

# TOWN OF MIDDLETON

## Workers' Compensation Claim Procedures

### If an Injury Does Occur:

- First priority after an accident or injury is to assure that the employee involved receives the first aid that is necessary. If medically appropriate, call **911** immediately. Employees with life threatening work-related injuries should be taken to the nearest hospital emergency room.
- Injured employees who are not ambulatory should seek treatment from their medical provider. If an injury occurs outside of the medical provider's hours, treatment should be sought at the hospital emergency room. When an employee sees a doctor or other health care professional, make sure the employee informs the health care professional that they are seeking treatment for a **work-related injury**.

### Reporting the Accident:

- An injured employee must report the injury to their supervisor immediately and fill out a **Supervisor's Report of Accident Form**. The Supervisor's Report of Accident Form begins the claims process and should be done immediately. Employee must complete the top portion of the Supervisor's Report of Accident Form and sign a Medical Release Form immediately following the accident/injury unless totally incapacitated.
- Supervisor will investigate the accident/injury and ensure that the employee takes the appropriate action indicated in this policy.
- Supervisor must complete the Supervisor's Report of Accident Form immediately following accident/Injury of the employee.
- Supervisor must file original Supervisor's Report of Accident Form and signed Medical Release Form with the Worker's Compensation Coordinator (Sharon Bainbridge) located at the Town Accountant's Office within 24 hours of the injury.
- If the employee is unable to fill out their portion of the Supervisor's Report of Accident Form due to the injury, the supervisor is responsible for filling out the entire Supervisor's Report of Accident Form and submitting it to the Workers' Compensation Coordinator.
- Reports from the hospital emergency room must also be submitted to the Workers' Compensation Coordinator within **24 hours**.

**Medical bills or lost wages will not be able to be processed without a claim on file.**

- Non-life-threatening injuries should be evaluated at **Quadrant Health, 500 Cummings Center, Beverly, MA (978-532-2428)** or the employee's own physician.

- Emergency medical treatment does not include physical therapy, occupational therapy, chiropractic treatment or other rehabilitation treatment.
- Supervisors must conduct a complete investigation of alleged **work-related** injury, documenting any witnesses and their account of the incident.
- It is the responsibility of the supervisor to report all **work-related** injuries to the Town Accountant's Office immediately. Failure to report injuries may result in disciplinary action.

#### **Lost Time from Work:**

- Each department will designate an employee who will communicate any and all lost time to the Town's Workers' Compensation Coordinator.
- Once the employee is absent five (5) days, and said employee will be out of work as determined by the employee's Health Care Provider for a longer period of time, the employee will be placed on Workers' Compensation benefits in accordance with MGL Ch. 152. These five days will be paid out of employee's accrued sick or vacation leave.
- After the fifth day, employee will be placed on Workers' Compensation benefits, the employee will receive 60% of their average weekly wage. The average weekly wage is calculated by taking the gross wages from the preceding twelve months and dividing them by fifty-two. This 60% is not taxable which will reflect in the employee's check.
- In accordance to MGL Ch. 152, the employee may supplement 40% of their regular weekly wage with earned benefit leave. This allows the employee to be charged .4 of either or sick/vacation/personal day for each day they are out on Worker's Compensation. The 40% supplement is taxable and will be reflected on the employee's paycheck. To receive a supplement, you must complete and sign the Workers' Compensation Wage Supplement Request Form.
- Once all sick/vacation/personal leave is exhausted, employees will receive only the Workers' Compensation check. The employee will be responsible for their health and dental insurance contribution as a direct pay, as well as any other benefits they may have.
- Workers' Compensation checks will be mailed directly to employees by MIIA or Cabot Risk.

#### **Benefit Leave:**

- Employees who are receiving Workers' Compensation payments shall not accrue earned leave (e.g., sick or vacation) during the period in which the Workers' Compensation is paid except as otherwise provided in a collective bargaining agreement.

**Return to Work:**

- Once the employee has medical clearance to return to work, the employee must provide a copy of that medical documentation to the Workers' Compensation Coordinator.

