Workplace Injury Process

Per the WA state department of L&I: Workers' compensation pays for medical care directly related to your accident or illness. If you are unable to work following your injury, you may be eligible for a portion of your lost wages. If you are injured at work, there are two very important things to do immediately: seek medical treatment and notify your employer.

Step 1: Notify

- Notify your supervisor of the incident/injury
- Complete the employee incident report (found on Frontline Central)
- Notify the RSD Workers Comp Coordinator to obtain a SIF-2 form and claim number
- Send any work restrictions to RSD Workers Comp Coordinator for review – including updates as your condition improves

Step 2: Seek Medical Care

- Initial medical treatment can occur at any emergency room or healthcare location of the employee's choice.
- For your second visit and beyond, you will need to see a provider within L&Is network.
- During the initial visit have the healthcare provider complete the "Provider's Initial Report", once completed submit the form to the RSD Workers Comp Coordinator

Additional resources

- L&I website
- L&I Guide for Employees
- L&I FAQ - Employees
- Claim Protest Rights - Employee
- Lost Wages Criteria - Employee
- Medical Costs covered by L&I
- RSD Risk Management page
- Tristar Contact Information
- RSD Workers Compensation FAQ
- RSD Union Agreements (CBAs)
- Workers Compensation Pay Examples
- L&I Contacts for Employees

Renton School District
Workplace Injury FAQs

Q: When should you file a claim?

Following a workplace incident, if outside medical treatment is necessary (including going to urgent care, emergency room, or health-care provider) you should file a claim if the healthcare provide certifies that you were injured at a specific time and place at work, or have an occupational disease.

Q: What are the claim notice requirements?

Following the workplace incident employees should notify their supervisor as soon as reasonably possible with information on your condition and what caused the incident. Employees should also notify the RSD Workers Compensation Coordinator to obtain a SIF2 form needed to set up the claim and assign a claim number.

Employees should complete an online incident report through Frontline Central as soon as is reasonably possible. Employee incident Here is the RSD Frontline Central Resources page and information on how to complete a Frontline Central Form.

Q: How long does the claim process take?

Claim determinations are made by the Self-Insurance Office at the WA state department of L&I, so processing time can vary based on the volume of claims the state is managing. The cost of the ininitial medical visit is always covered even if your claim is ultimately denied. In some cases if there are delays in the claim determination employees may be entitled to provisional time-loss payments and medical treatments as well.

Q: If I miss time due to the injury, will I be paid?

To be eligible for time loss, you must be under the care of an authorized practitioner who certifies that you are temporarily disabled and unable to return to work due to this injury/disease. The amount you receive is dependent upon your marital status and number of dependents.

The amount available ranges from 60-75% of your base wages, the payments will come from Tristar directly, and are tax free. A deduction will be made to your RSD paycheck(s) to offset any payments made to you by Tristar. The remaining 25-40% of your pay during the claim process may be covered by the RSD, sick leave/vacation time used, or employees may elect to have the time processed as unpaid – please defer to your specific union agreement or reach out to the RSD Workers Compensation Coordinator with additional questions.

Q: What is the return-to-work process?

At the initial medical visit, you will be provided with information regarding your current condition and any work restrictions. Prior to returning to work in any capacity the employee must submit the medical information to the RSD Workers Compensation Coordinator for review. If needed the employee may return to a light duty position as authorized by a physician and when a light duty position is available. The RSD reserves the right to assign an alternate work assignment in coordination with and on the approval of the individual's physician in cases of partial or temporary disability.

Q: The RSD is self-insured, what does that mean?

This means the RSD pays all costs of industrial insurance, including compensation payments and medical costs in compliance with the terms of the Industrial Insurance Laws of the State of Washington. As an employee of a self-insured employer, you have the same rights and responsibilities as other employees in WA state: https://lni.wa.gov/forms-publications/F207-085-000.pdf

Q: Who pays for the claim medical costs?

