

Employer Handbook

for State of Maryland Agencies

Welcome!

Dear State Agency Partner:

Welcome to our updated Employer Handbook for Maryland State Agencies. This Handbook will provide you with important information on how IWIF administers workers' compensation benefits for State of Maryland agencies, departments, and employees.

We are proud to serve as the third-party administrator of workers' compensation benefits for the State of Maryland. IWIF has a dedicated group of risk management consultants, claims adjusters, nurse case managers, and legal professionals serving State of Maryland Executive Branch agencies, departments, and bureaus.

IWIF services include:

- Online injury reporting
- Dedicated claims adjusters and nurse case managers
- In-house medical staff, including three doctors, a pharmacist, and a physical therapist
- Dedicated safety specialists
- Experienced legal representation
- Detailed claims data reports for your agency
- Customized safety training for your supervisors and employees

We value our longstanding relationship and will continue to work closely with you to help control the State's work-related injuries and the costs associated with them.

Sincerely,
Your IWIF/SERMA Team

Table of Contents

	Page
“Certificates of Insurance”/Confirmation of Coverage	2
Obtaining IWIF eServices Online Access	2
• Creating a State Agency Account with IWIF form.....	3
Claim Services	4
Accident Investigation	6
• IWIF When an Injury Occurs flyer	7
• IWIF Employee’s Report of Injury form	8
• IWIF Accident Witness Statement form	9
• IWIF Supervisor’s Accident Investigation form	10
• ACORD 4 First Report of Injury (FROI) Sample form	11
Medical Benefits.....	12
• IWIF Medical Travel Expense form	13
Prescription Benefits	14
• Workers’ Compensation Temporary Prescription ID Card (First Fill form)	15
Medical Billing.....	16
Lost Time Benefits.....	17
• IWIF Statement of Wage Information form	18
Managed Return-to-Work Program (MRTW).....	19
Hearings and Appeals	19
SERMA.....	20
Risk Management Services	20
Third-Party Claims/Subrogation	21
Workers’ Compensation Fraud	21

[**MD WCC Employer’s Posting Notice**](#) (Form C- 24, Version 5/2017; English/Spanish PDF)

The MD Workers’ Compensation Commission’s Employers’ Posting Notice must be printed on 8.5x14” (legal size) goldenrod or yellow paper, “as provided by the MD WCC.” Reduced or otherwise altered reproductions do not meet statutory compliance. This Notice should be posted in a conspicuous location at each worksite and must include complete employer /insurer information in the lower left corner where indicated. **IWIF is including a courtesy copy of this posting notice in this publication for your use.**

Important:

In the event of any conflict between the contents of this Handbook and the intent of the contract between IWIF and the State of Maryland, the language in the contract will prevail.

About “Certificates of Insurance” and Confirmation of “Coverage”

Is your agency being asked for a Certificate of Insurance? Maryland State Agencies technically don't hold workers' compensation policies and therefore cannot produce “Certificates of Insurance.” However, we CAN provide you with an assurance of confirmation of workers' compensation “coverage” by IWIF on behalf of the State of Maryland. For assistance, contact your SERMA Risk Management Consultant or call our Customer Service Department.

IWIF Main Telephone Number	410-494-2000
Customer Service Department	1-800-264-4943
Injury Reporting Hotline	1-888-410-1400
Fraud Reporting Hotline	1-888-268-4372

Obtaining IWIF eServices Online Access

We encourage all agencies to utilize online eServices for claims reports, statistics for your specific agency, and to report injuries online to IWIF. To utilize eServices, you must have a User Name and Password. Once a User Name and Password have been assigned, agencies will have access to the following:

- Report an Injury
- Query a Claim
- Query a First Report of Injury (FROI)
- Claims Data Reports
- Safety Center
- Pre-recorded Webinars

[Log in here](#)

Instructions for Obtaining a User Name and Password:

If you do not already have an eServices account and would like to create one, there are several steps involved:

- State of Maryland users must receive approval for an IWIF eServices account and coordinate their request through their State Agency Risk Manager or a designated agency representative.
- Risk Managers or their designated representatives may contact their SERMA Risk Management Consultant for access, or
- Risk Managers or their designated representatives may also use the form at right to request access to our online eServices. This form can also be found on our website: [Creating-a-State-Agency-Account](#).



Creating a State Agency Account with IWIF

Thank you for your interest in creating a **State Agency Account** with us. Having an account will allow you to access our online eServices.

Please provide as much information as you can so we can get started:

Requester's First & Last Name: _____

Requester's Title: _____

State Agency Name: _____

Agency Code & Account No.: _____

Requester's Email Address: _____

Requester's Phone Number: _____

Select the desired **eServices access level** for this account:

Admin	Basic
<p>Level 1:</p> <ul style="list-style-type: none">• Report an injury online• Query a reported injury or claim• Run detailed reports & loss runs• Access to Safety Center	<p>Level 2:</p> <ul style="list-style-type: none">• Report an injury online• Access to Safety Center

Please return the completed form to StateEServices@iwif.com to continue the account creation process. We will respond to your account request within 1-2 business days.

Claim Services

IWIF acts as the third-party administrator of benefits in accordance with the workers' compensation laws of the State of Maryland, for State of Maryland employees who incur work-related accidental injuries and/or occupational diseases pursuant to Title 9 of the Labor and Employment Article of the Maryland Annotated Code.

