

City of Eugene  
**Workers' Compensation  
Guide**



**CENTRAL SERVICES / EMPLOYEE RESOURCE CENTER**

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# Workers' Compensation Guide

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## ***Workers' Compensation Program Guide*** ***Introduction***

The Employee Resource Center's claims staff strive to provide the safest possible working environment for all City of Eugene employees. Our goal is to assist injured employees so they can return to good health and productive employment as soon as practical after injury. We are committed to providing excellent claims administration that meets the needs of the employee and the organization as well as meeting our legal obligation to the State. We work together with the Safety & Loss Control Program to achieve these goals. In addition, the Health and Fitness Director can work with the employee's medical providers to provide rehabilitative services to injured employees. The Employee Resource Center's claims staff provide periodic training to managers and supervisors so they are able to assist injured employees as appropriate.

The Workers' Compensation Guide was developed to help employees understand the Workers' Compensation process. Inside this guide, you will find frequently asked questions, employee and supervisor responsibilities, time coding, and more.

We welcome any questions you may have. Please contact [ERC claims staff](#), Jamie Iboa at 682-5791, Jason Mead at 682-5662, or Ruth McBride at 682-5682.

## Overview of Workers' Compensation Program

Workers' compensation is a legislated benefit under Oregon State Law. It is designed to pay benefits to an employee who has suffered a compensable, job-related injury or illness.

The conditions of benefit coverage are set by law. Benefits may include:

- Medical benefits
- Wage loss benefits
- Permanent disability benefits
- Vocational assistance benefits
- Reemployment/Reinstatement rights
- Death, burial, and survivor benefits

### Claims Administration

The City's Workers' Compensation Program is self-insured and the Employee Resource Center ("ERC") claims staff oversee the handling of the claims which are administered and processed by CCMSI, a third party administrator. The City contracts with CCMSI to provide processing of claims which includes payment of medical services and time loss, medical management, vocational assistance, and state mandated claims reporting. Contact information is provided under "Available Resources".

### Who is Covered by Workers' Compensation?

- Regular employees
- Temporary City employees
- Reserve police officers
- City Councilors

Volunteers are not covered by the City's Workers' Compensation Program. However, the City recognizes the valuable services performed by volunteers and provides a Volunteer Accident Policy which is also administered through the ERC. This coverage is secondary to or in excess of any other existing insurance. For additional information, see the Liability/Property website on CESHARE or contact the ERC claims staff.

Temporary employees hired through a temporary help agency are not covered by the City's Workers' Compensation Program. Those employees will file claims with the temporary agency employing them.

### Employee Responsibilities

The following are some of the basic responsibilities of employees following an on-the-job accident/injury:

1. Report all incidents, accidents, and injuries to your supervisor as soon as possible and enter injuries in the minor injury log.
2. If you seek medical treatment and will be filing a claim for your injury/illness, complete the upper portion of the 801 claim form and provide it to your supervisor as soon as possible. You can find the 801 claim form on the Workers' Compensation Program CESHARE site and one has been provided with this guide.
3. Keep your supervisor and your assigned ERC claims staff informed of any restrictions your physician places on your ability to work. The restrictions must be in writing and should be provided to the ERC claims staff no later than the next business day following the appointment. In order to assist your

physician in outlining your restrictions you can take the Release to Return to Work form with you to your appointments. The release can be found on the Workers' Compensation Program CESHARE site and near the end of this guide.

4. If you are unable to work you must provide the ERC claims staff with a note from your physician. All time loss must be authorized by your physician.
5. Provide the ERC claims staff with updated restrictions or updated time loss authorization every thirty (30) days (unless your physician recommends you be seen at intervals other than 30 days).
6. Follow your physician's advice and restrictions.
7. Make every effort to schedule appointments with your health care providers during non-work time. You must get prior approval from your supervisor for medical appointments during work hours.
8. It is very important that if you receive any medical billings you forward them to the ERC claims staff. Do not assume that the ERC claims staff or CCMSI have received the billing.

