



## TOWN OF MIDDLETON

### Procedures for Processing Workers' Compensation Claims

#### 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) for the Town of Middleton located at the Town Accountant's Office, 48 South Main Street, Middleton, MA 01949. The report must be delivered 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 48 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 employees own physician.

Please be advised that 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 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.

The employee will receive a letter from the Workers' Compensation Coordinator outlining the process and detailing the administration of benefits. A notification from the Town's Workers' Compensation Coordinator and guide to the Massachusetts Workers' Compensation System will also be sent.

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 paycheck.

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 the supplement you must complete and sign the Workers' Compensation Wage Supplement Request Form and submit to the Workers' Compensation Coordinator.

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 to employees from MIIA or Cabot Risk.

## **HEALTH AND LIFE INSURANCE DEDUCTIONS**

If the employee is expected to be on Workers' Compensation for less than a month, the employee must make payment for the insurance premiums on the date the deduction would have been made, had the employee been paid wages.

If the employee is on Workers' Compensation for more than one month, the employee must make payment for insurance premiums at least one month in advance of coverage.

Payment should be made by check payable to the Town of Middleton and mailed to the Town Treasurer, Memorial Hall, 48 South Main Street, Middleton, MA 01949. Payments must be received regularly and in the manner described.

## **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 report to work without written authorization.

**WORKERS' COMPENSATION  
AUTHORIZATION RELEASE FORM FOR PAYROLL DEDUCTIONS**

Belinda Young, Treasurer/Collector  
Town of Middleton  
48 South Main Street  
Middleton, MA 01949

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

Dear Ms. Young,

Effective immediately, would you kindly deduct from my Workers' Compensation check the following weekly premiums.

Please check where applicable:

\_\_\_\_\_ Medical Insurance

\_\_\_\_\_ Dental Insurance

\_\_\_\_\_ Life Insurance

\_\_\_\_\_ Other (please specify)

In addition, I authorize you to deduct an additional \_\_\_\_\_ per week from my check to cover premiums due to the Town of Middleton.

Sincerely,

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Print Name

PLEASE RETURN FORM TO: Belinda Young, Treasurer/Collector  
Town of Middleton  
48 South Main Street  
Middleton, MA 01949

cc: Workers' Compensation Agent/Office of Town Accountant

# WORKERS' COMPENSATION PROCESS

## 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

## Employer/Supervisor Responsibilities:

- Provide First Aid (call 911 when necessary)
- 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

## 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 and send to insurer if applicable
- If compensable, notify Payroll Clerk, Benefits and Retirement Board
- Create a confidential file and track all correspondence
- Coordinate coming back to work or modified duties plan
- Confirm employee has been medically cleared to return to work with written documentation

## 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 employees indemnity benefits
- Communicate with employee and notify Town's Workers' Compensation Coordinator when employee is able to return to duty

## WHEN EMERGENCY SERVICES (I.E. LIFE THREATENING, BLEEDING, HEAD INJURIES, SEVERE FRACTURES) ARE NECESSARY

1. If necessary, **CALL 911**. Seek out emergency care (via ambulance if necessary) at the closest emergency care facility to where you were injured.
2. 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. The Injury Report is attached. No other report should be used.
3. After emergency care, continue treating with the preferred provider or with a provider of your choice.
4. Ensure that the medical documents are sent IMMEDIATELY to the Town's Workers' Compensation Coordinator. 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.
5. The Workers' Compensation Coordinator will be contacting you to follow up with your injury, explain benefits, and insure that you are receiving appropriate medical treatment. If you have not heard from the Workers' Compensation Coordinator, 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.

## IF EMERGENCY SERVICES ARE NOT NECESSARY

***Some claims or potential claims can come in many forms. Some obvious, some may cause confusion. A small injury could revolve into a larger one. Your general rule should be "When in doubt, report"***

1. Complete a Supervisor's Report of Accident Form (top portion) and give it to your supervisor. Sign a Medical Authorization Form. The Town's Supervisor's Report of Accident Form and Medical Authorization Form are attached. No other report form should be used. Ensure that this report is sent to the Worker's Compensation Coordinator within 24 hours of your accident, located at the Town Accountant's Office, 48 South Main Street, Middleton, MA 01949.
2. If medical treatment is necessary, please report to the medical provider of your choice. Inform them that you are being treated for a work-related injury

3. Medical documentation will be sent to the Workers' Compensation Office by the preferred provider within 24 hours of treatment. Should you continue treatment, ensure that all medical documentation is sent immediately to the Workers' Compensation Coordinator.

