the doctor or pharmacist has any questions, they can call the Department Head (or designee) or the HR Department (620-341-3252) for any confirmation.
 - a. If an employee is injured on the job and it is an emergency, please dial #911 and/or have the supervisor or designated staff accompany the employee immediately to the emergency room at Newman Regional Health.
 - b. If it is not an emergency, the employee may go to Newman Express Care between 8am and 8pm Monday through Friday and 10am to 6pm on Saturday or Sunday. Employees may walk in and wait to be seen or an appointment can be made for them by calling 620-343-7828

The supervisor or employee should inform all medical providers (doctor's office, hospital, pharmacy) that this is a worker's compensation claim. **Employees should not use their personal insurance card.**

3. If an employee receives medical treatment for an on-the-job injury: employees are required to have a note from the treating medical provider listing any work restrictions they need to safely work while recovering. It is the employee's responsibility to return the documents from the medical provider to their department head after the appointment. It may be necessary for the department head to consider modified duty that fits the employee's restrictions. Please forward information from the medical provider to HR no later than the next business day.
4. The claim will be filed by HR with the Worker's Compensation Carrier (KWORCC) who uses Tristar Risk Management to help manage the claims.
5. The employee should keep pages 10 to 13 for reference.



Employee Injury Report Form

Employee full name _____

Date of hire _____

Department _____

Work Phone _____

Employee Home address

Street

City

State

ZIP Code

Social Security Number _____

Date of Birth _____

Job Title _____

Employee personal phone number _____

Date of injury or beginning of occupational disease _____

Time of injury _____ a.m. p.m.

Date injury reported to employer _____

Place of accident or last exposure

City

County

State

Was accident or last exposure on employer's premises? YES NO

How did the accident occur?

Exactly which part of body was injured?

What exactly were you doing when injured?

What substance or object directly caused injury?



Describe in detail nature and extent of injury (for example: fracture, laceration, sprain)

Was the employee evaluated by a medical professional?
Treated by the Express Care or other office visit? YES NO If yes, Date _____
Treated by emergency room only? YES NO If yes, Date _____
Was worker admitted to hospital? YES NO If yes, Date _____

Hospital or clinic name (if applicable) and address

Name of attending medical provider or clinic

What medical treatment have you received?

Has employee returned to regular duty? YES NO
Date _____
Is employee working light duty? YES NO Date began _____

Is further medical aid needed? YES NO UNKNOWN

Did anyone see you get hurt? If yes, who _____

Who did you report your injury to? _____

Employee
Signature _____

Date _____

If the employee is unable to complete this form:

Date of report _____ Completed by _____
Title _____



DESIGNATED MEDICAL PROVIDER POLICY

In order to provide the best medical care for our employees at a reasonable cost in the event of an on-the-job injury, Lyon County has designated the following locations to provide all medical services for any employee injured on the job:

Newman Express Care
1301 W 12th Ave Suite 110
Emporia, KS 66801
Hours: Monday to Friday 8pm-8pm
Saturday and Sunday 10am-6pm
620-343-7828

NMP – Newman Family Medicine
1301 W 12th Ave #105
Emporia, KS 66801
620-343-2376
Hours: Monday to Friday 8am-5pm

Newman Orthopedics – Helena Stormont, ARNP
1301 W 12th Ave #301
Emporia, KS 66801
620-340-6181
Hours: Monday to Friday 8am-5pm

Newman Emergency Room
1201 W 12th Ave
Emporia, KS 66801
24 hours a day
620-343-6800
Hours: 24 hours a day & 7 days a week

MEDICAL BENEFITS: An employer is required to furnish all necessary medical treatment and has the right to designate the treating physician. If the employee seeks treatment from a doctor not authorized by the employer, the employer or its insurance carrier is only liable for up to \$500.00 (Five Hundred Dollars). Management retains the right to change this policy without prior notification or consent of the employees. Supervisory staff may use discretion in the treatment of emergency cases or injuries.

Your signature below indicates you have read, understand, and agree to this Designated Medical Provider Policy as a condition of employment. Violations of this or any other policy may result in termination of employment.

Employee Signature Date HR or Supervisor Signature Date

Please provide a copy of this form to any medical provider you see for your work-related injury.

Please direct all calls for medical authorization, referrals, and billing (Physical therapy, MRI's, specialists, etc.) to:

CIS Insurance Solutions
316-252-1078 Amanda Chamberland
316-252-1088 Jenny Mitchell

Please forward all bills to:
CIS Insurance Solutions
PO Box 26721
Overland Park, KS 66225



Supervisor's Report of Injury

How did the injury happen?