**NO EMPLOYEE MAY RETURN TO WORK WITHOUT WRITTEN AUTHORIZATION**

# **TOWN OF MIDDLETON**

## **Workers' Compensation Payroll Procedures**

### **If the Claim is APPROVED:**

First 5 days of loss will be taken as sick, personal or vacation time per M.G.L. Ch 152. (Not covered under WC)

The department will continue to submit 40% of the employee's pay on the time sheet if they have accrued enough sick, personal or vacation time. (\*M.G.L. Ch 152, S69)

The remaining 60% of pay will be paid by via Workers Compensation check that will be mailed directly to the employee

If the employee is out for more than 21 days, the town will receive a Workers Compensation check from MIIA retroactively from the date of the incident. The check will be kept by the town

### **If the Claim is DENIED:**

The department will start to pay the employee full pay out of their available sick time and process retroactive pay for the period that the employee was only receiving partial pay to make them whole

### **\*M.G.L. Chapter 152, Section 69**

- In Massachusetts, an injured municipal employee is entitled to receive a weekly benefit equal to 60% of their pre-injury Average Weekly Wage. The Average Weekly Wage is calculated from the 52 weeks of gross wages beginning with the week immediately preceding the injury date.
- Pursuant to Section 69 a municipal employee has the option to take, if available, up to an additional 40% of their own time to supplement the Workers' Compensation benefit.
- The important thing to remember is that Workers' Compensation is a "tax-free" benefit where as a tax deduction would be taken on sick or vacation time. If a municipal employee exhausts their own time during this period, you are not under any obligation pursuant to Section 69 to continue paying them the additional 40%. At that time the employee would be entitled to the Workers' Compensation benefit only.
- Collective bargaining agreements and/or union contracts can supersede Section 69.

# TOWN OF MIDDLETON

## Workers' Compensation Responsibilities

### Employee Responsibilities:

- Report injury immediately to your supervisor
- Promptly complete top portion of Supervisor's Report of Accident Form and sign the Medical Authorization Form
- If medical attention is sought, **let medical provider know you are being treated for a work-related injury**
- Work with the insurer by providing them with information required
- Provide medical documentation if you cannot return to work
- Keep supervisor, occupational health nurse and workers' compensation coordinator informed of progress
- Do not use personal health care for payment of services provided in conjunction with your workers' compensation claim
- Provide doctor notes as needed and final "Return-to-Work" release before fully returning to work

**NO EMPLOYEE SHOULD RETURN TO WORK WITHOUT MEDICAL CLEARANCE**

### Employer/Supervisor Responsibilities:

- Call 911 when necessary. Provide First Aid.
- Complete Supervisor's Report of Accident Intake Form
- Record accurate description of accident and preserve evidence
- Take pictures whenever possible, interview witnesses
- Encourage the injured employee to seek medical attention if necessary
- Send all original documents to the Town's Workers' Compensation Coordinator within **24 hours**
- Once claim is received a Claim Number will be provided and an insurance adjuster will be assigned
- Employees who are receiving Workers' Compensation payments must keep their supervisor updated regularly after attending medical appointments. Supervisor will keep Workers' Compensation Coordinator updated after speaking with employee
- Once an employee has medical clearance to return to work, employee **MUST** provide a copy of medical documentation to their supervisor and the Workers' Compensation Coordinator (Sharon Bainbridge)

**NO EMPLOYEE SHOULD RETURN TO WORK WITHOUT MEDICAL CLEARANCE**

### **Workers' Compensation Coordinator's Responsibilities:**

- Report MIIA/Cabot Risk of injury (Supervisor's Report of Accident, Medical Release Form, and any additional documents will be sent electronically via NavRisk)
- Complete a Wage Statement/Report and send to insurer if applicable
- If compensable, notify Administrative Assistant/Payroll Coordinator
- Create a confidential file and track all correspondence
- Collect Doctors Notes and documentation related to employee's medical status
- Coordinate coming back to work or modified duties plan
- Confirm employee has been medically cleared to return to work with written documentation

