STATE OF TENNESSEE TREASURY DEPARTMENT
DIVISION OF CLAIMS ADMINISTRATION
502 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-0202
615-741-2734 (phone) / 615-532-4979 (fax)

DAVID H. LILLARD, JR.
STATE TREASURER

These procedures are to emphasize the importance of all employees notifying his/her supervisor immediately of any injury or illness that occurs while on duty. It is also imperative that any employee who experiences injury or illness while on duty follow up with his/her supervisor to make sure all documentation of the injury or illness is filled out correctly and submitted to the Human Resources office for reporting purposes. Even if you did not receive medical treatment, reporting the incident protects you if any physical ailments or illnesses become issues in the future.

The following guidelines as set forth in this notice will help minimize the potential denial of a workers' compensation claim. Not following these procedures will increase chances of sustained injuries not being recognized as qualifying for workers' compensation. Therefore, the claim potentially may be denied.

ONCE YOU FILE A CLAIM AS WORKERS' COMP, YOU ARE REQUIRED BY POLICY TO FOLLOW THE PROCEDURES OUTLINED IN THIS DOCUMENT. FIRST AND FOREMOST, ALL INSTRUCTIONS FROM PHYSICIANS, CASE MANAGERS AND HUMAN RESOURCES MUST BE ADHERED TO COMPLETELY.

What should I do if I'm injured on the job?

1. Notify your supervisor immediately.

   - Tell your supervisor exactly what happened, how it happened, witnesses to the incident, and whether you were injured as a result of the incident. If you witness a work-related incident where a fellow employee is injured and cannot notify his or her supervisor, you should notify the supervisor for him or her. This may be as simple as calling the supervisor to report that an incident occurred resulting in injury or sending an email reporting the incident to the supervisor.

You should call 911 for all emergencies that result in serious bodily injury and/or seek treatment at the nearest emergency room.

2. You and your supervisor shall call the Workplace Injury & First Notice of Loss Call Center at **1-866-245-8588, option #1,** immediately after the occurrence of an incident.

   - By calling the Workplace Injury & First Notice of Loss Call Center you (the injured employee) will speak with a 24/7 registered nurse to evaluate the nature of your injury and determine immediate care or treatment options. Your supervisor will only verify that you are reporting a work-related injury to the registered nurse.

   - If no medical treatment is recommended, the registered nurse will document the call for you and your supervisor and enter an incident report into the CareMC reporting system. No other action will be needed from you or your supervisor.

   - If the registered nurse recommends for you to seek immediate medical treatment, the nurse will direct you to the nearest State-approved medical provider. Your supervisor will be responsible for completing the reporting process of the claim with CorVel.

   - The 24/7 registered nurse will provide to you verbally the approved panel of physicians. The approved panel of physicians may also be posted in your break room and/or the Human Resources Office. You must choose a provider who is authorized in the State workers' compensation network. This will be the only physician authorized to treat you for your compensable injury. The State will not pay any medical expenses you incur from a physician other than your treating physician or a network physician you are referred to by your treating physician.

   - Follow up doctor and/or specialist appointments must be arranged by CorVel and NOT by the injured employee or the employee's supervisor. ***Note: This does not apply in situations requiring immediate emergency room treatment for serious or life-threatening injuries.***

   - If you are seen in an emergency room or a minor medical clinic and you were told to see a specialist or your "regular/normal" physician for follow-up care, you must call the Human Resources Department prior to any follow up treatment and Human Resources will call your CorVel examiner for a panel of three. The panel will be given to Human Resources and you will need to go to Human Resources to sign the panel form. All doctors must be on the State's approved physicians list prior to follow-up treatment.

3. To complete the reporting process your supervisor can ask the registered nurse to transfer the call to the First Notice of Loss Unit, or directly call **1-866-245-8588** and select **option #2.** The First Notice of Loss Unit will ask your supervisor additional questions. If your supervisor is unable to answer the questions, he or she must notify the Human Resources Department of the incident prior to the end of his/her shift.

