

# Select Provider Program

**An Employer's Guide  
for the Management of Workers' Compensation Claims**

EMC Insurance Companies  
Workers' Compensation  
Medical Management Program

 **EMC** Insurance Companies®



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UTILITIES

# Select Provider Program

An Employer's Guide  
for the Management of Workers' Compensation Claims

The Medical Management Division of EMC Insurance Companies is pleased to offer you the Select Provider Program. EMC's Select Provider Program is a value-added (\*free\*) program offered to all policyholders to assist them in managing their workers' compensation claims.

EMC's Select Provider Program assists employers in managing their workers' compensation claims by providing them with the procedures and materials to quickly and accurately handle any work-related injury or illness. We work together with the policyholder to select the right physician/clinic to designate care for workplace injuries.

The Select Provider Program supports the ultimate goal of effective claims handling, prompt reporting, timely medical care and excellent communication. Knowing what to do and where to go in the event of a workplace injury saves time, money and headaches.

For more information on this program, please contact the following:

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# Select Provider Program

# Select Provider Program

## An Employers' Guide for the Management of Workers' Compensation Claims

A workplace injury – hopefully it will never happen to one of your employees. But if it does, do your employees know what to do and where to go in the case of a workplace injury or illness?

The Select Provider Program can help make the workers' compensation claims process more manageable for everyone by providing these two key components:

- Selecting medical provider with a “return-to-work” focus – Occupational Health
- Providing clear, concise, and customized documents

### **This program's structure assists in organizing the first 24 to 48 hours of a work-related injury claim by:**

- Providing employees with direction to prompt medical care
- Collecting accurate information on the injury/illness to assist in completing the Employers' First Report of Injury or Illness Form
- Providing initial employee reporting procedures for a work-related injury/illness
- Assisting employers to report the initial injury to EMC Claims Adjusters in a timely and well-documented manner

The Select Provider Program is one of the many ways in which EMC is helping employers control workers' compensation cost.

### **This program includes the following assistance to employers:**

- Guidance from EMC in selecting appropriate medical facilities and providers who offer quality medical care in a convenient location
- Use of an EMC Preferred Provider Organization (PPO) facility/provider when possible
- Supervisory education – reassuring the injured employee that they will be taken care of and that they play an important role in the organization, minimizing the potential of attorney involvement
- Employee education – implementation assistance to get everyone on the same page
- Establishment of a working relationship between the medical provider, the employer, the employee and the EMC Claims Adjuster to effectively manage each work injury/illness
- Preparation of employee and employer forms and materials – EMC will assist with customizing the program to specific needs

# Team Benefits

(Team includes: Injured Employee, Employer, Treating Medical Provider, EMC Claims Adjuster)

## **Benefits to the Injured Employee**

1. Appropriate and convenient medical care
2. Employee education on company procedures
3. Written instructions to follow when an incident occurs
4. An informed supervisor for optimal communication
5. Timely workers' compensation payment (according to state laws)

## **Benefits to Your Company**

1. A procedure for all employees to follow when incident occurs
2. Appropriate medical care for all injured employees
3. Better communication with physicians, injured/ill employees and EMC adjusters.
4. Timely documentation of the incident by the supervisor, employee, and treating physician
5. A cost management system for all worker related injuries/illnesses
6. Earlier return to work through temporary job modification

## **Benefits to the Treating Medical Provider**

1. Efficient communications with the employer and the claims adjuster
2. Prompt payment of all medical bills
3. Knowledge of the company's early return-to-work policy
4. Familiarity with employer job sites, job descriptions and modified job duties (if available)

## **Benefits to EMC Insurance Companies**

1. Timely medical reports faxed immediately from the treating physician.
2. Better communication with the injured employee, employer, and the physician
3. Prompt documentation of the incident from the injured employee, supervisor and Employer's First Report of Injury
4. Facilitates early contact with the injured employee, employer and treating physician within the first 24 hours after notification of the incident

# Steps to Implement Your SPP

## **STEP ONE: Designate a Workers' Compensation Contact for Your Organization**

- This person will act as a centralized source for claims reporting, billing, communication and be available for employees to contact regarding all work-related injury questions and concerns.