IWIF has a dedicated team of claims, health, legal, and risk management professionals serving the State of Maryland agencies.

What is the Process for Reporting an Injury to IWIF?

The process begins when an injured worker notifies his/her supervisor of the accident or injury. The agency or facility then has the responsibility to submit the Employer's First Report of Injury (FROI) in a timely manner to IWIF. The faster the injury is reported and medical attention is delivered, the better the outcome and the faster your employee may be able to return to work. Submission within 3 days of the incident is preferred so that we can start managing the claim quickly.

Reporting Injuries Online is the Fastest Method

- Report the injury immediately 24/7/365 online at <http://www.ceiwc.com>. You will need a User Name and Password to report injuries online. (See pages 2-3 for instructions on signing up for eServices and obtaining a User Name and Password for State Agencies.)
- State agencies should provide the following information when reporting an injury:
 - Name of person reporting the injury
 - Agency/facility name
 - Agency code and account number
 - Name of injured worker
 - Injured worker's Social Security Number and Date of Birth (these will be kept strictly confidential)
 - Date and time of injury

Alternate Methods of Reporting Injuries

- You may also email the ACORD 4 form (see page 11 for sample) to FROI@ceiwc.com.
- You may call our Customer Service department to report the injury by calling 410-494-2000 or 1-800-264-4943.

What Happens After the Injury is Reported to IWIF?

The incident will then be referred to our Claims Department for assessment. The majority of injuries reported to us are adjudicated automatically utilizing an intake management system. Please note that injuries submitted as "Report Only" or without any lost time involved "Medical Only" typically follow this streamlined adjudication process and may not be assigned to an adjuster.

When an injury is assigned to one of our claims adjusters, he or she will contact you about the injury within 24 hours of the assignment. The adjuster will also contact the injured worker as well as the initial medical provider to begin the accident investigation process. It's important to stay in close communication with your adjuster following the initial report of the injury and throughout the claims process. A copy of the completed FROI will be sent to your agency for your records. A copy is also sent to the Maryland Workers' Compensation Commission (WCC).

Determining if the Claim is Compensable

The adjuster assigned to the claim will determine if the claim is compensable, administer benefits, if warranted, and monitor activity on the file. Timely and accurate compensability decisions are essential elements of effective claims handling. A nurse is always available to assist the adjuster with medical questions, especially in complex cases.

If the claim is determined to be compensable, you, the employer, may be asked to complete a Wage Statement form (see page 18), which will determine the lost wage payments that may be made to the injured worker.

What is IWIF Doing About Potentially Costly Claims?

- Early Intervention for potentially costly claims, like injuries to the back, receive timely case management because they can often become costly with prolonged treatment, excessive medications and lengthy recovery times.
- Our precertification team promptly reviews proposed medical treatments and surgical procedures to ensure they are reasonable and necessary, according to evidence-based industry treatment guidelines.

How Does IWIF Curb the Cost of Prescription Drugs?

Prescription drugs are one of the highest cost areas in workers' compensation. Our onsite pharmacist works with our Pharmacy Benefit Manager to monitor drug utilization and prescriptions related to the work injury while addressing any safety concerns associated with medications. One approach in managing pharmacy cost is recommending generic options that are equivalent to the higher cost brand drugs. Our pharmacist and nurses also monitor the number and frequency of opioid drug prescriptions and work with providers to avoid overprescribing.

Fighting the Opioid Addiction Problem in Workers' Compensation

IWIF has been at the forefront in the battle to prevent overprescribing of opioid pain medications for injured workers that can lead to a possible life-threatening addiction. Our focused efforts, through a well-defined Pain Management Program, are addressing both the human and financial costs of this epidemic in Maryland.

Accident Investigation

Documenting the details of an accident or injury while it is fresh in people's minds will help ensure an accurate account of the incident. Your investigation should include interviews of any employees who may have witnessed the incident. Also, be sure to correct work practices or remove hazards that may have contributed to, or may have been the source of, the accident, such as a lack of training, broken equipment, etc.

Care must be taken to assure the investigation is fact finding, not fault finding. Obtaining signed statements as soon as possible following an incident ensures that you have an accurate account of how the injury occurred. These completed statements are important in helping to correct hazards and prevent the accident from recurring. They also help to spot possible third-party liability as well as possible fraudulent claims.

Documenting the Injury and completing the accident investigation forms:

1. Interview the injured worker and have him or her complete the Employee's Report of Injury form (see page 8).
2. When possible, at the site of the accident, recount the incident step-by-step. Make detailed notes of the who, what, when, where, why and how of the event.
3. Talk privately to witnesses, take notes, and get a signed Witness Statement form (see page 9) from each witness. If a witness refuses to give or sign a written statement, the investigator should include that fact in the report.
4. Document names, addresses, and phone numbers of all witnesses.
5. Have the supervisor fill out a Supervisor's Investigation form (see page 10).
6. Is there video or are there photos of the incident or injury? If so, these should be preserved, reviewed, and sent to your IWIF Claims Adjuster.

What if My Employee Refuses to Fill Out or Sign the Employee's Report of Injury Form?

If the employee refuses to sign the Employee's Report of Injury form, this should be documented by the supervisor.