All health-care provider, hospital, surgical, pharmacy, and other health-care services necessary for treatment of your work-related injury or occupational disease are paid directly by Tristar through the RSD. Health-care services are provided until your work-related injury has stabilized and reached a point where further recovery is not expected. Make sure your healthcare provider knows who our TPA (Tristar) is and that they have contact information for billing purposes. If you receive a bill at your initial medical visit, please submit the bill to the RSD Workers Compensation Coordinator or to our TPA for processing.

Additional resources

For additional information regarding workers compensation claims please review the following resources:

- Department of L&I website: https://lni.wa.gov/
- L&I guide for self-insured employees: https://lni.wa.gov/forms-publications/F207-085-000.pdf
- L&I FAQ for employees: https://lni.wa.gov/insurance/self-insurance/workers/what-do-i-do-if-i-m-injured-at-work
- Time Loss and LEP (wage replacement) information: https://lni.wa.gov/claims/for-workers/claim-benefits/wage-replacement
- Claim protest rights: https://lni.wa.gov/claims/for-workers/protest-or-appeal-a-claim-decision/
- Medical costs covered by L&I: https://lni.wa.gov/claims/for-workers/claim-benefits/medical-benefits
- RSD Risk Management Page: https://www.rentonschools.us/departments/business-services/risk-management .
- RSD union CBAs: https://www.rentonschools.us/employment/collective-bargaining-agreements-salary-schedules-and-staff-calendars

Renton School District #403 is a self-insured employer. This means the RSD pays your workers' compensation benefits, not the WA state department of L&I.

As an employee of a self-insured employer, you have the same rights and responsibilities as other employees in WA state: https://lni.wa.gov/forms-publications/F207-085-000.pdf

To manage our claims the RSD contracts with a 3rd party administrator called Tristar. Partnering with Tristar helps ensure your claim is handled quickly, accurately, and within the WA state department of Labor & Industry guidelines.

Any claim related medical bills need to be submitted to our third-party administrator:

Tristar
Attn: Amy Stone
P.O. Box 2805
Clinton, IA 52733-2805
971-925-1300 ext 1920

Please note the Self-Insurance Office of the Department of Labor and Industries makes all final actions and final decisions on claims involving time loss. At any time during your claim if you would like to contact the self-insurance office of L&I you can do so by following the contact information provided in this link: https://lni.wa.gov/insurance/self-insurance/about-self-insurance/how-do-i-contact-self-insurance

(Select one) Language Preference ☐ English ☐ Spanish ☐ Russian ☐ Korean ☐ Chinese ☐ Vietnamese ☐ Laotian ☐ Cambodian ☐ Other _____

PROVIDER'S INITIAL REPORT

MAIL TO SELF-INSURED COMPANY

A Provider's Initial Report (PIR) completed by the provider and the worker, establishes a claim. When the completed PIR is received by the employer, they must assign a claim number and adjudicate the claim.

1.CLAIM NUMBER

1. NAME OF SELF-INSURED EMPLOYER

ADDRESS

CITY | STATE | ZIP

2. NAME OF SELF-INSURED EMPLOYER'S SERVICE REPRESENTATIVE

ADDRESS

CITY | STATE | ZIP

EMPLOYER'S TELEPHONE NUMBER | EMPLOYER'S SERVICE REP PHONE

Attending Health Care Provider – **START HERE**

3. This exam date

4. Date patient first seen by you for this injury/condition

a. ICD Dx CODES	b. Diagnosis – specify Right/Left

5. Are there objective findings to support this diagnosis
☐ No ☐ Yes, Specify

6. Referred for Diagnostic Studies
☐ No ☐ Yes, Specify

7. Treatment Recommendations

8. Did you refer the patient to an L&I medical network provider for follow-up?
☐ YES ☐ NO Referred to:

Address

Phone

Distribution: Original-Employer, Copy-Worker, Copy–Provider **01-2014 version**
F207-028-000 **Check for updates – web address next page**

