Investigation Process

- Workers’ Compensation claims are administered by the Department of Human Resource Management Workers’ Compensation Services’ third party administrator and are reviewed to determine if a compensability decision can be made based upon the Employer’s First Report of Injury or if further investigation is required. The claim may be set up as Medical Only/Partially Certified, Medical Only/Certified, or Lost Time. All lost time compensability decisions must be reviewed and approved by the Department of Human Resource Management Workers’ Compensation Services.

These categories mean the following for exposure claims:

- Medical Only/Partially Certified:
  - An incident has occurred which has resulted in a compensable injury by accident (i.e. needlestick, laceration or abrasion), but exposure to a disease has not been confirmed.
  - An incident has occurred where there has either been a physical injury (such as a needlestick or laceration) with exposure to blood or body fluid from a source known to be positive for blood borne disease or there has been exposure to eyes, nose, mouth or other mucous membrane from the blood or body fluid of a positive source or there has been an exposure to non-intact skin from the blood or body fluid of a positive source to an employee previously negative for disease. Testing and prophylactic treatment will be considered for coverage for the disease for which the source was positive. Once the injured worker tests positive for the disease and the claim is accepted as compensable, then the Benefit Coordinator will change the claim status from MOPC to MOC.

- Medical Only/Certified: If disease develops in the injured worker, and further investigation determines that the disease arose from the compensable exposure incident, coverage will include treatment for any disease for which the source was positive and injured worker develops within the limitations of the Virginia Workers’ Compensation Act.

- Lost Time: An incident has occurred which has resulted in the loss of more than the seven-day waiting period for lost wage benefits. Compensability decision is made based upon the same criteria as above, plus confirmation that the selected panel physician authorized the disability from work.
Information needed to determine compensability:

- Definitions:
  - **Exposure Incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.
  - **Other Potentially Infectious Materials (OPIM)** means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV. **WCS has made the business decision to consider any body fluid (including urine, feces and saliva/spit) as OPIM for the purposes of our organization.**
  - **Parenteral** means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

- For an **Injury by Accident**:
  
  Has there been an injury by accident occurring at a reasonably specific moment in time, arising out of and in the course and scope of employment that caused a sudden change in the employee’s body?

- For an **Occupational Disease** (covered as an **Ordinary Disease of Life**):
  
  An ordinary disease of life (i.e. blood borne pathogen) may be covered as an occupational disease under the Virginia Workers’ Compensation Act.

  - Has there been a **route of transmission** of disease during the course and scope of employment? For example, has there been a needlestick or laceration from a contaminated needle or object? Has there been an exposure to blood or OPIM to non-intact skin, eyes, nose, mouth or other mucous membrane?
  - Was the **source positive** for any blood borne pathogen?
  - If the employee tests positive for disease, does the evidence support that the disease was contracted in the course of the employment, arose out of the employment, did not result from causes outside of the employment, is characteristic of the employment and was caused by conditions peculiar to the employment?

**What will Workers’ Compensation Cover?**

- Workers’ Compensation Services has made the administrative decision to obtain baseline testing on all exposure claims to establish the status of the Injured Worker at
the time of the exposure. Agencies will be advised not to enter an exposure claim into V LW as a Record Only.

- After a claim is accepted as compensable for an occupational disease, coverage would be provided for authorized time out of work based upon approval of disability from the panel physician, preventative medical care, testing and medical care should the employee develop a disease for which the source was positive.

- WCS will cover initial testing on all confirmed exposures to blood and OPIM to establish a baseline. Please refer to definition of “exposure” for guidance. No additional payment will be made unless the source is positive or, in the case of an unknown source, if the injured worker establishes a compensable claim.


- These requirements are separate and apart from workers’ compensation. Benefit Coordinators should never advise an employee who has a denied claim to file their bills with their insurance company as the employer may have responsibility for payment under OSHA guidelines.