What if My Employee Has Retained an Attorney? Can You Still Ask the Injured Employee to Fill Out the Employee's Report of Injury Form?

Yes. You, the employer, as part of your agency's accident management plan, can still ask the employee to fill out the form.

What if I Need Help Completing the Forms or Need Additional Forms?

Contact your IWIF claims adjuster. Forms may be copied as needed. If you would like assistance in filling out these forms, please contact your claims team.

What do I do with the Forms after Completing Them?

Return all completed and signed accident investigation forms by email or fax to the IWIF Claims Adjuster assigned to the injury claim. Keep a copy for your files as well. These forms can provide valuable information in a claims investigation of an injury and for developing the defense in the event of a workers' compensation hearing.

IWIF Attention Supervisors - When an Injury Occurs

Provide Immediate Medical Attention

- In a life threatening or emergency situation call 911.
- For less severe injuries, provide first aid and refer or transport the injured employee to your closest PIVOT/OMS occupational medical provider for treatment. These occupational medical providers are familiar with occupational injuries and workers' compensation issues.

IMPORTANT TO PLAN AHEAD. Please make sure all supervisory personnel know where your selected medical providers are located.

Medical Provider _____ Medical Provider _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Promptly Report the Injury Online or by Phone 24/7

Injury Reporting Online

www.ceiwc.com

Available



Injury Reporting Hotline

1-888-410-1400

- You or your agency representative can report the injury online. Registered State agency representatives with an active eServices account can file the Employer's Report of Injury online at www.ceiwc.com. Contact your SERMA Risk Management Consultant for online eServices access.
- An IWIF representative can also take all necessary information over the phone.
- Included is a list of questions that will be asked during the reporting process.
- This completes your initial reporting responsibility and assures the timely review of the claim for compensability, payment of initial benefits, and medical bills, if deemed appropriate.
- **IMPORTANT OSHA Requirement:** Maryland employers, including State agencies, must call and report to OSHA/MOSH ALL work-related fatalities within 8 hours and ALL work-related inpatient hospitalizations, amputations or loss of an eye within 24 hours. Please call MOSH at 1-888-257-6674 or OSHA at 1-800-321-6742.

Investigate and Document the Injury with these Steps/Forms

- Gather the facts. Preserve any evidence or damaged equipment. Take photos or video of the accident scene and forward to IWIF for review.
- Have your injured employee fill out and sign an "**Employee's Report of Injury**" form.
- Obtain and complete "**Witness Statement**" form.
- Obtain and complete "**Supervisor's Investigation**" form.
- You, the employer/supervisor, must complete the "**Statement of Wage Information**" form.

Take Corrective Action

- Correct unsafe conditions
- Ensure that unsafe behavior does not reoccur.
- Your SERMA Risk Management Consultant can assist you with a workplace safety analysis.

Communicate with Your Employee and IWIF

- If the employee is unable to return to work for an extended time, management should call the employee weekly to inquire about his/her well being and medical improvement. Stay in touch and let the employee know that you care.
- Work with your claims adjuster and nurse case manager so the employee can return to work as soon as possible. Utilize transitional duty positions. For information regarding the importance of transitional duty in the workplace, please contact your SERMA Risk Management Consultant.

IWIF

Employee's Report of Injury

(To be completed by the employee.)

State Agency: _____
Agency Code: _____
Account No.: _____

Employee's name: _____ Last _____ First _____ Middle _____ Male Female

Date of birth: ____/____/____ Telephone # (_____) _____

Marital status: M / D / W / S Height/Weight: ____/____ lbs. Right- or left-hand dominant

Home address: _____

City: _____ State: _____ Zip Code: _____

Current job position: _____ How long employed: _____

Weekly salary: _____ Hours scheduled to work: _____

Location of injury: _____
Address and location of accident (loading dock, bathroom, etc.)

Date of injury: _____ Time of injury: _____

Describe fully how the injury occurred (including events that occurred immediately before the injury):

Describe bodily injury sustained (be specific about body part(s) affected):

Recommendation(s) on how to prevent this injury from recurring:

Name(s) of witness(es): _____ Phone # _____

Attach witness(es) report(s)

When did you report the injury to your supervisor? _____

Name of supervisor: _____ Phone # _____

To whom did you report the injury? _____

Did you require medical attention? Yes No Waived medical attention

Name of medical provider: _____ Phone # _____

Name of Primary Care Physician: _____ Phone # _____

Name of other treating medical professional(s): _____

Signature of employee: _____ Date: _____

Note: Form must be signed by hand.

IWIF Witness Statement

State Agency: _____
Agency Code: _____
Account No.: _____

(To be completed by witness(es) to injury.)

Injured employee's name: _____
Last _____ First _____ Middle _____

Name of witness: _____
Last _____ First _____ Middle _____ Phone# _____

Job title of witness: _____ How long employed? _____

Home address of witness: _____

City: _____ State: _____ Zip Code: _____

Is witness any relation to the injured employee? Yes No If yes, what relation? _____

Location of injury: _____
Provide exact location (ex: parking lot, kitchen, etc.)

Date of injury: _____ Time of injury: _____

Describe fully the incident and how it occurred (including events that occurred immediately before the injury):

Any other parties present at the time of the injury? If so, please identify and provide contact information.