Did you see the injury occur? _____

What date were you informed of the injury? _____

Time injury reported to you? _____

When did the injury occur? _____

Where did the injury occur? _____

How can this injury be prevented in the future?

Please provide any witnesses with a copy of the "Witness Report". Please provide any completed witness reports with the accident report to HR.

Supervisor's name: _____

Signature: _____

Date: _____



Witness Report (make copies if necessary)

How did the injury happen?

Did you see the injury occur? _____

What were you doing when the injury happened?

Witness's printed name: _____

Signature: _____

Date: _____



INFORMATION FOR INJURED EMPLOYEES

K-WC 27-A (Rev. 06-18-24)

* THIS NOTICE APPLIES TO ACCIDENTS ON OR AFTER JULY 1, 2024 *

Employers are required to provide this information to each injured worker.

WHAT TO DO IF AN INJURY OCCURS ON THE JOB

If you have any questions about workers compensation benefits, contact the Division of Workers Compensation at the phone number at the bottom of the page. **Assistance in Spanish is available.**

(1) NOTIFY YOUR EMPLOYER IMMEDIATELY: Per K.S.A. 44-520, a claim may be denied if an employee fails to notify their employer within the earliest of the following dates: (A) 30 calendar days from the date of accident or the date of injury by repetitive trauma; (B) if the employee no longer works for the employer against whom benefits are being sought, 20 calendar days after the employee's last day of actual work for the employer.

Notice may be given orally or in writing. Where notice is provided orally, if the employer has designated an individual or department to whom notice must be given and such designation has been communicated in writing to the employee, notice to any other individual or department shall be insufficient under this section. If the employer has not designated an individual or department to whom notice must be given, notice must be provided to a supervisor or manager.

Where notice is provided in writing, notice must be sent to a supervisor or manager at the employee's principal location of employment.

The notice, whether provided orally or in writing, shall include the time, date, place, person injured and particulars of such injury. It must be apparent from the content of the notice that the employee is claiming benefits under the workers compensation act or has suffered a work-related injury.

(2) FOLLOW YOUR EMPLOYER'S INSTRUCTIONS for getting medical aid and follow the doctor's instructions.

(3) MEDICAL BENEFITS: An injured worker is entitled to all medical services reasonably necessary to cure and relieve the worker from the effects of the injury. The employer has the right to select the doctor who will treat the injury. A worker may seek the services of an unauthorized doctor up to a limit of \$800.00. A worker may apply to the Workers Compensation Director to change the authorized treating doctor. Reimbursement for travel to obtain medical treatment is payable at a rate set by law for trips that are five miles or more (round trip).

(4) WEEKLY BENEFITS: Benefits are paid by the employer's insurance carrier or self insurance program. Injured workers are not entitled to compensation for the first week they are off work unless they lose three consecutive weeks. The first compensation payment is normally due at the end of the 14th day of lost time. An injured employee is entitled to a weekly amount of 66 ⅔ percent of his/her average weekly wage up to a maximum of 75 percent of the state's average weekly wage. These benefits are subject to legislative changes. If the injury results in permanent disability, the Kansas Workers Compensation law provides for additional benefits.



Information for Injured Employees

K-WC 27-A (Rev. 06-18-24)

RESPONSIBILITIES OF THE EMPLOYER

1. Unless self-insured, the employer must advise its insurance carrier or group-funded pool of employee’s injury.

Per K.S.A. 44-557, it is the duty of every employer to make or cause to be made a report to the director of any accident, or claimed or alleged accident, to any employee which occurs in the course of the employee’s employment and of which the employer or the employer’s supervisor has knowledge, which report shall be made upon a form to be prepared by the director, within 28 days, after the receipt of such knowledge, if the personal injuries which are sustained by such accidents, are sufficient wholly or partially to incapacitate the person injured from labor or service for more than the remainder of the day, shift or turn on which such injuries were sustained.

As outlined in K.A.R. 51-9-17, all insurance carriers, group pools and self-insurers are required to use Electronic Data Interchange (EDI) to file First Reports of Injury (FROI) and Subsequent Reports of Injury (SROI) using the Release 3.1 Standards. For details contact the Technology and Statistics section of the Division of Workers Compensation at (785) 296-4000 or (800) 332-0353. You may access our website at <https://www.dol.ks.gov/workers-compensation/electronic-data-interchange-edi>.