Protocol:

- Needlestick/Contaminated Sharps claims
  - The puncture wound/cut is a compensable injury by accident.
  - File is set up as MOPC pending results of investigation.
  - WCS expects aggressive pursuit of source status documentation in order to control the cost of the claim. Obtain the source’s lab results to confirm if they were positive for disease. Agencies will be expected to cooperate with the investigation and provide timely response to the Benefit Coordinator.
  - Treatment for the physical injury (puncture/cut) is covered.
  - Testing for HIV and Hepatitis is covered (see Clevinger v. Town of Grundy). The protocol for testing, prophylaxis and follow up is established by the U. S. Public Health Service.
  - If the source is positive for a bloodborne pathogen, the initial testing and subsequent testing is covered as well as prophylactic (preventive) treatment.
  - If the source is unknown, or, at initial exposure, until the status of the source is determined (positive or negative for disease), initial testing and subsequent testing, and prophylactic treatment will be covered up until if and when the source is found to be negative. If the source is determined to be negative, no further testing or prophylactic treatment will be covered under the WC claim.
  - In no case, except those cases where the Injured Worker converts to positive for disease during the testing period, will testing or prophylactic treatment be covered for longer than a 6 month period from the date of exposure without the approval of WCS Director or designee.
**Blood/Other Potentially Infectious Material (OPIM) Splatter**

- All blood and OPIM exposures (except needlesticks/contaminated sharps) are set up as MOI and investigated.
- WCS expects aggressive pursuit of source status documentation in order to control the cost of the claim. Obtain the source’s lab results to confirm if they were positive for disease. Agencies will be expected to cooperate with the investigation and provide timely response to the Benefit Coordinator.
- Determine the nature of the exposure and determine if the blood or OPIM contacted/penetrated non-intact skin, eyes, nose, mouth or other mucous membrane.
  - If not, there has been no route of transmission and only baseline testing is covered and the exposure claim is not certified. Advise the injured worker to contact their employer to determine if any testing or prophylactic treatment should be covered by the employer under OSHA guidelines.
  - If an exposure is determined to have occurred and the source was known to be positive, the claim would be converted to MOPC, initial testing, follow up testing and prophylactic treatment would be covered. If after 6 months the tests remain negative, no further testing or treatment would be covered without the approval of WCS Director or designee.
  - If an exposure is determined to have occurred and the source is known to be negative, initial testing is covered. No treatment is covered unless the injured worker converts to positive for disease and meets their burden of proof. Advise the injured worker to contact their employer to determine if any prophylactic treatment should be covered by the employer under OSHA guidelines.
  - If the source is unknown or at initial exposure until the status of the source is determined (positive or negative for disease), initial testing and subsequent testing, and prophylactic treatment will be covered up until if and when the source is found to be negative. If the source is determined to be negative, no further testing or prophylactic treatment will be covered under the WC claim after the date of notice of negative source test.
  - In no case, except those cases where the Injured Worker converts to positive for disease during the testing period, will testing or prophylactic treatment be covered for longer than a 6 month period from the date of exposure without the approval of WCS Director or designee.

**What Can Agencies Provide to Assist Workers’ Compensation Investigations?**

The two most important pieces of information that the agency can provide is information on the source of the exposure and if there was a route of transmission (i.e., break in skin, contact with mucous membranes, etc.). In order to accept a claim for an ordinary disease of life caused by an exposure, the claims administrator must first confirm that the source of the exposure was positive for a disease and that a route of transmission existed.
Medical records for the employee will be obtained and reviewed and a statement may be obtained from the employee.
CLAIM NUMBER:

EMPLOYEE:

EMPLOYER:

DATES OF ACCIDENT:

DATE OF BIRTH:

AUTHORIZATION TO OBTAIN INFORMATION

I, undersigned, authorize any physician or hospital who has attended to me to furnish my authorized representative of York Risk Services, 101 N. 14th Street, Richmond, VA 23218 any and all information which may be requested regarding treatment rendered therefore, and if necessary, to allow them or any physician appointed by them to examine any records regarding my condition or treatment.

A copy of this authorization is to be given the same force and effect as the original.

_________________________________________________  __________________________
Employee Signature                                      Date

_________________________________________________  __________________________
Witness Signature                                       Date
Once MCI makes a decision on your claim, you should: (continued)

- Continue to communicate with your supervisor and MCI regarding absences, work restrictions, job modifications, or return to work authorizations. This includes providing a physician’s note documenting any of the above

- Accept medical treatment and other recommendations provided by the panel physician. If you seek outside medical treatment, you may forfeit WC benefits

If you disagree with the decision made by MCI, you may:

- Contact VWCC to file an appeal

- Use Administrative leave to attend a WC hearing(s) – if you are scheduled to work

- Be assured that your decision to appeal will have no effect on your agency employment or benefits

If your claim is approved, listed below are some potential WC benefits:

- Leave/Lost wage compensation
- Related lifetime medical coverage
- Prescription reimbursement
- Mileage to and from medical appointments
- Non-taxable compensation
- Vocational rehabilitation
- No co-pay(s) for the prescriptions filled through First Script