Describe bodily injury(ies) sustained (be specific about body part(s) affected):

Recommendation(s) on how to prevent this injury from recurring:

Name of witness' supervisor: _____ Phone# _____

Signature of witness: _____ Date: _____

Note: Form must be signed by hand.

IWIF

Supervisor's Investigation Form

State Agency: _____
Agency Code: _____
Account No.: _____

• (To be completed by the employee's supervisor or other responsible administrative official.) •

Location where injury occurred:		Employer's Premises: Yes <input type="checkbox"/> No <input type="checkbox"/> Job site: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of injury or illness:
Who was injured?		Employee <input type="checkbox"/> Non-employee <input type="checkbox"/> If non-employee, specify _____		Time of accident a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>
Length of time employed:	Job title or occupation:	Name of dept. normally assigned to:		How long has employee worked at job where injury occurred?
What property/equipment was damaged?			Property/equipment owned by:	
What was employee doing when injury/illness occurred? What machine or tool was being used? What type of operation?				
How did injury/illness occur? List all objects and substances involved.				
Was the accident the result of another party's negligence?		If so, name of the negligent party: _____		
Part(s) of body affected?		Any prior physical conditions? Explain: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Nature and extent of injury/illness and property damaged (be specific): _____				
Do you have any concerns about this alleged accident or injury? If so, please specify: _____				

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

<input type="checkbox"/> Failure to lockout	<input type="checkbox"/> Improper maintenance	<input type="checkbox"/> Poor housekeeping
<input type="checkbox"/> Failure to secure	<input type="checkbox"/> Improper protective equipment	<input type="checkbox"/> Poor ventilation
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Inoperative safety device	<input type="checkbox"/> Unsafe arrangement or process
<input type="checkbox"/> Improper dress	<input type="checkbox"/> Lack of training or skill	<input type="checkbox"/> Unsafe equipment
<input type="checkbox"/> Improper guarding	<input type="checkbox"/> Operating without authority	<input type="checkbox"/> Unsafe position
<input type="checkbox"/> Improper instruction	<input type="checkbox"/> Physical or mental impairment	<input type="checkbox"/> Other _____

Supervisor's corrective action to ensure this type of injury does not recur: _____

Are there photos or video of the injury or incident in question? If yes, please forward to Chesapeake Employers for review. Yes No

Was employee trained in the appropriate use of Personal Protective Equipment/proper safety procedures? Yes No

Was employee using the appropriate Personal Protective Equipment/proper safety procedures at the time? Yes No

Did employee promptly report the injury/illness? Yes No

Is there modified duty available? Yes No

Is timely reporting of injuries/illnesses part of supervisor's training and required by company or organization? Yes No

Supervisor's name

Supervisor's signature

Phone #

Date

Note: Form must be signed by hand.

ACORD WORKERS' COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)		CARRIER / ADMINISTRATOR CLAIM NUMBER*			REPORT PURPOSE CODE*		
		JURISDICTION*		JURISDICTION LOG NUMBER*			
		INSURED REPORT NUMBER			OSHA CASE NUMBER		
		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)			LOCATION #:		
INDUSTRY CODE	EMPLOYER FEIN			PHONE #			
CARRIER / CLAIMS ADMINISTRATOR							
CARRIER (NAME AND ADDRESS)		POLICY NUMBER		CLAIM ADMINISTRATOR (NAME AND ADDRESS)			
PHONE (A/C, No. Ext):		SEX		MARITAL STATUS			
CARRIER FEIN*		MALE		UNMARRIED/SINGLE/DIVORCED			
CARRIER FEIN*		FEMALE		MARRIED			
CARRIER FEIN*		UNKNOWN		SEPARATED			
CARRIER FEIN*		SELF INSURANCE		UNKNOWN			
CARRIER FEIN*		SELF INSURANCE		ADMINISTRATOR FEIN*			
AGENT NAME:			AGENT CODE NUMBER:				
EMPLOYEE / WAGE							
NAME (LAST, FIRST, MIDDLE)			DATE OF BIRTH	SOCIAL SECURITY NUMBER		DATE HIRED	STATE OF HIRE
ADDRESS (INCL ZIP)			SEX	MARITAL STATUS		OCCUPATION / JOB TITLE	
			MALE	UNMARRIED/SINGLE/DIVORCED		EMPLOYMENT STATUS	
			FEMALE	MARRIED			
			UNKNOWN	SEPARATED			
E-MAIL ADDRESS:			# OF DEPENDENTS	UNKNOWN		NCCI CLASS CODE*	
PHONE							
RATE		PER:	DAY	MONTH	AVERAGE WEEKLY WAGES	# DAYS WORKED / WEEK	FULL PAY FOR DAY OF INJURY? (Y / N)
			WEEK	OTHER			DID SALARY CONTINUE? (Y / N)
OCCURRENCE / TREATMENT							
TIME EMPLOYEE BEGAN WORK	AM	DATE OF INJURY / ILLNESS	TIME OF OCCURRENCE	AM	LAST WORK DATE	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN
	PM		CANNOT BE DETERMINED	PM			
CONTACT NAME			TYPE OF INJURY / ILLNESS			PART OF BODY AFFECTED	
PHONE (A/C, No. Ext):							
DID INJURY / ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? (Y / N) <input type="checkbox"/>			TYPE OF INJURY / ILLNESS CODE*			PART OF BODY AFFECTED CODE*	
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED				ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED				WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
HOW INJURY OR ILLNESS / ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL							
CAUSE OF INJURY CODE*							
DATE RETURN(ED) TO WORK	IF FATAL, GIVE DATE OF DEATH		WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? (Y / N)				
WERE THEY USED? (Y / N)							
PHYSICIAN / HEALTH CARE PROVIDER (NAME & ADDRESS)			HOSPITAL OR OFFSITE TREATMENT (NAME & ADDRESS)			INITIAL TREATMENT	
						NO MEDICAL TREATMENT	
						MINOR: BY EMPLOYER	
						MINOR CLINIC / HOSP	
						EMERGENCY CARE	
WITNESS NAME:			WITNESS NAME:			OVERNIGHT HOSPITALIZATION	
PHONE (A/C, No. Ext):			PHONE (A/C, No. Ext):			FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED	
DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME		TITLE		PHONE NUMBER	