## **STEP TWO: Select Physicians/Medical Facilities in Your Area**

- The Workers' Compensation Contact, along with EMC's medical management and claims staff, will work together to select medical providers in your area and establish lines of communication.
- As the employer, you should choose a physician(s) or medical facility based on the following: appropriate medical care at convenient location(s) with extended hours, good communication, assistance and support with return-to-work and, when available, participation in the Preferred Provider Organization (PPO Network).
- It is recommended that the following issues/questions be discussed with the potential physician(s) and or medical facilities:
  - » To expedite treatment when a work related injury/illness occurs, the employer will notify the physician of the incident and approximate arrival time.
  - » Is the provider willing to fax the Work Related Injury/Illness Report to both the employer and insurance company within 24 hours of treatment? This report should: include all restrictions/limitations, determine if the injury is work related, list follow-up appointments, and include any referrals to a specialist(s).
  - » Hospital Emergency Departments must treat according to the severity of the patients (they do not fall under priority care).

Your Adjuster may have valuable information regarding these selections and will provide assistance for this process.

## **STEP THREE: Determine Effective Date and Create Posters/Work-Injury Packets**

- Once you've decided on an effective date for your program, EMC staff will customize a set of Workers' Compensation posters and master forms (work-injury packets) according to your selections.
- Copies of your Workers' Compensation work-injury packet should be made for distribution.

## **STEP FOUR: Implement your Select Provider Program**

- EMC's medical management and claims staff is here to assist you during implementation. The most effective method to implementing this type of program is through supervisory and employee education.
- Begin by training your supervisory/management staff in the proper utilization of your Select Provider Program.
- Educate the remainder of your staff on this program and the established procedures. Begin with written notification to each employee defining the new workers' compensation policies and procedures.
- Employees will also benefit from employee education meetings. These meetings can consist of:
  - » The introduction of your Workers' Compensation Contact (encourage staff to call the Workers' Compensation Contact when they have a question or concern).

- » A positive message explaining why your company is making this change (discuss the employee benefits and responsibilities).
- » A review of the various forms (work-injury packet) and new procedures, emphasizing the effective date for this program/change.
- » An explanation of the supervisor's role and the injured employee's role.
- » An emphasis on the importance each employee plays in the success of the company and why he/she is needed on the job each day. Reiterate how you will make every effort to help each employee through a smooth return-to-work plan and, if recommended by the treating physician, temporarily modify his/her job whenever possible.

#### **STEP FIVE: Format Internal Plan to Mitigate Claims' Loss**

- Establish contact with the injured/ill employee immediately and be sure to continue communication. This should demonstrate to the employee how valuable they are to the company and that you care about their welfare. Offer to answer any questions they may have at this time.
- Provide the treating physician with a job description and available alternative duties so the decision to return-to-work can be made accurately.
- Your Workers' Compensation Contact will:
  - » communicate the return-to-work date to the appropriate team members
  - » file all reports immediately with the EMC adjuster
  - » communicate with the adjuster regarding any problems
  - » keep accurate records of each incident



# Sample Forms

# SPP Packet Page Descriptions

The following is a brief description of each sequential page within the SPP packet. The pages are color coded to help simplify the process: **PINK** = administrative (poster and personnel file sheet), **BLUE** = info gathering (employee report and supervisor report), **YELLOW** = medical forms (employee takes these both to appointment)

## **ATTENTION ALL EMPLOYEES Poster (pink)**

- Work Comp poster that would be copied and posted in high traffic and highly visible locations (i.e. break room).

## **ATTENTION ALL EMPLOYEES Signature Page (pink)**

- Page 1 of 6: Identical to the Poster above; however, this page includes an Employee's Signature line at the bottom.
  - » You would make copies of this and distribute to all of your employees on or prior to the effective date, possibly including it in their payroll statements (one idea). Secure each employees signature on this form and simply put into their personnel file, documenting that each employee has been apprised of the change to the work comp process.
  - » New employees should sign at hiring.
  - » When an employee is injured – you will provide the injured employee with the entire packet. This will be the first page of 6 total (all pages – minus the Poster page)
    - Have the injured employee sign and date AGAIN at the time of injury.

## **EMPLOYEE'S WORK INJURY REPORT (blue)**

- Page 2 of 6: The injured employee is responsible for filling out this form at the time of injury (or as soon thereafter as practicable) and give it to the Work Comp contact. When filled out properly, this report should assist the Work Comp contact with completing the First Report of Injury (FROI).

## **SUPERVISOR'S INSTRUCTIONS (blue)**

- Page 3 of 6: Written instructions on the Supervisor's responsibilities following an injury/illness.