PATIENT INFORMATION

2. NAME OF INJURED WORKER: FIRST MIDDLE LAST | 3. WORKER'S TELEPHONE NO.

4. MAILING ADDRESS | 5. SOCIAL SECURITY NUMBER

6. CITY | STATE | ZIP | 7. DATE OF BIRTH

8. INJURY DATE | 9. TIME | ☐ AM ☐ PM | 10. Have you missed work due to your injury? If so, what dates were you off? From: | To:

11. SEX | 12A. MARITAL/REGISTERED DOMESTIC PARTNERSHIP STATUS | 12B. NUMBER OF DEPENDENTS

13. Describe in detail how your injury or exposure occurred:

14. MEDICAL RELEASE AUTHORIZATION: PURSUANT TO RCW 51.36.060, I HEREBY AUTHORIZE MY HEALTH CARE PROVIDER, HOSPITAL, AGENCY OR ORGANIZATION TO DISCLOSE TO MY EMPLOYER OR MY EMPLOYER'S REPRESENTATIVE OR THE DEPARTMENT OF LABOR & INDUSTRIES ANY RELEVANT MEDICAL RECORDS OR OTHER INFORMATION REGARDING TREATMENT WHICH HAS PREVIOUSLY BEEN FURNISHED TO ME.

Worker's Signature Date

15. I have read the statement of Responsibility and the Legal Notice on the next page of this form.

Worker's Signature Date

9. a. Has the worker ever been treated for the same or similar condition?
Select one. If YES, describe briefly or attach report.
No ☐ Yes ☐

b. Is there any pre-existing impairment of the injured area?
Select one. If YES, describe briefly or attach report.
No ☐ Yes ☐

c. Are there any conditions that will prevent or retard recovery?
Select one. If YES, describe briefly or attach report.
No ☐ Yes ☐

d. Was the diagnosed condition caused by this work injury or exposure on a more probable than not basis? (check one)
Yes ☐ Probably (51% or more) ☐
No ☐ Possibly (Less than 50%) ☐

10. a. Have you released this worker to return to regular work?
No ☐ Yes ☐ effective date of return to work

b. Have you released this worker to return to light duty?
No ☐ Yes ☐ effective date of return to work

c. What restrictions are placed on light duty return to work?

Lifting Bending

Standing Sitting

Other

d. If not released, how many days off work due to the work injury?

Licensed Healthcare Provider must sign before report is accepted

11. Signature

12. Phone | 13. Date

14. Attending Healthcare Provider Name

15. Address

City | State | ZIP

16. L&I Provider Number or NPI | 17. IRS Account #

DO NOT SEND THIS FORM TO

LABOR & INDUSTRIES

WEB ADDRESS TO CHECK FOR UPDATES OF FORM:
www.Lni.wa.gov/FormPub/Detail.asp?DocID=2467

NOTE: Beginning Jan. 1, 2013, injured workers will need to get ongoing care from a medical provider who is part of the L&I Medical Provider Network. They may see a non-network provider for the initial visit, but for additional or ongoing care, they will need to transfer to a network provider.

MAIL TO SELF-INSURED COMPANY

1. If the worker brings this form to your office, this box may be pre-printed. If you initiate the form in your office, obtain information from the worker.

2. Have the worker complete this box or obtain information from the worker.

ATTENDING HEALTH CARE PROVIDER INFORMATION

NOTICE: FAILURE TO FILE THIS REPORT WITHIN 5 DAYS FROM THE DATE OF TREATMENT MAY RESULT IN A PENALTY OF $250 IN ACCORDANCE WITH RCW 51.48.060.

3. This exam date.

4. Date you first treated patient for this injury/condition.
   a) Insert ICD Dx coding which corresponds to narrative diagnosis in Box 3b.

   b) Please list all diagnoses of conditions present which are result of incident or exposure. Also specify which side of body (right/left).