Additional Resources

Virginia Department of Health
Office of Human Resources, Suite 1114
109 Governor Street
Richmond, Virginia 23219
804-864-7100
Fax 804-864-7107

Virginia Department of Health
Payroll Office, 12th Floor
109 Governor Street
Richmond, Virginia 23219
804-864-7062
Fax 804-864-7069

Managed Care Innovations
Frank Gates Service Company
Post Office Box 1140
Richmond, Virginia 23218
Fax 804-371-2556
www.covwc.com

Virginia Workers’ Compensation Commission
1000 DMV Drive
Richmond, Virginia 23220
1-877-664-2566
Fax 804-367-9740
www.vwc.state.va.us

Department of Human Resource Management
Office of Workers’ Compensation
www.dhrm.virginia.gov/workerscomp.html

Virginia Sickness and Disability Program
Unum Call Center
Fax 1-800-447-2498
www.varetire.org/Pdf/VSDPhdbk.pdf

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Initial Process: (continued)

- Schedule an appointment to see your panel physician, if needed. If you seek outside medical treatment, you may forfeit WC benefits.
- Inform your supervisor of absences, work restrictions, job modifications, or return to work authorizations. This includes providing a physician’s note.
- Use the First Script pharmacy card (which will be issued by your work unit) to initially fill the first prescription(s) ordered by the treating physician.
- If your panel physician refers you to physical therapy or another treating physician, inform MCI at 804-649-2288 to ensure that they are aware of the new provider/physician involved with your medical treatment.
- Until MCI makes a decision about your claim, charge lost time to personal leave. Please alert your work unit if you have a low leave balance.
- If you are a VSDP participant and will be out beyond the 7 calendar day waiting period, contact UnumProvident at 1-800-652-5602. Respond to all correspondence and instructions.
- Respond to all MCI correspondence and calls. You are encouraged to keep copies of all correspondence and documentation.

Initial Process: (continued)

If you have questions your work unit or supervisor cannot answer, please contact the Office of Human Resources at 804-864-7100

- Accept medical treatment and other recommendations provided by the panel physician and other treating physicians.
- Expect to receive a packet from VWCC and respond accordingly.

Once MCI makes a decision on your claim, you should:

- Be notified in writing by MCI.
- Activate your First Script account, following receipt of instructions, before filling subsequent prescriptions.
- Receive guidance from your work unit on the amount of time that may be charged to WC leave. It will depend on your WC rate (subject to a maximum) and may not completely restore the total leave used.
- Receive a blue benefits claim form from the VWCC. It is important that you complete and return it to the VWCC, which will initiate the process for possible lifetime medical benefits.
- Receive paperwork that MCI requires you to sign and return to the work unit.

VDH is providing this guide to outline the basic responsibilities you, your agency representative, and Managed Care Innovations (MCI) have when you experience a reportable injury/illness in the workplace. Please refer to it when necessary.

Listed below are the parties involved in the workers’ compensation (WC) process:

VDH designees and your work unit are responsible for gathering the facts, processing reports in a timely fashion, and submitting the necessary paperwork.

MCI, the third party administrator, completes the investigation and manages the claim process.

Frank Gates Service Company is a partner of MCI. You may receive correspondence from this company.

The Virginia Workers’ Compensation Commission (VWCC) has total authority over the entire process.

Unum is the third party administrator for the Virginia Sickness & Disability Program.

Initial Process:

- Complete the Accident Report for Workers’ Compensation Claim form. In an emergency, seek medical treatment first and then contact your supervisor.
- Meet with your supervisor to select a panel physician, should additional medical treatment be needed.

Listed below are the parties involved in the workers’ compensation (WC) process:

VDH designees and your work unit are responsible for gathering the facts, processing reports in a timely fashion, and submitting the necessary paperwork.

MCI, the third party administrator, completes the investigation and manages the claim process.

Frank Gates Service Company is a partner of MCI. You may receive correspondence from this company.

The Virginia Workers’ Compensation Commission (VWCC) has total authority over the entire process.

Unum is the third party administrator for the Virginia Sickness & Disability Program.
Instructions for Completing
VDH Accident Investigation Report

PRINT THE FORM.
ALL INFORMATION SHOULD BE PRINTED LEGIBLY.
Each question on the form must be answered. If no answer is applicable, put "N/A."

Volunteers and their supervisor must complete the "Safety Event Reporting Form" and submit to the OPGS.