## **SUPERVISORS INVESTIGATION REPORT (blue)**

- Page 4 of 6: Provides the supervisor with the opportunity to document his/her opinion of what happened, plus suggest ways to avoid future injuries and provide modified duty options.
  - » This report is not available for the injured employee to view – it is simply put in their personnel file by Work Comp Contact for future reference and given to claims adjuster.

## **PHYSICIAN AUTHORIZATION FORM FOR MEDICAL TREATMENT (yellow)**

- Page 5 of 6: The injured employee takes this completed form to the initial physician's appointment. It assists the clinic with billing, nature of injury; while providing medical provider direction for the employee (reminding employee NOT to use group health insurance since it is a potential work comp injury).

## **WORK RELATED INJURY/ILLNESS REPORT (yellow)**

- Page 6 of 6: The injured employee gives this to the physician for completion at the appointment. The physician should then fax the completed form to the insured account and EMC claims adjuster (all fax numbers are included on this form).

**ATTENTION ALL EMPLOYEES**

**ABC COMPANY**

**Workers' Compensation Medical Treatment Change**

**EFFECTIVE SEPTEMBER 1, 20XX**

**If you are injured at work, you must immediately report the incident to your supervisor.**

ABC COMPANY has designated the following medical clinic to treat all workplace related injuries/illnesses.

If you need medical treatment due to a work related injury or illness, seek treatment at:

PHYSICIAN/CLINIC	ADDRESS	PHONE	HOURS
CLINIC	123 4 <sup>TH</sup> St. Anywhere, USA 50505	(222) 222-2222	Monday – Friday 8 a.m. – 4:30 p.m. Saturday 9 a.m. – Noon

For a **SERIOUS INJURY OR ILLNESS** (or any treatment that should not wait until clinic hours the next day) seek immediate treatment at the nearest emergency facility. Hospitals included (but not limited to):

HOSPITAL	ADDRESS	PHONE	HOURS
MEDICAL CENTER	567 8 <sup>TH</sup> St. Anywhere, USA 50505	(333) 333-3333	24 Hour Service

**PLEASE NOTE**

If you choose to be treated by any other medical facility and/or physician, you may not qualify for any workers' compensation insurance benefits and you may be responsible for all medical costs related to this incident. This is in accordance with your state's Workers' Compensation statute.

If you have any questions regarding this procedure, please call Jane Doe (444) 444-4444.

Poster

Post in highly visible locations.

 **EMC**  
Insurance Companies

# ABC COMPANY

## Workers' Compensation Medical Treatment Change

EFFECTIVE SEPTEMBER 1, 20XX

**If you are injured at work, you must immediately report the incident to your supervisor.**

ABC COMPANY has designated the following medical clinic to treat all workplace related injuries/illnesses.

If you need medical treatment due to a work related injury or illness, seek treatment at:

PHYSICIAN/CLINIC	ADDRESS	PHONE	HOURS
CLINIC	123 4 <sup>TH</sup> St. Anywhere, USA 50505	(222) 222-2222	Monday – Friday 8 a.m. – 4:30 p.m. Saturday 9 a.m. – Noon

For a SERIOUS INJURY OR ILLNESS (or any treatment that should not wait until clinic hours the next day) seek immediate treatment at the nearest emergency facility. Hospitals included (but not limited to):

HOSPITAL	ADDRESS	PHONE	HOURS
MEDICAL CENTER	567 8 <sup>TH</sup> St. Anywhere, USA 50505	(333) 333-3333	24 Hour Service

### PLEASE NOTE

If you choose to be treated by any other medical facility and/or physician, you may not qualify for any workers' compensation insurance benefits and you may be responsible for all medical costs related to this incident. This is in accordance with your state's Workers' Compensation statute.

If you have any questions regarding this procedure, please call Jane Doe (444) 444-4444.