5. Indicate “Yes” or “No”. If “Yes”, list objective findings which support diagnosis. Do not restate diagnosis.

6. Indicate “Yes” or “No”. If “Yes”, specify study and complete findings if known.

7. Indicate treatment recommendations.

8. Specify name, address and phone number of health care provider to whom referred. Treatment beyond the initial visit must be done by providers enrolled in Washington’s workers compensation medical provider network. (This applies to workers of Self-Insured and State Fund employers.) Information to enroll in the network is available at JointheNetwork@Lni.wa.gov. If you choose not to enroll and your patient needs additional treatment, refer him or her to a network provider. The provider directory is available at www.Lni.wa.gov.

9. Indicate “Yes” or “No” and provide the additional information requested.

10. Indicate “Yes” or “No” and provide the additional information requested.

11. Signature of health care provider providing treatment and completing form.

12. Health care provider’s phone number.

13. Date health care provider signs report

14. Print or type your name as it appears on your Department of Labor and Industries payee account.

15. Indicate your full mailing address.

16. Indicate your Department of Labor and Industries issued provider number or NPI.

17. Provide your Internal Revenue Service reporting account number.

PATIENT INFORMATION

1. Leave blank.

2. Name of injured worker.

3. Worker’s phone number.

4. Worker’s mailing address or street address.

5. Worker’s social security number.

6. City, state and ZIP code of worker’s address.

7. Date worker was born.

8. Date accident occurred.

9. Time accident occurred.

10. Dates the worker missed work due to this injury.

11. Indicate -- M = Male F = Female

12A. Marital/Registered Domestic Partnership Status, e.g., M = Married, S = Single, D = Divorced, DP = Registered Domestic Partnership.

12B. Dependents -Number of dependents under age 18 (does not include spouse/domestic partner).

13. Brief description of accident or exposure by worker.

14. Medical Release Authorization. Worker’s signature authorizes the release of relevant medical information.

15. Statement of Responsibility - I have reported or will report this incident or exposure to my employer. If my claim is denied, I understand that I will be responsible for the care provided to me.

16. LEGAL NOTICE --RCW 51.48.020 (2) PROVIDES: ANY PERSON CLAIMING BENEFITS UNDER THIS TITLE WHO KNOWINGLY GIVES FALSE INFORMATION REQUIRED IN ANY CLAIM OR APPLICATION UNDER THIS TITLE SHALL BE GUILTY OF A FELONY, OR A GROSS MISDEMEANOR.

Workers Compensation Pay Adjustment Overview

Per the WA state department of labor and industries (L&I) "If you miss work because of your injury and your doctor certifies you are unable to work your self-insured employer may pay for a portion of your lost wages, called time-loss compensation.

The time-loss compensation rate is based on the employee's gross wage (12-month average prior to the injury), family status and number of dependent children on the date of injury. The time-loss compensation rate will range between 60-75% of an employee's gross wages prior to the injury.

For example, Jane Doe is married with 3 children under the age of 18 living at home. Prior to her injury her average gross monthly wage was $4,500.

She is entitled to:

60% for herself
5% for spouse
6% for children (3 children x 2%)
71% total percent

Her monthly time-loss compensation rate: $4,500 * 71% = $3,195.00

In the example the monthly time-loss rate is $1,305 below her average gross monthly wage prior to injury; however, please note:

- Time-loss payments are untaxed, so comparable to net wages.
- Depending on your union group, amount of time off work, and amount of sick leave/vacation time available you may supplement your RSD gross wages.

For example, Jane Doe works 8 hours per day / 5 days per week at a rate of $25.96 and missed 22 workdays this pay period:

- Time-loss rate is 71%, which covers 5.68 hours per day (i.e. 8*71%)
- Sick leave is used for the remaining 2.32 hours per day.
    - 22 days * 2.32 hours per day * $25.96 = $1,325 RSD gross wages
- Combine $3,195 (monthly time-loss rate) and $1,325 (RSD gross wages) = $4,520

Please note payments made by our TPA (Tristar) and monthly RSD payroll processing may occur on different dates. For questions or concerns regarding your pay during a L&I claim please reach out to the RSD Workers Compensation Coordinator.