ACORD 4 (2019/09)

IAIABC 1A-1 (1/1/02)

Page 1 of 5

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Medical Benefits

Occupational medical services for employees of the State of Maryland injured while at work are provided by PIVOT (formerly Work Pro) and its contractor Occupational Medical Services (OMS) under a contract with the State of Maryland. A State Medical Director and occupational medical services for State employees are provided statewide.

The first two medical visits for the injured employee are covered with PIVOT/OMS through the State contract and we encourage all agencies to send their employees for medical treatment at the time of injury. PIVOT/OMS locations are established in advance to provide treatment to State employees, to advise IWIF concerning return-to-work restrictions, and to forward all medical documentation quickly.

Additional information on the services provided by the State Medical Director, including a listing of PIVOT/OMS locations throughout the State, can be found on the Maryland Department of Budget and Management's website: <https://dbm.maryland.gov/employees/Pages/MedicalServices.aspx>.

What happens if there is conflict between the medical opinion of the State Medical Director or State-approved Doctor and the Injured Employee's Treating Physician?
When there is a conflict between the medical opinion of the employee's treating physician and the opinion of the State Medical Director, State-approved doctor, or Independent Medical Examiner, agencies are directed to follow the opinion of the State Medical Director or State-approved doctor. Conflicts of this nature occur frequently and are resolved by the Workers' Compensation Commission.

What if the employee does not come back to work after the State Medical Director or State-approved Doctor indicates the Employee is able to report to duty?
If the State Medical Director or State-approved doctor releases an employee to return to work but the employee refuses, any continuing absence due to the work-related injury should be recorded as Leave Without Pay (LWOP). If the employee indicates an inability to return to work because of unresolved medical issues resulting from the work-related injury, the employee should be referred to the designated occupational medical provider for further medical evaluation.

Note: Agencies are advised to consult with your claims adjuster before placing an employee on Leave Without Pay (LWOP) following an on-the-job injury, regardless of the circumstances. In some cases, it may be possible that the employee's medical condition has changed and additional leave may be appropriate.

What is the Process for Obtaining Medical and/or Disability Benefits?

If your employee's injury has been determined to be compensable after the accident investigation process, then one of the following may apply:

- If an employee has a compensable work-related injury, medical bills may be covered automatically if we have a record of your Employer's First Report of Injury (FROI).
- The employee is responsible for submitting medical documentation to the Claims Adjuster for review for benefits.



MEDICAL TRAVEL EXPENSE FORM

Mail To: Chesapeake Employers' Insurance
Attention: Medical Payment Dept.
P.O. Box 9899
Baltimore, Maryland 21284-9899

You are entitled to reimbursement of travel expenses for medical treatment resulting from your work related injury. Complete appropriate boxes below, sign and date form and send to IWIF at the address noted. For your records, be sure to copy all completed expense forms submitted to IWIF.

Copies of supporting documents should be attached (ie., toll cab, and parking receipts)

All mileage bills are to be submitted monthly and will be paid at the applicable rate

Claimant's First Name

Middle Initial

Last Name

Date of Injury: _____ / _____ / _____

Claim Number: _____ Claimant's phone number: (____) _____ - _____

Claimant's street address: _____

City: _____ State: _____ Zip Code: _____

DATE	TRAVELED FROM (Include Address)	TRAVELED TO (Include name and address of doctor, hospital, therapist, etc.)	ROUND TRIP MILEAGE	PARKING	BRIDGE TOLLS	PUBLIC TRANS/OTHER
				(Include Receipts)		
Example 1/5/04	Home: 5151 Maple St. Anytown, MD	Dr. J.Smith 318 Main St. Anytown, MD	8 Miles	\$1.50	_____	_____
This is a true and accurate account of my expenses. Such expenses were incurred for medical travel as a result of my work related injury only; miscellaneous unrelated travel expenses have been excluded from the total. I am aware that it is against the law for any person to knowingly misrepresent any fact in order to obtain workers' compensation benefits. I hereby swear and affirm under the penalties of perjury that the facts listed above are true and correct to the best of my knowledge.			Total Miles	0	x .56 = \longrightarrow	\$0.00
			Total Parking	\$0.00	\longrightarrow	\$0.00
			Total Bridge Tolls	\$0.00	\$0.00	
			Total Public Transportation/Other	\$0.00	\$0.00	
			Reimbursement	\$0.00		
			Employer:			
			Employer's Address:			
			Employer's Phone#			

Date: _____

Signature of Injured Worker: _____

Prescription Benefits

Prescriptions necessary for the treatment and recovery of your injured worker will be pre-authorized through a medical provider and paid by IWIF with no out-of-pocket cost to your employee. The injured worker will be given an eligibility number specific to the date of the injury along with a Temporary Prescription Benefits form (see page 15).