***I verify that I have received the ABC COMPANY Workers' Compensation Medical Treatment information.***

\_\_\_\_\_  
Employee's Signature (PRINTED)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

You are responsible for answering all questions on the **Employee's Work Injury Report** accurately and in detail. This will make the processing of your claim both accurate and timely. This completed report should be given to the workers' compensation contact within 24 hours of your work-related injury

## Employee's Work Injury Report

Personal	Name _____ Social Security Number _____	
	Address _____ Birth Date _____ Sex M <input type="checkbox"/> F <input type="checkbox"/>	
	City, State _____ Zip _____ Telephone _____	
	Married <input type="checkbox"/> Single <input type="checkbox"/> Number of Dependents _____ Home/School _____	
	Family Physician _____ Telephone Number _____	
	Are you currently entitled to Medicare Benefits? N <input type="checkbox"/> Y <input type="checkbox"/> Medicare #(HICN) _____	
	Have you applied for Medicare or SSDI? N <input type="checkbox"/> Y <input type="checkbox"/> Pending <input type="checkbox"/> Rejected <input type="checkbox"/>	
Employment	Job Title _____ Employment Date _____	
	Salary/Hourly Rate _____ Hours Worked Per Day _____	
	Building Location _____ Time Work Day Begins _____	
Injury/Illness	Date of Injury _____ Time of Accident _____	
	Where in the facility/job site did this injury occur? _____	
	What were you doing when injured? _____	
	How did the injury occur? _____	
	Describe the injury or illness in detail and indicate the part of the body affected. (Designate right or left if appropriate.)	
	_____	
	Any previous similar injury? If yes, explain. _____	
	Was this injury witnessed? If so, by whom? _____	
Treatment	Medical Facility _____	
	Diagnosis/Care Prescribed _____	
	_____	
Contact	When you return to work, you must call Jane Doe (444) 444-4444.	
	Employee's Signature (PRINTED) _____ Date _____	
	Employee's Signature _____	

# SUPERVISOR'S INSTRUCTIONS

## Assisting the Injured Employee

1. An employee who is injured at work must immediately report the incident to their supervisor.
2. The supervisor is required to:
  - Obtain immediate medical attention for the injured worker: Call the physician or medical facility prior to the employee's arrival, alert the staff of the injury/illness and approximate arrival time;
  - Follow company requirement for reporting job related injuries and illnesses;
  - Complete an incident investigation report.
3. The supervisor and injured worker review information received from the doctor and jointly determine if appropriate work is available.
4. Following an injured workers' return to work, the supervisor or the workers compensation contact monitors the injured workers' progress to assure that restrictions are carefully followed and assist to resolve any difficulties.
5. The injured worker must immediately report any difficulties with performing assigned work. Supervisor and injured worker work to address the problem.

## The Investigation Report

The purpose of this form is to determine what actions are needed to eliminate or control the hazards that have caused the accident. The information gathered will guide your staff in developing safety consciousness and knowledge of safe conditions and safe work methods. If you are not aware of the circumstances surrounding the injury, you should consult with the employee in order to complete the investigation report accurately.

The statements made in this report are very important and should not contain phrases as "Employee should be more careful." As the supervisor, you should make the appropriate corrective recommendations for each accident such as "Notified the appropriate employee to place caution signs in the area when floors are wet."

After you complete the investigation report, return it to the workers' compensation contact within 24 hours of the employee's work-related injury.

If you have any questions or concerns, call Jane Doe (444) 444-4444.

# SUPERVISOR'S INVESTIGATION REPORT

Name of Injured Employee:	Date:
Job Title and Department:	
Date and Time Of Injury:	Type of Injury:
Medical Treatment Center:	

What was the employee doing when injured? Where in the facility / job site did the accident happen?

Describe what happened: \_\_\_\_\_

What corrective steps will be done (or could be done) to prevent recurrence? \_\_\_\_\_

Was the employee working at designated job?

Yes  No

Is there modified duty available for the injured worker?

Yes  No

Has the injured employee returned to work?

Yes  No

If so, what date? \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by Workers' Compensation Coordinator

\_\_\_\_\_  
Date

Comments:

# PHYSICIAN AUTHORIZATION FORM FOR MEDICAL TREATMENT

Injured Employee's Name:	Date:
Company Name & Address: ABC COMPANY 222 2 <sup>ND</sup> Ave. Anywhere, USA 50505	Supervisor:

**Do Not Use Your Group Health Membership Card** if this injury/illness was sustained while working or acting in an official capacity for this company.

The following facilities are the designated workers' compensation treatment centers. Taking this Physician's Authorization Form with you will assist the staff in your care and in processing your medical bills correctly. You should call or have someone call for you to let the physician or clinic know you are on your way for medical treatment and the nature of the injury or illness.

