

# EMPLOYEE HANDBOOK FOR WORKERS' COMPENSATION



**District School Board of Pasco County**  
**Kurt S. Browning, Superintendent**



**Risk Management**  
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Dear Employee:

The District School Board of Pasco County's (District) goal is to provide you a safe working environment. We realize that occasionally an accident occurs at work; therefore, we have teamed up with Cannon Cochran Management Services, Inc. (CCMSI) to provide you quality medical services if you are involved in a work-related accident that results in the need for medical treatment. The State of Florida has approved this arrangement to provide you with quality medical care for your work-related injury within an authorized network of medical providers. The following workers' compensation material will provide you with information regarding your claim for benefits and answer questions that you may have. Additional information about the District's Workers' Compensation program is available online at <http://www.pasco.k12.fl.us/ebarm/page/comp/>.

<b>Your Responsibilities</b>
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1. Immediately report **all** work-related accidents to your supervisor.
2. If your work-related accident results in the need for medical treatment, and is not an emergency, you must immediately report the injury to your supervisor before seeking medical treatment. ***If your accident is serious and requires immediate medical treatment, go to the nearest hospital for treatment or call 911. After treatment, you must contact your Workers' Compensation Designee (WCD) or the Risk Management department by 8:30 am the next business day.***
3. Contact the WCD at your work site to complete a "Notice of Injury" report and obtain authorization for medical services. You are required to seek medical treatment at authorized Workers' Compensation network provider **nearest your work location**. Depending upon your work location, this may be either the Land O' Lakes, Centennial, Wesley Chapel, Hudson, Longleaf or Gulf Health at the Health and Wellness Center (HWC). The HWC included in the District's authorized network are staffed with fulltime physicians who are able to provide medical treatment for work-related injuries. These physicians will become your primary care provider for your work-related injury, and in partnership with CCMSI will coordinate all medical care, including referral to specialists or other medical providers. **If you are injured during normal business hours, you must seek initial treatment at the Districts onsite [Health and Wellness Centers](#) managed by My Health Onsite.**
4. A CCMSI representative will contact you after you file your "Notice of Injury" report. For your convenience, workers' compensation wall cards are posted at your work site.
5. Obtain all medical services from a provider within the District's authorized Workers' Compensation provider network. If your treating physician approves treatment or refer you to another physician, you must obtain authorization from CCMSI at (866) 291-0194 or (407) 660-5600 before your first date of treatment.
6. Follow your physician's and/or adjuster's instructions concerning your treatment and ask questions if you do not understand or need an explanation.
7. Provide your treating physician with complete information on your medical history and current medical problem as related to your employment.
8. Keep all scheduled appointments and be on time for all medical treatments and evaluations. You are encouraged to schedule appointments before or after your normal work schedule.
9. If you choose to cancel or do not keep your scheduled appointment(s), you may be considered non-compliant, which may affect your eligibility for continuation of Workers' Compensation benefits. Contact the nurse case manager or adjuster assigned to your case before canceling or rescheduling an approved appointment.
10. Return to work as soon as your treating physician releases you. You are expected to follow the guidelines of the Districts' Return to Work Program.
11. **If requested by CCMSI, you must return for final medical visit so that your authorized WC physician may confirm that you have reached maximum medical improvement.**
12. Only request medical treatment for injuries or illnesses related to your work environment.
13. Cooperate and respond to all requests from CCMSI regarding your work-related injury. Sign and return requested documents, including the Authorization for Release of Medical Information and Fraud Statement.

## Seeking Medical Treatment

**If you are injured during normal business hours, you must seek initial treatment at the Health and Wellness Centers.**

If you are involved in a work-related accident that requires medical treatment, you will be sent to the nearest authorized Workers' Compensation Provider for initial treatment. Once you receive initial treatment, you are entitled to **one** change of physician. To request a **one**-time change of physician, you must submit a written request to your CCMSI nurse case manager or adjuster. Your nurse case manager will coordinate your change within the District's authorized workers' compensation provider network. CCMSI will not ask you to justify your request but will ask you for information that will allow them to understand the nature of the request. You may discuss your concerns regarding your physician with CCMSI at any time.

In addition, if you require a referral to a specialist, you must contact CCMSI for the proper referral.

## Accessing Medical Treatment After Normal Business Hours

If you are involved in a work-related accident that occurs after normal business hours and require immediate medical treatment, go to the nearest urgent care facility.

Whenever possible, you should attempt to access one of the District-approved urgent care facilities or hospitals first. However, if the injury is life threatening, go to the nearest hospital emergency room for treatment or call 911.