**NO EMPLOYEE SHOULD RETURN TO WORK WITHOUT MEDICAL CLEARANCE**

### **Insurer's Responsibilities:**

- Contact employer to verify accident or disability
- Contact employee to confirm details
- Verify medical evidence of injury or disability
- Discuss case with medical providers and occupational health nurse
- Determine compensability of claim based on investigation
- Authorize indemnity of medical payments
- Medical management and utilization review on all cases
- Independent medical exam when deemed necessary
- Rehabilitation if needed
- Return to work plan with occupational nurse
- Coordinate return to work plan
- Explore possibilities of modified duties
- Adjust employee indemnity benefits
- Communicate with employee and notify Town's Workers' Compensation Coordinator when employee is able to return to duty

## TOWN OF MIDDLETON

### Emergency Services - Life-Threatening (I.E., Bleeding, Head Injuries, Severe Fractures, Etc.)

- If necessary, **CALL 911**. Seek out emergency care (via ambulance if necessary) at the closest emergency care facility to where you were injured.
- If you are unable to complete your injury form, your supervisor or department head shall complete a **Supervisor's Report of Accident Form** on your behalf, and contact the Workers' Compensation Coordinator immediately.
- After emergency care, continue treating with the preferred provider or with a provider of your choice.
- Ensure that the medical documents are sent to the Town's Workers' Compensation Coordinator (Sharon Bainbridge). Your workers' compensation benefits and or request for medical treatment will not be provided without sufficient, supporting medical evidence and medical documentation. A decision on a claim must be made within the 14 days of the Workers' Compensation Coordinator receiving notice of your injury. Therefore, in order for this department to provide benefits, your cooperation in obtaining medical documentation is critical.
- If you have not heard from the insurer, it may be that we have not received your accident report. Please call 978-777-4966 and speak with Sharon Bainbridge, Workers' Compensation Coordinator for the Town of Middleton.



# TOWN OF MIDDLETON

## Non Life-Threatening (Injuries Requiring Medical Attention)

- Call Quadrant Health Strategies – Beverly, MA 978-532-2428 when an injury occurs or is reported between the hours of 9 am to 5 pm, Monday-Friday, or a medical provider of your choice.
- Tell them you work for the Town of Middleton and sustained a **WORK-RELATED-INJURY** and need to be evaluated.
- A provider will triage the injury on the phone and determine the best approach for care; walk-in, appointment or Emergency Room visit.
- You will be treated and an injury status report will be faxed to the Workers' Compensation Coordinator, Fax #978-774-3682.

### **If you need medical care after hours due to a work injury:**

(Monday-Friday 4 pm to 8 am and 24 hours Saturday, Sunday and Holidays)

- Seek treatment from your medical provider or hospital emergency room
- Tell them this is a **WORK-RELATED INJURY**
- Ask them to send an injury status report to the Workers' Compensation Coordinator (Sharon Bainbridge, [sharon.bainbridge@middletonma.gov](mailto:sharon.bainbridge@middletonma.gov), FX #978-774-3682)



### Quadrant Headquarters

500 Cummings Center  
Suite 4350  
Beverly, MA 019



# TOWN OF MIDDLETON

## Workers' Compensation Return-to-Work Procedures

If you have been out of work due to a work-related injury, and have been receiving workers' compensation benefits, you must obtain a **Return-to-Work Release** from your treating physician. You may also be required to be cleared by Quadrant Health, the Town's preferred provider. A Return-to-Work Release **MUST** be presented to return to work.

### NO EMPLOYEE SHOULD RETURN TO WORK WITHOUT MEDICAL CLEARANCE

If you have lost a short time from work due to a work-related injury, and have not yet been notified if you are to receive workers' compensation benefits, you must still notify the Workers' Compensation Coordinator that you have returned to the job.