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*If your physician takes you off work or restricts your ability to work, you will need a release from your physician before you can return to your regular job.*

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## Supervisor Responsibilities

The following are some of the basic responsibilities of supervisors following an on-the-job accident/injury:

1. Complete and sign the employer portion of the 801 as soon as you receive it. Make a copy of the 801 provide it to the employee. This is the employee's receipt of the claim filing and the information contained on the back of the 801 must be provided to the employee. This information can be found on page 13 of this guide.
2. Forward the 801 and any other information relating to the claim (off-work slips, restriction slips, accident investigation report, minor injury log entry, etc.) to the ERC claims staff as soon as possible. We must provide the 801 to our third party administrator within five (5) days of our knowledge of the claim<sup>1</sup>.
3. Complete an accident investigation report that gives specific details on what happened, what the contributing factors were, and what will be done to prevent a reoccurrence of the accident. Feel free to use the Incident Investigation Report form found on the Safety & Loss Control Services CESHARE site and included on page 16 of this guide.
4. If your employee is hospitalized call the Safety & Loss Control Manager, the assigned ERC claims staff person, or the ERC Director immediately. If after hours or on a weekend, call the Communications Supervisor on the non-emergency line at 541.682.2791 to obtain home phone numbers.
5. Be aware of potential temporary modified work assignments in your area to discuss with the ERC claims staff if your employee is restricted from doing their regular job.

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<sup>1</sup> Knowledge of the claim means when the employer is made aware the employee will be filing a claim; can be different than the date of injury.

## Claim Process

### After An Accident Occurs

#### ✓ Injured but no treatment needed

If you are injured on the job but you do not need treatment beyond first aid, you do not need to file a workers' compensation claim. However, you must always notify your supervisor of any injury sustained while at work and enter a record of it in the Minor Injury Log at your worksite. If you eventually need to see a physician, it would be appropriate to file a claim at that time. An entry in the Minor Injury Log is important to document that you were injured on the job and that you reported the injury at the time it occurred.

*If you only receive first aid treatment, you do not need to file a Workers' Compensation claim.*

#### ✓ Cascade Mobile Health

Cascade Mobile Health (fka MedExpress) is an occupational injury response unit providing 24-hour first aid service for non-life threatening injuries that occur at the work place. Mobile Health will come to your worksite to assess your injury and provide first aid. Mobile Health is staffed with EMTs and Paramedics and if they feel you need to be seen by a physician they can transport you to your physician's office, the emergency room, or urgent care clinic of your choice and provide you with return transportation. The ERC's risk fund pays the cost of the Mobile Health response. Mobile Health's phone number is 541.228.3111. (Feel free to ask the dispatcher for an estimated time of arrival.)

#### ✓ Injured and seeking treatment

If you will be seeking medical treatment or had initially made a Minor Injury Log entry and now wish to see a doctor, complete the upper portion of a Form 801 titled "Worker", sign the form, and give it to your supervisor.

Your supervisor must complete the lower portion of the 801 titled "Employer" and provide you with a copy of the complete form. Don't hesitate to ask for a copy if one is not offered.

#### ✓ Injured and missing work

If your physician tells you that you cannot return to work, have the physician document this in writing and send a copy to the ERC claims staff. Prior to going to the physician you may ask your supervisor for a copy of the City's Physical Function Analysis for your job to provide to the physician (these can be located on the Workers' Compensation Program's CESHARE site). This document describes what the physical requirements of your job are and can assist the physician in determining whether you are capable of performing the job.

#### ✓ Injured and released to modified work

*The City has over 50 temporary modified work assignments available!*

If your physician releases you to restricted duty it is important that the restrictions are documented in writing. You may provide your physician with the Release to Return to Work form (included with this guide) which will make it easier for the physician to be specific about your restrictions. Once you provide your supervisor with a copy of the restrictions he/she will determine whether there is an appropriate temporary work assignment available within your

Division and, if not, the ERC claims staff will work with you and your supervisor to determine whether there is a temporary work assignment available elsewhere in the City.

#### ✓ Exposure to air or blood borne pathogens, chemicals or other substances

If an exposure results in a visit to a physician it should be treated as an injury and an 801 claim form completed and submitted.

## Wage Continuation and Time Coding

Prior to a decision being made on your claim and once your claim is accepted, wage continuation benefits are provided.

There are two components to the wage continuation benefit:

- Compensation for time away from work for medical treatment
- Wage continuation in lieu of temporary disability benefits.

***These benefits are not available once a claim is denied. They are also not available on claims filed while working for another employer because you will receive time loss benefits from the other employer or its insurer.***

### **1. Compensation for reasonable time away from work for medical treatment that is covered by workers' compensation.**

Employees with a compensable workers' compensation claim are entitled to compensation for reasonable time away from work to go to the physician, physical therapist, or other health care provider. The time missed during your regular work schedule is coded to MTJ (for Fire staff: AWC) on your time sheet. Those eligible for this benefit are regular, limited duration, and recreation activity employees. This benefit is available for deferred claims and accepted workers' compensation claims for the life of the claim.