## GENERAL INFORMATION

If you have been injured on the job, a Supervisor's Report of Accident Intake Form should be completed and sent to the Workers' Compensation Coordinator regardless of whether time has been lost or medical treatment is necessary. The Workers' Compensation Coordinator will notify MIIA or Cabot Risk, the insurance providers for the Town of Middleton. The Supervisor's Report of Accident Form includes all the information that may be needed to process your claim. This form should be completed in its entirety. If information requested is unknown, leave the line blank. This should not prevent an accident from being forwarded to the Worker's Compensation Coordinator within 24 hours. A supervisor's signature is requested solely for the purpose of notification that an injury has occurred. A supervisor's signature does not indicate that the supervisor agrees/disagrees with the report, nor does it indicate that the supervisor witnessed the accident.

Receipt of a Supervisor's Report of Accident Form and Medical Authorization Form should be completed within **24 hours** of the accident/injury.

Once the Workers' Compensation Coordinator has been notified of your accident/injury and if you have lost time from work, the Coordinator should be notified by the Department Head or Supervisor. The Workers' Compensation Coordinator is available to provide you with information and answer any questions you may have.

Medical coverage for accepted work-related injury will be covered by Workers' Compensation regardless of whether time has been lost due to the injury.

The Workers' Compensation Coordinator can be contacted at any time with questions concerning your benefits or about Workers' Compensation in general. The Workers' Compensation Coordinator can be contacted whether or not you have lost time from work.

The Department of Industrial Accident (DIA) is the State Department that oversees Workers' Compensation (M.G.L. c.152). The DIA can be contacted at 617-727-4900 for any information regarding Workers' Compensation system including our rights and responsibilities as an injured worker.

Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017  
PH: 617-727-4900 or 800-323-3249  
[www.mass.gov](http://www.mass.gov)



## RETURNING TO WORK

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 Note from your treating physician. You may also be required to be cleared by Quadrant Health, the Town's preferred provider. The Return to Work Note must be presented to the Workers' Compensation Coordinator and to your Department Head/Supervisor.

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 of Middleton to any employee who has been injured on the job and is capable of returning to work in a modified basis.

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

## CONTACT INFORMATION

Sharon Bainbridge, 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, CFO/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://quadranth.com>

# 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 details

## 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, Express Scripts. Express Scripts processes medications electronically directly. Visit their website for a list of participating pharmacies at: [www.express-scripts.com](http://www.express-scripts.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 Workers' Compensation Coordinator for the Town: Sharon Bainbridge, 978-777-4966, [sharon.bainbridge@middletonma.gov](mailto:sharon.bainbridge@middletonma.gov).

## If you are hurt on the job with a non-life threatening injury

- 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
- 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

## If you need medical care after hours due to a work injury (Monday-Friday 4 pm to 8 am / 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 fax an injury status report to the Workers' Compensation Coordinator



### Quadrant Headquarters

500 Cummings Center  
Suite 4350  
Beverly, MA 01915

## Police/Fire Procedure Regarding Injury in the Line-of-Duty M.G.L. Chapter 41, Section 111F

### Injured on Duty:

**Reporting Requirements:** Whenever an officer, on duty or while traveling to a duty assigned, receives an injury regardless of its severity, the officer shall, as soon as practicable, notify the “on duty” Commanding Officer/Officer in Charge and submit a thorough and complete report detailing the nature of the injury, the mechanism or circumstances surrounding the incident which led to the injury, the names of any witnesses and the officer’s personal physician, along with any medical specialist(s) to whom the officer may have been referred. This report shall be submitted to the Commanding Officer/Officer in Charge and to the Chief of Police.