PHYSICIAN/CLINIC	ADDRESS	PHONE	HOURS
<b>CLINIC</b>	123 4 <sup>TH</sup> St. Anywhere, USA 50505	(222) 222-2222	Monday – Friday 8 a.m. – 4:30 p.m. Saturday 9 a.m. – Noon

For a **SERIOUS INJURY OR ILLNESS** (or any treatment that should not wait until clinic hours the next day) seek immediate treatment at the nearest emergency facility. Hospitals included (but not limited to):

HOSPITAL	ADDRESS	PHONE	HOURS
<b>MEDICAL CENTER</b>	567 8 <sup>TH</sup> St. Anywhere, USA 50505	(333) 333-3333	24 Hour Service

### PLEASE NOTE

If you choose to be treated by any other medical facility and/or physician, you may not qualify for any workers' compensation insurance benefits and you may be responsible for all medical costs related to this incident. This is in accordance with your state's Workers' Compensation statute.

If you have any questions regarding this procedure, please call Jane Doe (444) 444-4444.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

# Work Related Injury/Illness Report

Date of Service: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_  
 Employer: **ABC COMPANY**

**PLEASE FAX IMMEDIATELY TO BOTH:**  
**ABC Company Fax: (999) 999-9999**  
**EMC Insurance Companies Fax: (888) 992-8214**

Notified:  Yes  No

Diagnosis: \_\_\_\_\_ Is condition work related?  Yes  No

Treatment Plan: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Date of most recent examination by this office:    /   /   . The next scheduled visit is:  as needed OR    /   /   .  
Month/Day/Year Month/Day/Year

1.  Recommended his/her return to work with no limitations on    .  
Date

2.  He/She may return to work on     with the following limitations.  
Date

DEGREE	LIMITATIONS																
<input type="checkbox"/> <b>Sedentary Work.</b> Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as docket, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.	1. In an 8 hour work day, patient may: a. Stand/Walk <input type="checkbox"/> None <input type="checkbox"/> 4-6 Hours <input type="checkbox"/> 1-4 Hours <input type="checkbox"/> 6-8 Hours b. Sit <input type="checkbox"/> 1-3 Hours <input type="checkbox"/> 3-5 Hours <input type="checkbox"/> 5-8 Hours c. Drive <input type="checkbox"/> 1-3 Hours <input type="checkbox"/> 3-5 Hours <input type="checkbox"/> 5-8 Hours  2. Patient may use hands for repetitive: <input type="checkbox"/> Single Grasping <input type="checkbox"/> Pushing & Pulling <input type="checkbox"/> Fine Manipulation  3. Patient may use feet for repetitive movement as in operating foot controls: <input type="checkbox"/> Yes <input type="checkbox"/> No  4. Patient is able to: <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Frequently</u></td> <td style="text-align: center;"><u>Occasionally</u></td> <td style="text-align: center;"><u>Not at all</u></td> </tr> <tr> <td>a. Bend</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Squat</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Climb</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<u>Frequently</u>	<u>Occasionally</u>	<u>Not at all</u>	a. Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Frequently</u>	<u>Occasionally</u>	<u>Not at all</u>													
a. Bend		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
b. Squat		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
c. Climb		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/> <b>Light Work.</b> Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.																	
<input type="checkbox"/> <b>Medium Work.</b> Lifting 50 pounds maximum with frequent lifting and/or carrying objects weighing up to 25 pounds.																	
<input type="checkbox"/> <b>Heavy Work.</b> Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.																	
<input type="checkbox"/> <b>Very Heavy Work.</b> Lifting objects in excess of 100 pounds with frequent lifting and/or carrying of objects weighing 50 pounds or more.																	

**OTHER INSTRUCTIONS AND/OR LIMITATIONS:** \_\_\_\_\_

3.  These restrictions are in effect until     or until patient is reevaluated.  
Date

4.  He/She is totally incapacitated at this time. Patient will be reevaluated on    .  
Date

Treating Facility Name: \_\_\_\_\_  
Please Print

Physician's Signature: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

**RELEASE OF INFORMATION AUTHORIZATION**

I authorize the treating physician to release copies of my medical records including lab and x-ray reports to the above-named employer and the insurance company. I certify that I have received a copy of this report.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Additional Information

# TECH SHEET

**EMC** Insurance Companies.

## Select Provider Program

*Prompt reporting, quality medical attention, and excellent communication are essential to successful cost management for workers' compensation claims. EMC's Select Provider Program helps organizations manage the process by providing educational tools to improve claim handling procedures, selecting qualified and reputable medical providers, and defining return-to-work policies and procedures.*

By targeting the efficiency of the claims handling process, this successful program helps avoid the major communication mistakes that can damage employer-employee relationships. Using the step-by-step techniques outlined in the program, employers will assist employees in finding prompt medical care, which improves employee satisfaction and positively impacts the bottom line.