Transitional, modified work may be offered, if applicable, by the Town to any employee who has been injured on the job and is capable of returning to work in a modified basis.

The goal of the Workers' Compensation Office is to ensure that eligible, injured employees receive quality assistance, receive timely benefits and return to their job as quickly as possible.

## CONTACT INFORMATION

Sharon Bainbridge, Assistant Town Accountant/Workers' Compensation Coordinator  
Town of Middleton  
PH: 978-777-4966  
FX: 978-774-3682  
[Sharon.bainbridge@middletonma.gov](mailto:Sharon.bainbridge@middletonma.gov)

Sarah Wood, Finance Director/Town Accountant  
Town of Middleton  
PH: 978-777-4966  
FX: 978-774-3682  
[Sarah.wood@townofmiddletonma.gov](mailto:Sarah.wood@townofmiddletonma.gov)

Quadrant Health Strategies  
500 Cummings Center #4350  
Beverly, MA 01915  
PH: 978-532-2428  
<https://quadranthhs.com>

# **TOWN OF MIDDLETON**

## **Workers' Compensation Forms**

### **SUPERVISOR'S REPORT OF ACCIDENT - INTAKE FORM**

*Complete in full - Signatures Required  
Needed to file claim*

### **MEDICAL AUTHORIZATION**

*Complete in Full - Signature Required  
Needed to access medical records*

### **MYMATRIXX FORM**

*Complete if employee seeking medical attention  
Used to cover filling first prescriptions  
Give copy to employee*

### **WAGE & SALARY VERIFICATION**

*Submit if employee will be out of work  
Signature required*

### **WORKERS COMP EMPLOYEE FAQs**

*Explains Workers' Compensation Process  
Give copy to injured employee*



Massachusetts

**MIA**

Interlocal Insurance Association

## Town of Middleton

### SUPERVISOR'S REPORT OF ACCIDENT- INTAKE FORM

EMPLOYEE NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
EMPLOYEE ADDRESS \_\_\_\_\_  
TELEPHONE NU: HOME \_\_\_\_\_ WORK \_\_\_\_\_  
MARITAL STATUS \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SEX(M or F) \_\_\_\_\_ AVERAGE WEEKLY WAGE \_\_\_\_\_  
NUMBER OF DEPENDENTS \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_  
DESCRIPTION OF INJURY \_\_\_\_\_  
LOCATION ACCIDENT OCCURRED \_\_\_\_\_  
WITNESS \_\_\_\_\_  
TO WHOM WAS INJURY REPORTED TO/THEIR POSITION \_\_\_\_\_  
DID EMPLOYEE LOSE TIME FROM WORK? (Y or N) \_\_\_\_\_  
WAS MEDICAL TREATMENT SOUGHT?(Y or N) \_\_\_\_\_ Tax ID Number: \_\_\_\_\_  
MEDICAL FACILITY \_\_\_\_\_

### \*\*\*\*\*Supervisor's Complete Below\*\*\*\*\*

DESCRIPTION OF ACCIDENT; WHAT WAS EMPLOYEE DOING? WHAT HAPPENED?WHY?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAUSE-UNSAFE ACT OR CONDITION; OBJECT/SUBSTANCE CAUSING INJURY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS EMPLOYEE WEARING SAFETY GEAR? YES \_\_\_\_\_ NO \_\_\_\_\_(IF NO, EXPLAIN)

\_\_\_\_\_  
\_\_\_\_\_

ACTION TAKEN TO PREVENT SIMILAR ACCIDENTS \_\_\_\_\_

\_\_\_\_\_

REMARKS \_\_\_\_\_

\_\_\_\_\_

Investigated By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

☐ School Nurse

☐ Supervisor



Member Services  
One Federal Street, Boston Massachusetts 02110  
Toll Free (Mass) :888/266-6442  
Fax: 617 753-9987

## MEDICAL AUTHORIZATION

To: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and any other physician, hospital, clinic or medical care provider, presently unknown to me, who may have or subsequently acquire information concerning my physical condition. You are hereby authorized to give MIIA Member Services and/or any of its representatives, all information, facts and particulars, including reports, records, results from diagnostic tests, X-rays and statements of charges which may be requested regarding my medical condition, diagnosis, treatment and to furnish them copies of such reports. You are further authorized to allow any physicians appointed by them to review all such reports, records and X-rays in your possession.