You should schedule medical treatment during off-work hours whenever possible. When it is necessary to go to a health care provider during work hours, the time off work must be approved by your supervisor in advance.

***Employees are not compensated for time spent obtaining treatment during off-work hours.***

### **2. Wage Continuation in Lieu of Temporary Disability Benefits**

Under Oregon Workers' Compensation law when an injured employee is unable to perform his/her regular work the employee is entitled to two-thirds of their average weekly gross wage. This benefit is a temporary total disability benefit, commonly referred to as "time loss". However, the City of Eugene provides regular, limited duration and recreation activity employees, who are authorized to be off work by their physician, with a wage continuation benefit that continues the injured employee's regular pay for a period of 180 days starting from the first day of disability (first day missed from work and authorized by your physician).

The time code to use on your time sheet for wage continuation is OTJ (for Fire staff: INJ). When coding time off to OTJ, you will continue to receive regular paychecks on regular scheduled paydays and will continue your normal accruals.

***Temporary employees are not eligible for the wage continuation benefit and cannot use the MTJ or OTJ/FOJ time codes. Temporary employees will code their time to leave without pay and will receive time loss payments from the third party administrator.***

### **3. Time Loss Benefits.**

If you are unable to work after the 180 days passes and your physician is still authorizing you to be away from work, you will be paid time loss benefits by the City's third party administrator. Time loss benefits are two-thirds of your average weekly gross wage.

While receiving time loss benefits, you may supplement that payment with your personal time accruals (vacation, sick leave, comp time) in order to continue to receive the equivalent of your regular take-home pay, as well as cover your payroll deductions, including health insurance.

#### 4. Light Duty or Temporary Work Assignments

If your physician releases you to work with restrictions, whenever possible, you will be provided with temporary modified work until:

- You are able to return to your regular job.
- Modified work is no longer available.
- You become medically stationary.

It is important to understand that light duty work assignments are temporary and may be extended or ended by the supervisor or department head depending on the situation. Your time while on temporary modified assignment should be coded to RLD (for Fire staff: MWC). You will receive your regular rate of pay while on a temporary work assignment. While you are on light duty it is very important that you complete your time sheet on a daily basis so that we can assure your benefits are calculated accurately.

*Remember!*

**M TJ:** time away from work to seek medical treatment

**OTJ:** physician authorized time away from work (Fire: **INJ**)

**FOJ:** OTJ that also qualifies as FMLA

**RLD:** while working a temporary modified assignment (Fire: **MWC**)

#### 5. Workers' Compensation and Medical Leave (FMLA/OFLA).

If your on-the-job injury meets the definition of a serious health condition and you qualify for family and medical leave we must designate your time off as FMLA and you will be eligible for the protections the law offers. Time off work would then be coded to FOJ instead of OTJ/INJ.

The Oregon Family Leave Act (OFLA) excludes leave taken because of a disabling compensable injury. However, if you are offered an appropriate modified duty or temporary work assignment and you refuse that assignment, your time away from work for a work-related injury can be counted as OFLA leave.

### Additional Information

#### Physical Function Analysis

The City has a Physical Function Analysis ("PFA") for most City jobs that gives detail on the physical requirements of the jobs. In many cases, the third party administrator will provide the PFA to your medical providers but it is also helpful for you to do so. These documents are used to help your medical providers understand the physical demands of your job. You can obtain a copy of the PFA for your job by contacting your supervisor or the ERC claims staff.

#### Inability to Return to Regular Job

When your physician declares your condition medically stationary, if he/she states that you cannot perform the essential functions of your regular job ERC staff will work with you to try to identify alternatives available to you. Alternatives may include reasonable accommodations to your regular job, placement in another available and suitable position within the City organization, or retraining.

The ERC staff will be available to assist you in job placement within the City. Also, the State Workers' Compensation Division provides hiring incentive programs for injured workers, which include wage subsidy and job site modifications. You may also qualify for retraining. More detailed information about these programs is available from ERC staff.

You may be eligible for other benefits such as long-term disability (LTD) and/or PERS/OPSRP disability benefits while temporarily off work due to a workers' compensation injury. Please contact ERC staff for further information on LTD and/or PERS/OPSRP benefits. You may also qualify for Social Security disability benefits if permanently disabled. You would need to contact the Social Security Administration regarding Social Security benefits.

You may also be eligible for reasonable accommodation under the Americans with Disabilities Act (ADA). For further information regarding the ADA, please contact the ERC's Disability & Absence Manager at 541.682.5659.