### Controlling Costs

A key to controlling workers' compensation costs is knowing what to do when an injury is first reported. EMC's Select Provider Program assists an organization in managing the first 24 to 48 hours of a workers' compensation claim by:

- Providing employee reporting procedures for a work-related injury or illness.
- Collecting accurate information about the injury or illness.
- Assisting employees in finding prompt, appropriate, and organized medical care.
- Reporting the injury to EMC claims adjusters in a timely and well-documented manner.

### Medical Facilities

It is important to designate qualified, convenient medical facilities for injured employees to access. EMC has identified medical providers throughout the country that provide quality medical care while maintaining excellent lines of communication among all parties. Select Provider Program forms and materials

are customized for each organization to assist in the initial referral and reporting process.

### Communication

It is reassuring for everyone involved when both the employees and employers know



what to do when a workplace injury or illness occurs. In the Select Provider Program, employees are educated on the specific procedures to follow when an injury report needs to be made. The program procedures are designed to be used by the organization's management staff to assist the employee through the process of initial referral to medical care and return to work.

### Return to Work Policies

Every organization should have a documented return-to-work policy. This policy should outline the organization's commitment to providing a safe and healthy workplace and its pledge to provide access to prompt, quality medical care to injured employees. The policy should also establish the organization's guidelines to return injured employees to productive employment as soon as medically possible.

A return-to-work policy should include wording that communicates the organization's plan to make all reasonable efforts to provide modified or transitional work until the injured employee is able to return to normal duties. It is equally important to note that all transition work is temporary and intended to facilitate a return to regular work duties when medically feasible.

*Continued*

[www.emcins.com](http://www.emcins.com)

### Supervisor's Responsibilities

When an employee is injured on the job, the supervisor has some very important duties and responsibilities to facilitate the employee's medical treatment, the return-to-work program, and accident investigation. It is critical that all employees who are injured at work immediately report the incident to their supervisor. Upon that notification, the supervisor should complete the following:

- Obtain immediate medical attention for the injured worker.
- Call the medical facility or physician prior to the employee's arrival and alert the medical staff of the injury/illness and approximate arrival time.
- Follow the organization's requirements for reporting job-related illnesses and injuries.
- Complete an incident/accident investigation report.

Once the employee has been medically cleared to return to work in transitional duties (sometimes referred to as "light duty"), the supervisor, injured employee, and workers' compensation administrator should review the information provided by the treating physician and jointly determine if appropriate work is available. Following an injured employee's return to work, the supervisor and workers' compensation administrator should monitor the injured employee's progress to assure that all restrictions are carefully followed and assist to resolve any difficulties. Employees should be instructed to immediately report any difficulties with performing assigned tasks to their supervisor. Supervisors must always keep in mind that, although the employee may only be performing a portion of their pre-injury duties, it is of far greater benefit to the organization for the employee to be back on the job doing some work, than to be away from the job doing no work at all.

### For Additional Information

**EMC Insurance Companies:** [www.emcins.com](http://www.emcins.com)

- Loss Prevention Information Manual – Accident Investigation
- Technical Information Sheets – Accident Investigation, Return to Work Programs, Employee Job Descriptions

### Incident/Accident Investigation Reports

One of the primary purposes of Incident/Accident Investigation Reports is to determine what actions are needed to eliminate or mitigate the hazards that have caused or contributed to an employee injury. The information gathered in these reports is very important to improving safety at the organization. The reports should emphasize prevention of future injuries, not blame the employee for what has already occurred by using phrases such as "employee should be more careful." The reports should ultimately strive to identify the root cause of the accident and provide recommendations to eliminate or mitigate those root causes. Incident/accident reports should be completed within 24 hours of the incident, as information and facts may be forgotten by the employees and witnesses if too much time has passed.

# TECH SHEET

## Online Loss Control Services

 **EMC** Insurance Companies®

*As an EMC commercial policyholder, you have access to a variety of free online services at [www.emcins.com](http://www.emcins.com).*

### Reliable Information

**Tech Sheets**—Get the information you need quickly with these short and to-the-point documents that provide detailed information on specific hazards and loss control topics.

**Loss Prevention Information Manual**—When you need more in-depth information, review this collection of documents that fully outlines loss control topics and can help you develop required written programs.