I am willing that a photostatic copy of this authorization be accepted with the same authority as the original.

This information is to be used for handling my claim from an occupational injury or illness occurring on or about \_\_\_\_\_ and for no other purpose, now or in the future.

This authorization is valid for the duration of the above condition.


\_\_\_\_\_  
(Employee's signature) (Date)

Employer: \_\_\_\_\_  
Name of Employee: \_\_\_\_\_  
SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Claim #: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

**MIIA Members Services  
Workers' Compensation Prescription Information**

**Employer:**

Please fill out employee information below and provide employee with this document to take to any pharmacy with prescriptions.

	
MIIA Member:	
Employee Name:	
Group#:	10602826
Member ID (SSN):	
Date of Injury:	
Processor:	myMatrixx
Bin#:	014211
Day supply is limited to 30 days for a new injury.	
myMatrixx Help Desk: (877) 804-4900	

**Employee:**

MIIA Members Services has partnered with **myMatrixx** to make filling workers' compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 3 to 5 business days.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 64,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

**IF YOU ARE DENIED MEDICATION(S) AT THE PHARMACY PLEASE CALL (877) 804-4900**

**Pharmacist:**

Please obtain above information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only. Document only valid if signed and dated by employer above.

For questions or rejections please call (877) 804-4900. Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.

**NOTE:** Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

**FOR ALL REJECTIONS OR QUESTIONS CALL: (877) 804-4900**

**Cabot Risk Strategies LLC**  
**12 Gill Street Suite 1600**  
**Woburn, MA 01801**  
**(800) 222-5963**  
**Fax: (781) 376-9907**

**WAGE AND SALARY VERIFICATION**

DATE	OUR POLICYHOLDER	DATE OF INJURY	CLAIM NUMBER
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EMPLOYER'S NAME AND ADDRESS

EMPLOYEE'S NAME AND ADDRESS
SOCIAL SECURITY NO.

Thank you for your cooperation

1. OCCUPATION: \_\_\_\_\_
2. DATES OF EMPLOYMENT: FROM \_\_\_\_\_ THROUGH \_\_\_\_\_
3. GROSS EARNINGS DURING 52-WEEK PERIOD PRIOR TO ACCIDENT: \$ \_\_\_\_\_
4. WAGE OR SALARY AS OF DATE OF ACCIDENT:
  - a. \$ \_\_\_\_\_ PER WEEK PER MONTH
  - b. USUAL NUMBER OF DAYS WORKED PER WEEK \_\_\_\_\_
5. DATES ABSENT FOLLOWING ACCIDENT:
  - a. DATE DISABILITY BEGAN: \_\_\_\_\_
  - b. DATE RETURNED TO WORK: \_\_\_\_\_
6. WAS EMPLOYEE PAID DURING THIS ABSENCE: YES NO IF YES, AMOUNT PAID:  
\$ \_\_\_\_\_
7. IS EMPLOYEE ENTITLED TO BENEFITS UNDER A WAGE OR SALARY CONTINUATION PLAN?  
YES NO
  - a. IF "YES," AMOUNT PAID OR AVAILABLE:  
\$ \_\_\_\_\_ PER WEEK PER MONTH
  - b. IF "YES," ARE CASH OR TRADITIONAL RETIREMENT CREDITS REDUCED UNDER YOUR PLAN BY AMOUNT OF BENEFITS PAID? \_\_\_\_\_
8. IS EMPLOYEE ELIGIBLE FOR ANY INDIVIDUAL/GROUP HEALTH INSURANCE/HMO/OTHER BENEFITS?  
YES NO