The employee completes the top portion of the form:

1. **Name**: Full legal name. Note if Jr., Sr., III, etc.
2. **DOB**: Date of birth
3. **Gender**: Check M (male) or F (female)
4. **Marital Status**: Check M (married), D (divorced), S (single), or W (widowed/widower)
5. **SSN**: Social Security Number
6. **Home Address**: Street, City, State, Zip
7. **# of dependent children**: Up to age 18 or 23, if dependent is a Full-time student in an accredited institution, or older disabled children
8. **Job Title**: VDH role title
9. **VDH Hire Date**: Hire date with the agency (VDH)
10. **Hire date in current job**: Hire date for present position
11. **Home/Cell Phone**: Home or cell telephone number and area code
12. **Work Phone**: Area Code and Work telephone number and area code
13. **Employment Type**: Check “Classified” if salaried with benefits. Check "Hourly" if paid by the hour, as a wage employee.
14. **Hours Worked (Daily)**: Usual number of hours worked per day, including overtime
15. **Hours Worked (Weekly)**: Usual number of days worked per week
16. **Address Where Injury Occurred**: Specific address (street, city/county, state) where the accident occurred
17. **Names of any witnesses**: Full name of any witnesses (attach additional sheets if necessary)
18. **Person to whom reported**: Name of the person to whom the accident/illness was reported
19. **Date of Injury**: The date of injury, not the date reported
Time of Injury: The time of day the injury occurred. Identify if AM or PM
Time began work: The time of day employee began working that day.
20. Date/Time Reported: The date and time the injury was reported to the person above
21. Describe fully how injury or illness occurred: The work activity or task in which engaged at the time of accident and any conditions
22. Describe nature of injury or illness . . .: The nature of injury and the part of the body injured, including left, right, upper, lower, as well as broken, sprained, etc. (i.e., fractured left toe, strained lower back, chemical burn left hand, etc.)
23. Signature: Sign the form
24. Date: Date the form was signed

The supervisor completes the bottom portion of the form:

25. Was the employee doing something other than required duties . . .: Check “Yes” if employee was doing something that was not asked of him/her as part of the job when he/she was injured or became ill
26. If “yes”, please explain: If previous answer was “Yes”, describe what the employee was doing that was not part of the job
27. When did you first learn of accident/illness? Date advised of the injury. Verbal notice or witnessing the accident is considered sufficient under the Workers' Compensation Act
28. Address where accident/illness occurred . . .: Specific address (street, city/county, state) where the accident occurred if address employee gave is incorrect
29. Did accident/illness occur on: Employer premises? Check “Yes” if on Virginia Department of Health premises. Check “No” if elsewhere State Property? Check “Yes” if on state-owned property. Check “No” if elsewhere
30. Was the situation an emergency requiring immediate medical attention? Check “Yes” if employee was sent to emergency room without being presented with panel of physicians first. Check “No” if employee sought no medical treatment or other medical treatment
31. Was employee offered a panel of physicians? Check “Yes” if employee was given the Panel Physicians Form. Check “No” if not (this should only occur in emergency situations).
32. Did the employee seek medical treatment? Check “Yes” if employee sought medical treatment. Check “No” if not.
33. **Date and hour of incapacity:** Date and time that employee began missing work as a result of injury or illness

34. **Was employee paid in full for day of injury/illness?** Check “Yes” if employee worked the complete schedule for the day. Check “No” if employee was not paid for the full day or used leave for any part of the day.

35. **Was employee paid in full for day of incapacity?** Check “Yes” if employee continued to receive pay with no leave documents submitted. Check “No” if employee was not paid for the full day or used leave for any part of the day.

36. **If medical attention was provided by someone other . . .:**
Physician’s name, facility or practice name, street, city/county, and state

37. **List any UNSAFE acts and/or conditions contributing to the accident.**

37. **Based on your investigation, . . .:** Identify root cause(s) of accident in detail so it can be corrected

38. **How could this accident have been prevented?** Provide details about what can be done to prevent similar incidents in the future.

39. **What steps have been taken to prevent future accidents?**
Describe the corrections implemented

40. **Supervisor’s Name:** Full legal name

41. **Work Phone:** Area code and work telephone number

42. **Signature:** Sign the form

43. **Date:** Date the form was signed

44. **# of attachments, if applicable:** Number of attachments being sent to Managed Care Innovations with Accident Investigation Report

45. **Additional comments:** Any other information pertinent to accident/illness not covered elsewhere on form. This can be completed by either employee or supervisor.