If the injury is found to be compensable, a claim number and prescription service number will be generated. Your injured worker may use the prescription service number at the medical facility where he or she receives treatment as well as at his or her pharmacy of choice if medications related to the injury are warranted.

What is Express Scripts?

Express Scripts is a pharmacy benefit management company experienced with workers' compensation prescriptions. Express Scripts allows an injured worker to fill a compensable (work-related injury) prescription at a participating pharmacy location. The injured worker may use the pre-authorized Temporary Prescription ID Form until he or she receives a permanent card. A Pharmacy Benefit Program handbook and a long-term card will be sent to the injured worker once compensability has been determined. The card is issued at no cost and covers approved work-related injury prescriptions.

Who Can Provide More Information?

Consult Express Scripts at <https://express-scripts.com/> for assistance with any additional questions or concerns regarding its prescription benefits program.

Can the Employee Use the Temporary Prescription ID Card Right Away?

Yes. As long as you have reported the injury to IWIF, your injured worker may use it at any participating pharmacy. Your injured worker should consult the Express Scripts website at <https://express-scripts.com/> for a directory of participating pharmacies in Maryland.

Your injured worker may use the pre-authorized Temporary Prescription ID Card for the initial prescription within the first two weeks. A Pharmacy Benefit Program handbook and a long-term card will be sent to the injured worker at the discretion of his or her Claims Adjuster. The long-term card expires when the Claims Adjuster notifies Express Scripts to discontinue the Express Scripts service.

What if my Employee Has Already Filled and Paid for a Prescription?

The injured worker should send the receipt and a copy of the prescription to his or her Claims Adjuster. Please include the claim number and the employer's name. Send to: 8722 Loch Raven Blvd., Towson, MD 21286.

What if the Employee Runs Out of the Medication Before the Refill Date?

Injured workers must call their treating physician for refills or other information.

Does the Individual Have to Continue to Use the Same Pharmacy Location?

No, he or she may go to any pharmacy participating in the Express Scripts Pharmacy Network.

What if the Employee Loses the Temporary Prescription ID Card?

Injured workers must contact their claims adjuster and request a duplicate card.

Can the Injured Employee Obtain Additional Prescriptions After the Card Expires?

If the card expires and the treating physician provides a new prescription, the injured worker must contact his or her Claims Adjuster.

Workers' Compensation Temporary Prescription ID Card

Use for Occupational, Needle Stick, Human/Animal Bite, or Scratch Injuries

To the Injured Worker:

- On your first visit, please give this notice to any pharmacy listed below to speed processing of your approved workers' compensation prescriptions (based on the guidelines established by your employer).
- Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts' Patient Care Contact Center at 800-945-5951 or check Express Scripts' [Pharmacy Locator link](#).

Atención Trabajador Lesionado:

- En su primera visita, por favor entregue esta notificación a cualquier farmacia enumerada al reverso para acelerar el procesamiento de sus recetas aprobadas de compensación para trabajadores (según las pautas establecidas por su empleador).
- Si tiene cualquier duda o necesita ayuda para localizar una farmacia de venta al por menor participante de la red, por favor llame al Centro de Contacto para Atención a Clientes de Express Scripts, al 800.945.5951.

To the Supervisor: Please complete this information for the injured worker. Note: Both the SSN & DOI are required to process medications.

Employee Information

First name _____ Middle _____ Last name _____

Mailing Address

Street address or PO Box _____

City _____ State _____ Zip Code _____

Employer Name

Express Scripts

ID #:

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury (DOI): _____ / _____ / _____
MM DD YY YY

Employee Date of Birth: _____ / _____ / _____
MM DD YY YY

Group #: IW101700 (For a State of Maryland Injured Employee)

Group #: IW101800 (For Injured Workers whose Employer is covered by the Chesapeake Employers' Insurance Co.)

Group #: IWIEXP (Chesapeake & IWIF - Exposure Only)

Please Note: Use Group IWIEXP for any needle stick, human/animal bite, or scratch injuries. Call Express Scripts with questions at 800-945-5951.



To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 14-day supply or cost of \$150. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance, call Express Scripts at 800-945-5951.

Pharmacy Processing Steps

Step 1	Enter bin number 003858
Step 2	Enter processor control WC
Step 3	Enter the group number as it appears above
Step 4	Enter the injured worker's 9 digit ID # (SSN)
Step 5	Enter the injured worker's first name & last name
Step 6	Enter the injured worker's date of injury (enter in DOI field in the format YYYYMMDD)

Participating Retail Network Pharmacies

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

A&P
Acme Pharmacy
Albertson's
Albertson's / Acme
Albertson's / Osco
Albertson's / Sav-On
Amerisource Bergen
Anchor Pharmacies
Arrow
Aurora
Bartell Drugs
Bigg's
Bi-Lo
Bi-Mart
BJ's Wholesale Club