Examples of when you should use an urgent care facility or hospital emergency room as initial treatment for a work-related injury or illness:

1. The injury or illness is life threatening.
2. You are involved in an accident at the end of the day and the injury is serious enough that you cannot wait until the next business day to seek medical treatment.
3. The work-related injury or illness occurs after normal business hours or when all District administrative offices are closed.

After receiving treatment at a hospital emergency room, you must follow up with the HWC for evaluation and release to return to work. The HWC, in coordination with CCMSI, will determine your need for continued medical care under Workers' Compensation. If the accident occurred after hours and you sought medical treatment, you must report the injury by your start time, or at least by 8:30 AM the next business day.

## Workers' Compensation Employee Assistance Program

The District School Board of Pasco County desires that each employee involved in a work-related accident receive medical benefits with high quality care and courteous customer service.

You have the right to report any problem you may have with the level of medical care you receive. You may report informal problems to your adjuster at CCMSI. The adjuster will work with the provider to address your concerns and provide you with an outcome. In the event your concern cannot be resolved informally, you may then file a formal request by sending an email or placing a phone call to the Claims Supervisor below:

For Workers' Compensation claims, please send to Ana Sales at [asales@ccmsi.com](mailto:asales@ccmsi.com) or call (407) 660-5658.

Formal requests will be resolved within 60 days of receipt unless the collection of information lies outside of the service area; an additional 30 days will be added in these circumstances. If you have any questions concerning this program or need assistance, please contact your CCMSI adjuster for further information.

## Fraud Statement

Workers' compensation fraud occurs when any person knowingly, and with intent to injure, defraud, or deceive, any employer or employee, insurance company, or self-insured program, files false or misleading information. Workers' compensation fraud is a third-degree felony that can result in fines, civil liability, and jail time.

## RETURN-TO-WORK PROGRAM

The District's Return-to-Work (RTW) Program promotes successfully returning an employee who has experienced a work-related injury to his or her normal duties as quickly as medically possible. All efforts are made to return an injured employee to his or her current position; however, occasionally it may be necessary to reassign an injured employee to alternate duty. Your participation in the RTW Program is **required** when you are offered modified or alternate duties within the functional limitations and restrictions identified by your authorized treating provider. **Refusal to participate in the RTW Program may negatively impact your Workers' Compensation benefits, as well as possible discipline up to and including termination from the District.** The RTW Program applies to all employees, substitutes and interns who sustain a work-related injury.

Participation in the RTW Program is temporary and will be reviewed, updated, and/or modified by your supervisor in consultation with the Risk Management, based on your current medical documentation. Continued participation in the RTW Program will be based on your job performance and progression through medical treatment as well as the availability of suitable/modified alternate work.

You will exit the RTW Program when you are placed at maximum medical improvement (MMI) by your authorized treating physician or the current functional limitation and restrictions no longer prevent you from performing your normal job. Your worksite supervisor, Risk Manager or designee will meet with you to discuss your exit from the RTW Program, and to review your progress, as well as your options for continued employment or transition to permanent disability status.

### **As the employee, you are responsible for the following:**

- ✦ Maintaining communication with your worksite supervisor, the Risk Manager or other designee following a work-related injury.
- ✦ Attending all appointments with the authorized physician, and returning to the worksite after each appointment, except when the physician provides a medical diagnosis on the DWC-25 that documents your inability to return to work.
- ✦ Notifying your supervisor after being released to return to work.
- ✦ Notifying your supervisor of work restrictions or changes established by your authorized treating physician following each appointment.
- ✦ When a work-related injury prevents you from performing your regular work assignments, you must read and sign the Return-to-Work Employee Notification Letter furnished to you by your supervisor within **24 hours**. If you have questions regarding any of the provisions in the Letter, you must clarify immediately with your supervisor.
- ✦ You are expected to perform the assigned modified or alternate duties satisfactorily and, if you have difficulty performing duties, you are expected to report to the supervisor immediately.

**Your supervisor will provide detailed information if you are assigned modified or alternate duty.**

## Claims Administration Contacts

Employee Benefits and Risk Management  
7227 Land O' Lakes Boulevard  
Land O' Lakes, FL 34638

Phone: (813) 794-2520 or 2345 or 2084  
Fax: (813) 794-2039

Cannon Cochran Management Services, Inc. (CCMSI)  
2600 Lake Lucien Drive, Suite 225  
Maitland, FL 32751

Phone: (407) 660-5600 or (866) 291-0194  
Fax: (217) 477-6979

**Procedures to report injuries to Cannon Cochran Management Services, Inc. are separate from your regular group health insurance. Notify your supervisor of your work-related injury within 24 hours when possible, or as soon as you have knowledge.**

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