### **Prescription and Mileage Reimbursement**

If your doctor prescribes medication for your compensable injury/illness you are entitled to reimbursement for the cost of the medication.

You are also entitled to reimbursement for the round-trip mileage to and from your health care providers and pharmacy. The rates are set by the Workers' Compensation Division and are equal to the rates issued by IRS. The form for requesting reimbursement is on the City's Workers' Compensation Program's CESHARE site and a copy is provided with this guide.

## **RELATED SERVICES**

### **Safety & Loss Control**

The City's safety programs and policies receive the full support of the City Manager and Executive Managers. These programs are centralized through the Safety & Loss Control Program in the ERC. Programs include departmental safety committees, accident investigation, planned inspections, employee training, compliance with State Occupational Health and Safety Administration ("OSHA") rules and accident analysis. Please contact the Safety/Loss Control Manager at 541.682.5669 (after hours: 541.912.1909) or view the CESHARE site at: <http://ceshare/cs/risk/Pages/SafetyLossControl.aspx>.

### **Health & Fitness**

The Health & Fitness Director works with injured employees and their doctors on appropriate exercise programs to increase strength and flexibility, promote recovery, and assist the injured employee in returning to full employment. The Health & Fitness Director is also available for ergonomic assessment of work stations and activities. For more information on Health & Fitness services, call the Health & Fitness Director at 541.682.5610 or view the website on the City's internet at: <http://www.eugene-or.gov/healthandfitness>.

## Available Resources

The Employee Resource Center claims staff are divided into two teams to provide specialized service to City employees; the two teams are the Public Safety Team and the Operations Support Team. The Public Safety Team supports staff represented by IAFF and EPEA, as well as non-represented staff employed in the Fire and Police Departments. The Operations Support Team supports employees represented by AFSCME and IATSE, as well as non-represented staff employed in Central Services, LRCS, PDD, and Public Works.

ERC Claims Staff: [ERC Claims](#)  
ERC Claims Analyst: Public Safety Team - Jamie Iboa / 541.682.5791  
ERC Claims Analyst: Operations Support Team - Jason Mead / 541.682.5662  
ERC Sr. Claims Coordinator: Public Safety Team - Ruth McBride / 541.682.5682  
Central Services / Employee Resource Center  
940 Willamette Street, Suite 200  
Eugene, Oregon 97401  
541.682.8465 (confidential fax)

Third Party Administrator: Cannon Cochran Management Services, Inc. (CCMSI)  
PO Box 13189  
Salem, Oregon 97309  
503.589.4727 or toll-free at 877.561.8318

Workers' Compensation Program CESHARE site at  
<http://ceshare/cs/risk/Pages/Workers'CompensationProgram.aspx>