2. Employers must provide for the payment of workers compensation claims without any charge to employees.

3. Employers must post the Workers Compensation Notice prepared by the Director.

4. Employers must pay compensation benefits, regardless of insurance coverage.

5. Upon receiving notice of an injury, the employer must provide the employee written information to assist the injured worker in understanding his/her rights and responsibilities in obtaining compensation.

**Pursuant to K.S.A. 44-5,102(a)
EMPLOYERS MUST COMPLETE THE FOLLOWING
INFORMATION FOR INJURED WORKERS**

Your claim will be handled by:

Company KWORCC Claims

Address P.O Box 26721 Overland Park, KS 66225

 Phone: 844-682-2266 Fax: 816-214-4080

 Email: claims@CISInsuranceSolutions.com

Contact Person Amanda Chamberland

Phone 316-252-1078 Fax:

Email achamberland@cisurancesolutions.com



INSTRUCTIONS FOR PRESCRIPTION BENEFIT CLAIMS

Dear Injured Worker:

The below AspenCompRx temporary prescription benefit card will authorize you to obtain prescription medications for your work-related injury, with no out-of-pocket expense. The card will be activated when the pharmacy processes the prescription medication along with all necessary information. Once activated, it will authorize you to obtain prescription medications that are directly related to your work injury. *NOTE: there may be limitations to how much of your prescription may be dispensed using this temporary benefits card, based on various elements such as jurisdiction and/or other restrictions in place for your employer's prescription benefit plan.*

This card is to be used ONLY for prescriptions related to your work injury. Should you attempt to use it for prescriptions not related to your work injury, it will become your responsibility to pay for those prescriptions.

Please avoid having any prescription related to your work injury filled directly by the prescribing physician's office, as most physicians do not accept prescription benefit cards for billing purposes.

You may fill your prescriptions at the AspenCompRx network pharmacy of your choice, which includes all major retail pharmacies.

For help finding your nearest network pharmacy, please call AspenCompRx at 1-866-337-6426 for assistance.

For other questions regarding your work-related injury, please call 1.888.55TRISTAR (1.888.558.7478) to contact your TRISTAR claims examiner.

Your AspenCompRx temporary prescription benefit card contains important claims and customer service information for you and your pharmacist. Please present the lower portion of this letter to your pharmacist when filling any prescription related to your work injury. A permanent card may be mailed to replace this temporary card.

 	
Workers Compensation Rx Benefit Card	
Rx BIN: 610243 Rx PCN: WC Rx Group: TMC Rx ID: TMC01 Employee Name: _____ Employer Name: _____ Injury Date: _____	<small>This card is for Workers Compensation prescriptions only.</small> <div style="border: 1px solid red; padding: 2px; display: inline-block;">First Fill Only</div>
<small>Present this card along with your prescription when ordering your medications. If you have any questions regarding your pharmacy benefit program, please call Customer Service. Available 7 days a week / 24 hours a day.</small> For Employees/Pharmacists: 866-337-6426	
<small>Card Instructions: Pharmacy should submit claims using the workers' compensation claims segment. This is an interim prescription benefit card and can only be used for an injured worker's first prescription fill.</small> Card will activate upon prescription submission <small>If you have any issues filing a prescription, please contact the Pharmacy Help Desk number listed above.</small>	
<small>Printed 10/1/2021</small>	



WORKER'S COMPENSATION Basics

If you are injured on the job, report the injury to your supervisor and the designated reporting contact for the County, Alicia Rumold, immediately. Alicia's contact information:

Alicia Rumold

HR Director

Telephone: 620-341-3252

Fax: 620-341-3363

arumold@lyoncounty.org

The timeline for reporting to determine claim compensability **does not eliminate** the employer's requirement of **immediate notice within 24 hours of the event**. Under Kansas statute, an employee must provide notice to the employer either when the employee sustained a work-related injury, or when the employee wants workers compensation benefits. The employee must provide notice to the employer, either orally or in writing, by the earliest of (a) 20 days from the date of accident (or the statutory date of injury in the case of repetitive trauma, such as carpal tunnel syndrome), (b) 20 days from the date medical treatment is sought if the employee is still working for the employer, or (c) 10 days after the last day actually worked if the employee is no longer employed by the employer.

Once notified of the injury, Alicia or designee will complete a claim form which will be sent to Tristar, the company that handles the worker's compensation cases for the KWORCC pool of counties. Then, if necessary, the injured worker will be referred to the designated clinic(s) for an evaluation. The employee shall take notice KWC-27A with them (provided by the employer) to the appointment which includes the billing and contact information for CIS Adjusters Amanda Chamberland (316-252-1078) and Jenny Mitchell (316-252-1088).