Brooks
Brookshire Brothers
Brookshire Grocery
Bruno
Carrs
Cash Wise
Coborn's
Costco
Cub
CVS
D&W
Dahl's
Dierbergs
Discount Drugmart
Doc's Drugs
Dominicks
Drug Emporium
Drug Fair
Drug Town
Drug World
Eckerd
Econofoods
EPIC Pharmacy
Network

Family Meds
Farm Fresh
Farmer Jack
Food City
Food Lion
Fred's
Gammel
Giant
Giant Eagle
Giant Foods
Hannaford
Harris Teeter
H-E-B
Hi-School Pharmacy
Hy-Vee
Jewel/Osco
Kash n Karry
Keltsch
Kerr
Kmart
Knight Drugs
Kroger
LeaderNet (PS/
Longs Drug Sto

Major Value
Marsh Drugs
Medic Discount
Medicap
Medistat
Meijer
Minyard
NCS HealthCare
Network
Pharmaceuticals
Northeast Pharmacy
Services
Osco
P & C Food Markets
Pamida
Park Nicollet

Rite Aid
Rosauers
Rx Express
RXD
Safeway
Sam's Club
Sav-On
Save Mart
Schnucks
Scolari's
Sedano
Shaw's
Shop 'N Save
Shopko
Shop Rite
Snyder
Stop & Shop

Times
Tom Thumb
Tops
Ukrop's
United Drugs
United Supermarkets
Vons
Waldbaums
Walgreens
Wal-Mart
Wegmans
Weis
Winn Dixie

Medical Billing

The injured worker is entitled to appropriate, reasonable and necessary medical care as long as it is causally related to the work accident.

Does Maryland Have a Fee Schedule for Medical Expenses?

The WCC sets a fee schedule for payment of medical expenses for work-related injuries and occupational disease. We pay these expenses when they are related to a compensable workplace injury.

What if My Injured Worker Receives a Medical Bill?

If you or your injured worker receives a medical bill asking for insurance information, please provide the injured worker's claim number and his or her name and address and return it to the provider promptly. Providers can send medical billing directly to IWIF at P.O. Box 9899, Baltimore, MD 21284-9899.

You may want to give your employee an IWIF Injured Worker's Contact Card so he/she can present it to the intake administrator at the medical facility. The card contains all the billing information stated above. Contact your Claims Adjuster or our Customer Service Department at 410-494-2000 or 1-800-264-4943 to obtain Injured Worker's Contact Cards or if you need assistance with a medical bill issue. To inquire about a bill, please call our Customer Service Department at 1-800-264-4943.

Lost-Wage (Lost-Time) Benefits

Accident Leave (AL) and Work Injury Leave (WIL) for State Employees

AL and WIL are designed to offset wages while a worker is temporarily unable to work because of a work-related injury or illness. IWIF administers Accident Leave (AL) on behalf of most State of Maryland agencies. AL is provided for qualified employees of most State agencies; the exception is the Maryland Department of Transportation (MDOT), which allows for Work Injury Leave (WIL).

If an employee is found to be temporarily totally disabled due to a compensable injury, as determined by a medical professional and approved by IWIF, the injured employee is eligible for payment of lost wages by AL or WIL. The decision for approval or denial of AL/WIL is then forwarded to the injured employee, his or her attorney, if represented, and the designated agency representative.

AL or WIL, if warranted, is paid through the State's payroll system and the employee usually receives the first check within a couple of pay periods of the date of injury, depending upon receipt of approval and documentation. AL/WIL benefits are calculated based on two-thirds of the injured employee's base salary, not including overtime. Benefits are non-taxable, and employees continue to receive their State contributions for healthcare and pensions. Additionally, leave time continues to accrue while on AL/WIL.

For more information on AL for the State of Maryland, contact the Department of Budget and Management, [Office of Personnel Services and Benefits](#).

Temporary Total Disability (TTD) and other Disability Benefits

Depending on the extent of injury or illness, additional types of benefits may be available on a case-by-case basis.

- Temporary Total Disability (TTD) is the most common type of benefit paid by IWIF. TTD benefits are based on the prior 14 weeks of wages and may include overtime and other allowances, and are computed at two-thirds (2/3) of the Average Weekly Wage (AWW) but cannot be higher than the maximum rate established each year by the WCC.
- Temporary Partial Disability (TPD) is payable when the employee is partially disabled due to a work-related injury but able to resume work in a different capacity either part-time or at a reduced rate of pay.
- Permanent Partial Disability (PPD) is payable for a specified amount and time when a worker suffers permanent impairments.
- Permanent Total Disability (PTD) is payable if a worker becomes permanently and totally disabled.

The Importance of an Accurate Wage Statement

Accurate and up-to-date wage statement information will ensure your injured worker's disability benefits are computed quickly and accurately. If there are any discrepancies in the wages, please assist your adjuster in sending the documentation to explain these discrepancies.

IWIF

Statement of Wage Information

Employer:	Injured Employee's Name:	
IWIF Claim Number:	Date of Injury:	WCC Claim Number (If known):

Please list the employee's **weekly gross earnings** for each of the **14 weeks immediately prior to the date / week of the accident**. Please do not include wages for the date of injury.

Week Number	Week Ending Month / Day / Year	Gross Salary (Include all overtime)	Additional Income (if applicable)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

If this employee was given free rent, lodging, board, tips, or other allowances in addition to the above gross salary, please write the weekly value of that in the "**Additional Income**" column.