DATE: \_\_\_\_\_ PRINT NAME & TITLE: \_\_\_\_\_

TELEPHONE NO. ( ) \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

# **TOWN OF MIDDLETON**

## **Workers' Compensation**

### **FAQs for Employees**

#### **What is Workers' Compensation?**

- Workers' compensation is a form of insurance purchased by employers to protect workers who are injured in the course and scope of employment. If you suffer an injury that is determined to be work-related, workers compensation may cover the reasonable and necessary medical expenses you incur to treat the injury. Each state sets its own rules and regulations regarding workers' compensation benefits

#### **Who do I report my injury to?**

- An injury or suspected injury should be reported to your Department Head/Supervisor as soon as possible, and your employer will in turn file a claim with the Town's Workers' Compensation Coordinator. If your injury is determined to be work-related, the goal is to get you the medical care you need and get back to work as soon as possible.

#### **What types of benefits are available?**

- Medical benefits for reasonable and necessary medical treatment that is related to the injury as a result of a work-related incident.
- Wage loss replacement benefits if your injury causes you to lose time from work.
- Your employer pays the premium for insurance coverage and there are no out-of-pocket expenses to you for covered injuries.

#### **How does my claim adjuster help me throughout the process?**

- The role of the adjuster is to ensure you receive timely, appropriate medical care that restores you to your pre-injury status and allows you return to work safely. Your claim adjuster will be in touch with you throughout the claim process to make sure things are progressing. You should feel free to contact your adjuster if you have any questions.

#### **What is the role of a nurse case manager?**

- Nurse case managers will work in collaboration with your assigned adjuster to assist with medical management and a safe return to work

#### **What is the eligibility waiting period for my workers' compensation benefits?**

- There is no waiting period for medical benefits. For wage replacement benefits if you are losing time from work, each state has established laws governing what the waiting period and time frame are. Visit the U.S. Department of Labor Website ([www.dol.gov](http://www.dol.gov)) for detail

#### **Can I see my primary care physician?**

- You may select your own medical doctor, unless otherwise required by the Town.



### **How do I obtain my prescription medications?**

- For prescription medications related to our work injury, your employer has a first fill card (**MyMatrixx Form**) available for you to use to fill your prescriptions so that you will not incur any out-of-pocket expenses for medications.

### **If my physician prescribes medication for my work-related injury, do I need to fill my prescription at a specific pharmacy?**

- You will receive a packet from our pharmacy benefits manager, Caremark. Caremark processes medications electronically directly. Visit their website for a list of participating pharmacies at: [www.caremark.com](http://www.caremark.com).

### **How are my medical bills paid? What should I do if I receive a bill from my doctor?**

- Medical bills related to your work injury are paid by MIIA/Cabot Risk. Medical bills should be submitted to your Workers' Compensation Coordinator to process or directly to MIIA/Cabot Risk. When submitting by mail or fax, be sure to include your claim number on all documents you send. You should also provide the claim number to your medical provider/doctor and clarify that you are treated for a work-related injury and bills should be forwarded directly to MIIA/Cabot Risk.

### **What are transitional or modified job duties? Why are they helpful to me?**

- Transitional or modified duties are alternate work tasks that are lighter in nature than your pre-injury job tasks. If your physician feels you are capable of work with restrictions, we encourage you to discuss this with your employer and determine if your employer is able to accommodate those restrictions. Transitional or modified work provides you with an opportunity to quickly and safely return to the workplace before you are ready to perform your pre-injury job, and allows you to gradually work back up to full time duties and allows you to maintain communication with your employer and co-workers.

### **How long do transitional/modified duties last?**

- The type and duration of your physical limitations is determined by a physician. It is also up to your employer to determine how long they are able to accommodate these duties.

### **Who can I contact if I have questions?**

- For questions contact your Claim Adjuster or the Workers' Compensation Coordinator for the Town: Sharon Bainbridge, PH: 978-777-4966, FX: 978-774-3682, [sharon.bainbridge@middletonma.gov](mailto:sharon.bainbridge@middletonma.gov).