- Amanda Chamberland and/or Jenny Mitchell will review the submitted claim to determine the compensability of the event/condition.
- Any referrals such as physical therapy, MRI/CT, or specialist should be pre-approved through Amanda and/or Jenny to ensure coverage.
- Any care sought with an unauthorized facility or medical provider may result in lack of coverage for the provider services. There is \$500 unauthorized medical allowance, however this should be discussed with the adjuster to ensure it is used correctly beforehand.



The facilities listed below are considered designated medical clinics for the care of Lyon County employees:

Newman Express Care

1301 W 12th Ave Suite 110

Emporia, KS 66801

620-343-7828

Hours: Monday to Friday 8pm-8pm

Saturday and Sunday 10am-6pm

NMP – Newman Family Medicine

1301 W 12th Ave #105

Emporia, KS 66801

620-343-2376

Hours: Monday to Friday 8am-5pm

Newman Orthopedics – Helena Stormont, ARNP

1301 W 12th Ave #301

Emporia, KS 66801

620-340-6181

Hours: Monday to Friday 8am-5pm

If the employee suffers an injury requiring emergency services (head injury, fracture, etc.), the designated hospital/facility for the County is:

Newman Emergency Room

1201 W 12th Ave

Emporia, KS 66801

24 hours a day

620-343-6800

Hours: 24 hours a day, 7 days a week

In the event of a compensable injury, the provider will be asked to provide a work status for the employee at each medical visit.

- It is the employee’s responsibility to notify both the assigned Tristar adjuster and the employer (supervisor and HR Director) of the work status provided. Lyon county will make every attempt to accommodate the employee in a modified duty position, which may include a temporary position in a separate department.



- While under light duty it is the employee's responsibility to ensure that they are following the restrictions set forth by the medical provider to promote injury healing. If the employee has concerns regarding their accommodated position, they should first notify their supervisor and HR, who will attempt to locate an alternate position or task within the county.

In the event of the inability of the employer to accommodate the work status provided or the complete off work status, additional benefits may be owed to assist with wage loss.

- Under KS statute, there is a seven-day waiting period for temporary total disability (TTD) benefits to begin. Please contact HR with any questions regarding the wages during the initial seven day waiting period.
- After the conclusion of the seven-day waiting period, the employee will accumulate TTD pay wages at the rate of $66 \frac{2}{3}$ of their pre-injury average weekly wage, up to a maximum allotted amount.
- Adjuster Amanda Chamberland will administer the benefits owed under the TTD allowance and will assist the injured worker with any questions regarding the TTD pay.
- If the disability lasts for a period of three consecutive weeks, the initial waiting period may be waived for retroactive TTD payment.

Additional benefits may be allotted, such as temporary partial disability (TPD). This benefit occurs when the employee is brought back to work, but at a lesser amount of hourly pay or hours due to the inability to accommodate the employee. Any questions regarding TPD payments should be funneled through claim adjuster Amanda or Jenny.

Disclaimer: Acceptance of employment with a different employer that requires the performance of activities you have stated you cannot perform because of the injury for which you are receiving TTD benefits could constitute fraud and could result in loss of future benefits and requirement to pay back any payments already received.

Mileage is currently paid at the rate of 65.5 cents per miles for any authorized medical care on a compensable claim more than five miles roundtrip. This amount typically changes on a yearly basis. Requests for mileage should be submitted to the Tristar representative in writing via fax, mail or email.

The employer and its representative (KWORCC) are NOT required to pay for lost time from work to attend medical appointments including physical therapy. It is Lyon County's policy that an employee may use any accrued sick or vacation time to cover necessary medical appointments. Lyon County policies must be followed regarding submission of leave requests to your department head as with any other leave.



During the course of the worker's compensation claim, *but after the employee has notified their department head and the proper reporting documentation has been submitted to Lyon County HR Director*, the adjusters with Tristar are available for any questions or concerns regarding the claim. This includes but is not limited to medical direction, lost wages, prescription coverage, etc.

Lyon County strongly encourages the injured worker to reach out to Amanda or Jenny to help them with any concerns or to update their improvement periodically. Amanda and Jenny only handle the claims for the KWORCC pool of counties and are dedicated to providing exceptional claim service to all parties involved.

Amanda Chamberland

Claims Examiner III

Office: 316-252-1078

Email: achamberland@cisinsurancesolutions.com

Jenny Mitchell

Claims Examiner II

Office: 316-252-1088

Email: jmitchell@cisinsurancesolutions.com