Name of person completing form	Signature of person completing form	Date completed
--------------------------------	-------------------------------------	----------------

Please return this completed and signed form by email to the assigned claims adjuster's email if known.
You can also fax the completed and signed form to your claims adjuster via fax at 410-494-2122. Please call your IWIF claims adjuster at 1-800-264-4943 if you have any questions. Thank you.

Managed Return-to-Work Program (MRTW)

Under the State of Maryland's Managed Return-to-Work program (MRTW), State agencies provide suitable, short-term, transitional duty assignments as a bridge back to full normal work when an employee sustains an injury that is compensable under the Maryland Workers' Compensation Act and results in temporary inability to perform normal work, as certified by a physician.

Suitable work is productive and useful to the agency's operations and complies with the employee's medical capabilities to allow a safe return to work as quickly as possible. It also allows the employee to progressively assume full, pre-injury duties. Employees who decline suitable transitional duty assignments will be placed on leave without pay until they are able to resume full normal duty.

For more information, consult the [State of Maryland's Managed Return to Work Program \(MRTW\)](#).

Hearings & Appeals

The claims process may involve a hearing at the Maryland Workers' Compensation Commission (WCC). The purpose of this hearing varies, but in general, it involves determining whether an injury is work-related and whether an injured employee is entitled to a benefit.

IWIF attorneys are part of our State Claims team and are assigned to represent State agencies at the WCC hearings and on appeals. We encourage all State agencies to assist in the process of providing any information and documentation necessary to defend their claims. We encourage State agency representatives to attend these hearings as well. Both the injured workers and the State agencies have the right to appeal to the courts if they are not satisfied with the decisions of the WCC.

SERMA

The purpose of the State Employee Risk Management Administration (SERMA) is to prevent occupational accidents and injuries among State of Maryland employees and to promote workplace health and safety, creating a safer and healthier work environment for everyone. SERMA was established by Executive Order in 1989.

The Executive Order specified that SERMA be based at IWIF, where a specialized team of SERMA Risk Management Consultants is dedicated to improving workplace safety at Maryland State agencies. Consultants are assigned to specific agencies that have similar risk exposures to allow for the sharing of best practices between agencies and facilities.

The Executive Order also established a SERMA Committee to serve as an advisory council and meet quarterly to discuss and share safety best practices among agencies. Committee membership is dictated by the Executive Order.

Online Safety Resources

- Accident Investigation Forms
- Posters
- Safety Tip Sheets
- Safety Training Topics
- Safety Pocket Guides
- Safety Center, an online safety resource microsite featuring a comprehensive library of workplace safety resources offered through Zwave, a third-party partner;
- A Learning Management System for online training; and
- An OSHA Record-keeping Tool.

Risk Management Services

Helping prevent injuries is one of the most important services that IWIF offers. Maryland State agencies can receive free training and information tailored to agencies to help lower the frequency and severity of workplace injuries.

Risk Management Services for State of Maryland Agencies

- Consult on workplace safety-related issues
- Provide action plans and recommendations
- Plan and host SERMA conferences
- Provide safety awareness materials
- Program development
- Risk analysis and loss reviews
- Training sessions and educational programs
- Risk assessment surveys

Resources and Trainings

- Loss prevention booklets and guides
- Statewide loss trends and costs
- SERMA seminars and training workshops
- Agency-specific loss trends and costs

Third-Party Claims/Subrogation

Our Subrogation Department takes an aggressive approach in pursuing negligent third parties that cause injuries to workers. Recoveries made by our Subrogation Department may be in the form of cash or credits against future claim payments owed. Some of the most common third-party claims involve motor vehicle accidents, premises liability, construction accidents, assaults and defective products.

Workers' Compensation Fraud

Workers' compensation fraud is a claim for benefits based on intentional misrepresentation of material facts of an injury or treatment. Maryland law provides that: "Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison," Md. Ann. Code, IN §27-805(b). Examples of possible claimant fraud may include a false claim for benefits or working another job while collecting workers' compensation benefits.

Guarding against Suspicious Claims

Here is a list of actions for controlling suspicious workers' compensation claims in your agency or facility:

- Properly train, supervise, and orient your staff on IWIF procedures for reporting occupational injuries.
- Always show honest concern for your employees.
- Retain a recent photo of each employee in his/her personnel file.
- Keep employees' addresses and phone numbers current.
- Train your staff on the indicators of a questionable claim and on the consequences for those that would perpetrate insurance fraud.
- Inform employees that you and IWIF have a "zero tolerance" for abuse of workers' compensation benefits.
- Conduct and document exit interviews.
- Request that our Special Investigations Unit (SIU) department assist in conducting an investigation.
- Participate in IWIF investigations when requested to do so.

We Have a "Zero Tolerance" policy for fraud of any kind. Fraud prevention, detection, and referral for possible legal action are some of our top priorities at IWIF. Working together helps curb costs for the State of Maryland. If you suspect a case of workers' compensation fraud, call our SIU at 1-888-ANTI FRAUD (1-888-268-4372). All calls to our Fraud Hotline are handled in strict confidence.

IWIF

8722 Loch Raven Blvd.
Towson, MD 21286-2235

Main Phone Number: 410-494-2000
Customer Service Department: 1-800-264-4943
www.ceiwc.com/iwif