**Safety Talks**—Easily access over 1,000 toolbox talks for your next safety meeting, or use as handouts or training aids.

**Loss Control Forms**—Download our fillable PDF forms, which include accident investigation forms, crane inspection reports and forms to notify EMC Insurance Companies of the closing or reopening of fire sprinkler system valves.

**Loss Control Insights**—Read the quarterly publication for our commercial policyholders that focuses on hot topics in safety and current loss control techniques.

### Training Assistance

**Online Training**—Train employees when it's convenient for you with these self-directed sessions on topics including defensive driving and bloodborne pathogens. You can also register for the Training Management System, which tracks your organization's training records.

**Safety Videos**—Check out a training video from our library of nearly 500 titles. All you pay is return shipping.

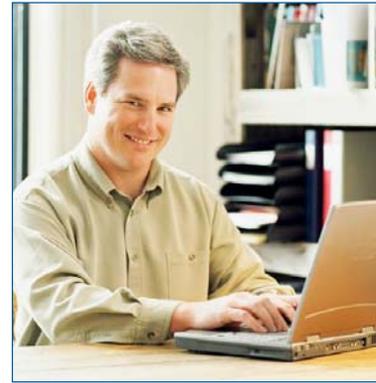
**Safety Signs and Posters**—Order free safety posters and signs from our collection, or download them instantly and print from your own computer.

### Training

**Certificates**—Recognize the success of your employees with a training certificate you can customize and print.

### Safe Driver

**Awards**—Reward safe drivers who are not involved in preventable accidents with this program, which provides congratulatory gifts at specified safe driving anniversaries.



### Planning and Protection

**Employment Practices Liability Tools**—Help protect your organization with resources for managing employment risks, such as discrimination, wrongful termination and harassment.

**Disaster Planning Tools**—Plan ahead to keep your organization running in the event of a business interruption. We've partnered with the Insurance Institute for Business & Home Safety to offer the Open for Business series, which provides resources that help you create a business continuity plan.

**Ergonomics and Wellness Tools**—Access our NIOSH Lifting Equation tool or download computer workstation posture handouts. You'll also find stretching instruction booklets designed for office workers and other employees.

*Continued*

[www.emcins.com](http://www.emcins.com)

To access the services listed:

1. Visit [www.emcins.com](http://www.emcins.com).
2. Select **Loss Control** from the menu.
3. Navigate the site using the left-hand menus or the quick links at the bottom

of the page. You can browse by topic, industry or service type.

Some of these resources will require an EMC policy number. If you do not know your policy number, contact your agent.

**EMC Insurance Companies**  
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Home | Business Insurance | Personal Insurance | Life Insurance | **Loss Control**

Home > Loss Control

**Loss Control Services**

- Safety by Topic
- Safety by Industry
- Search Loss Control

**Top Online Services**

- Online Training
- Safety Talks
- Safety Signs
- Safety Video Library
- Safety News
- Forms
- All Online Services

**INSIGHTS ONLINE**

**Protect your investments from unexpected loss**

**Loss Control Services**

The best way to control losses is to prevent them before they happen. Our loss control team provides expert evaluations, technical expertise and effective loss control solutions. With the support of leading edge technologies, we have one of the most sophisticated loss control teams in the insurance industry.

Browse our [informational materials](#) to learn more about our on-site and online loss control services.

For additional information, [contact us](#) or get in touch with your local EMC branch office.

**New in Loss Control**

**Forms:**

- Administrative Crisis Response Plan
- Annual Indoor Tank Inspection Sheet

**Safety News:**

- New Articles (6/13)
- New Articles (5/27)

**Online Training:**

- Backing and Parking (7/6)
- Ladder Safety (5/19)

[more >](#)

**Loss Control Quick Links**

Employee Safety & Health	Property	Commercial Auto	General
ChemEyes	Commercial Property Valuations	CSA 2010 Questions Answered	Loss Control Team
Chemical Exposure Assessments	Equipment Protection Services	Driving Tips	Marketing Materials
Compliance Benchmarking Surveys	Loss Analysis Reports	Fleet Safety Policy Assistance	
Ergonomics	Roof Management		
Facility Planning & Material Handling Analysis	Security Consulting	<b>Liability</b>	
Indoor Air Quality	Sprinkler System Analysis	Employment Practices	
Noise Assessments		Slip, Trip & Fall Surveys	
Partnership Service			
Select Provider Program			

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