### Checklist for Injured on Duty Claims M.G.L. Chapter 41, Section 111F

- An Injury Report Form from the injured public safety officer signed by Superior Officer
- A Supervisor’s Intake Report detailing the events of the employee’s injury, copy to Workers’ Compensation Coordinator
- A Medical Release Form signed by the injured public safety officer
- A physician’s written medical opinion that states the following:
  - That the public safety officer sustained an injury. The physician must identify the injured body part
  - That said injury occurred while the public safety officer was in the performance of his official duties
  - That said injury was sustained without any fault of the public safety officer
  - That said injury has caused the public safety officer to be incapacitated from performing his/her duties and the expected length of incapacity.
- The Town reserves the right to request additional medical information as needed to investigate the claim for injured on duty benefits.

# The 190<sup>th</sup> General Court of the Commonwealth of Massachusetts

## MGL. Chapter 41, Section 111F

**Section 111F.** Whenever a police officer or fire fighter of a city, town, or fire or water district is incapacitated for duty because of injury sustained in the performance of his duty without fault of his own, or a police officer or fire fighter assigned to special duty by his superior officer, whether or not he is paid for such special duty by the city or town, is so incapacitated because of injuries so sustained, he shall be granted leave without loss of pay for the period of such incapacity; provided, that no such leave shall be granted for any period after such police officer or fire fighter has been retired or pensioned in accordance with law or for any period after a physician designated by the board or officer authorized to appoint police officers or fire fighters in such city, town or district determines that such incapacity no longer exists. All amounts payable under this section shall be paid at the same times and in the same manner as, and for all purposes shall be deemed to be, the regular compensation of such police officer or fire fighter. This section shall also apply to any member of a fire department who is subject to the provisions of chapter one hundred and fifty-two if he is injured at a fire and if he waives the provisions of said chapter. This section shall also apply to any permanent crash crewman, crash boatman, fire controlman or assistant fire controlman employed at the General Edward Lawrence Logan International Airport, members of the Massachusetts military reservation fire department and members of the 104th fighter wing fire department and, for the purposes of this section, the Massachusetts Port Authority, the Massachusetts military reservation and the Barnes Air National Guard Base shall be fire districts.

Where the injury causing the incapacity of a firefighter or police officer for which he is granted a leave without loss of pay and is paid compensation in accordance with the provisions of this section, was caused under circumstances creating a legal liability in some person to pay damages in respect thereof, either the person so injured or the city, town or fire or water district paying such compensation may proceed to enforce the liability of such person in any court of competent jurisdiction. The sum recovered shall be for the benefit of the city, town or fire or water district paying such compensation, unless the sum is greater than the compensation paid to the person so injured, in which event the excess shall be retained by or paid to the person so injured. For the purposes of this section, "excess" shall mean the amount by which the total sum received in payment for the injury, exclusive of interest and costs, exceeds the amount paid under this section as compensation to the person so injured. The party bringing the action shall be entitled to any costs recovered by him. Any interest received in such action shall be apportioned between the city, town or fire or water district and the person so injured in proportion to the amounts received by them respectively, inclusive of interest and costs. The expense of any attorney's fees shall be divided between the city, town or fire or water district and the person so injured in proportion to the amounts received by them respectively.

Whoever intentionally or negligently injures a firefighter or police officer for which he is granted a leave without loss of pay and is paid compensation in accordance with the provisions of this section shall be liable in tort to the city, town or fire or water district paying such compensation for all costs incurred by such city, town or fire or water district in replacing such injured police officer or firefighter which are in excess of the amount of compensation so paid.

*[Paragraph added by 2016, 218, Sec. 60 effective November 7, 2016.]*

Notwithstanding the provisions of this section, section 100 or any other general or special law to the contrary, any city, town or district that accepts this paragraph may establish and appropriate amounts to a special injury leave indemnity fund for payment of injury leave compensation or medical bills incurred under this section or said section 100, and may deposit into such fund any amounts received from

insurance proceeds or restitution for injuries to firefighters or police officers. The monies in the special fund may be expended, with the approval of the chief executive officer and without further appropriation, for paying expenses incurred under this section or said section 100, including, but not limited to, expenses associated with paying compensation other than salary to injured firefighters or police officers and providing replacement services for the injured firefighters or police officers, in lieu of or in addition to any amounts appropriated for the compensation of such replacements. Any balance in the fund shall carry over from year to year, unless specific amounts are released to the general fund by the chief executive officer upon a finding that the amounts released are not immediately necessary for the purpose of the fund, and not required for expenses in the foreseeable future.