- Human resources personnel may also call **1-866-245-8588** and select **option #2**, or they may complete the First Notice of Loss online via CareMC. If the employee and supervisor did not call the 24/7 registered nurse, and the incident was a non-medical incident reported to the Human Resources Department, human resources personnel may enter the incident directly into CareMC.

When seeking medical treatment, you should notify the doctor's office that you were injured while at work and that you will be filing a claim for workers' compensation benefits with the state.

If you are given a prescription, DO NOT fill the prescription with the State personal health insurance provider. Tell the pharmacist the prescription is for a workers' comp injury or illness and provide them with the Cypress First Fill Pharmacy Form.

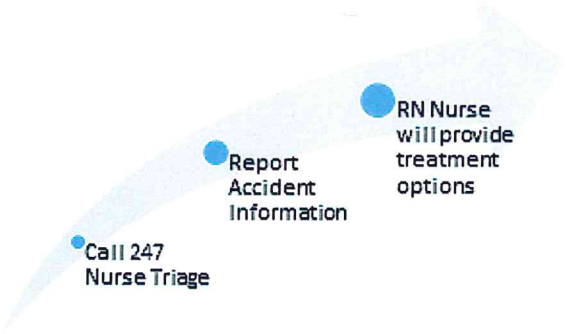
DRUG SCREENS (IF APPLICABLE TO YOUR DEPARTMENT): If the employee is in an accident where a drug test is required, **DO NOT** request any drug tests from the workers' comp medical provider. All drug tests must be performed by National Toxicology Specialists (NTS). Only drug tests from NTS are acceptable.

NOTE: It is your responsibility to keep your supervisor and/or human resources department notified on a daily basis regarding your work status while out of work on workers' comp. Explain what medical care is being prescribed and your current condition. The employee should give copies of all the paperwork issued by the treating physician to the supervisor and/or human resources department stating when he/she can return to work, if follow-up visits are requested, or the need for physical therapy. This written documentation must be forwarded to Human Resources. **Due to HIPPAA compliance, ONLY the Human Resources Department will store the medical records related to an employee's injury on the job**.

DO NOT PRESENT YOUR HEALTH CARE CARD FOR MEDICAL TREATMENT OR WHILE FILLING A PRESCRIPTION. YOUR HEALTH INSURANCE AND YOUR WORKERS' COMPENSATION COVERAGE ARE TWO SEPARATE PLANS THAT DO NOT OVERLAP.

The State of Tennessee and the State's TPA reserves the right to review certain claims for compensability and may assign a case manager to assist an employee. Certain outpatient procedures must be pre-certified by state processes before occurring. Providers of these services know they should contact the adjuster before diagnostic testing, physical therapy, injections, surgeries, referrals, etc.

When an Incident Occurs: DIAL: 866-245-8588
Live Assistance 24/7

If you are an *Injured Worker*, **SELECT OPTION #1** to speak to a Registered Nurse	If you are a *Supervisor or Manager*, **SELECT OPTION #2** to report the injury of an employee
	
Benefits: 1. Connects injured worker with appropriate care; 2. Specialized in occupational injuries 3. First aid advice with follow-up call; 4. Focus on access and early intervention; 5. Treatment authorization via provider channeling with follow-up call; and 6. Comprehensive incident data gathering.	**Benefits:** 1. Completely integrated approach; 2. Both sides of incident captured to ensure accurate reporting; 3. Outbound calling if supervisor has not completed report with treatment within 24 hours; 4. Automated completion of First Report of Injury (Form C-20); 5. Central distribution of Form C-20; and 6. Mobile reporting capabilities for field personnel.

WORKERS' COMPENSATION INSTRUCTIONS / PROCEDURES

I HAVE RECEIVED AND READ THIS NOTICE REGARDING WORKERS' COMPENSATION PROCEDURES AND BENEFITS.

_____
PRINT NAME

_____
SIGNATURE

_____
DATE

_____
HR Representative

PLEASE SIGN THIS PAGE AND RETURN. KEEP THE OTHER INFORMATION FOR YOUR FUTURE REFERENCE.