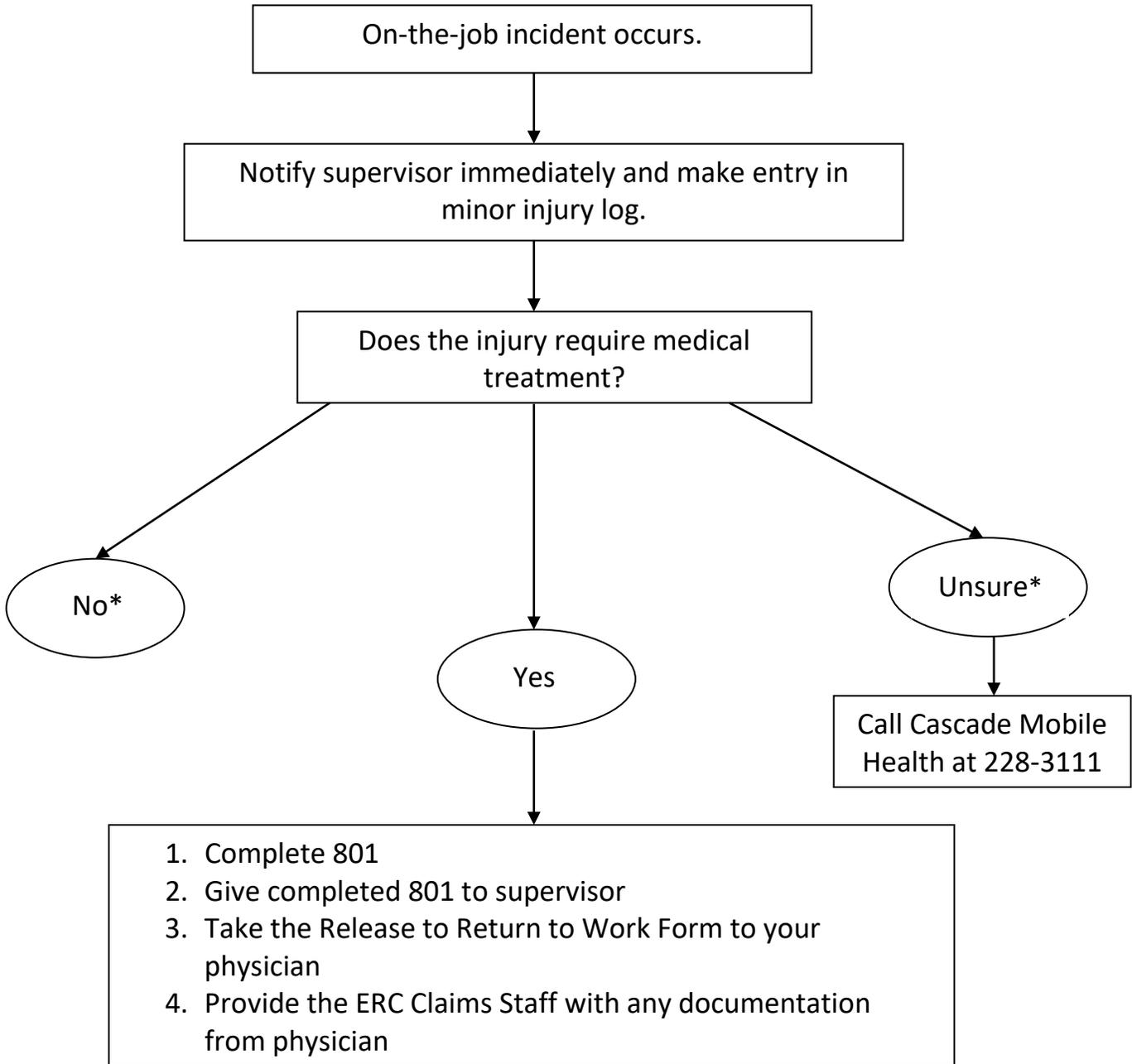
Administrative Policies Manual (APM) at <http://ceshare/refcentral/apm/Pages/Index.aspx>

All union contracts

Workers' Compensation Division: Ombudsman for Injured Workers  
503.378.3351  
800.927.1271  
[oiw.questions@state.or.us](mailto:oiw.questions@state.or.us)

Worker benefit issues  
503.947.7840  
800.452.0288  
[workcomp.questions@state.or.us](mailto:workcomp.questions@state.or.us)

**City of Eugene  
On-the-Job Injury Reporting Procedure**



\*Injuries that do not require medical treatment beyond first aid do not require filing of an 801.

**Note:** Any injuries requiring overnight hospitalization must be reported to OSHA within 24 hours (800-922-2689).

# Report of Job Injury or Illness

Workers' compensation claim

## Worker

To make a claim for a work-related injury or illness, fill out the worker portion of this form and give it to your employer. **If you do not intend to file a workers' compensation claim with the insurance company, do not sign the signature line.** Your employer will give you a copy.

Date of injury or illness:	Date you left work:	Time you began work on day of injury: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Regularly scheduled days off: <input type="checkbox"/> <input type="checkbox"/> M T W T F S S	<b>DEPT USE:</b> Emp Ins
Time of injury or illness: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time you left work: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Check here if you have more than one job: <input type="checkbox"/>		
What is your illness or injury? What part of the body? Which side? (Example: Sprained right foot) <input type="checkbox"/> Left <input type="checkbox"/> Right				Occ Nat
What caused it? What were you doing? Include vehicle, machinery, or tool used. (Example: Fell 10 feet when climbing an extension ladder carrying a 40-pound box of roofing materials)				Part Ev Src 2src

*Information ABOVE this line; date of death, if death occurred; and Oregon OSHA case log number must be released to an authorized worker representative upon request.*

Your legal name:	Language preference:	Birthdate:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Your mailing address:		Home phone:	
Social Security no. (see Form 3283):	Occupation:	Work phone:	
Names of witnesses:			
Name and phone number of health insurance company:		Name and address of health care provider who treated you for the injury or illness you are now reporting:	
Were you hospitalized overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you treated in the emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p><b>By my signature, I am making a claim for workers' compensation benefits. The above information is true to the best of my knowledge and belief I authorize health care providers and other custodians of claim records to release relevant medical records to the workers' compensation insurer, self-insured employer, claim administrator, and the Oregon Department of Consumer and Business Services. Notice: Relevant medical records include records of prior treatment for the same conditions or of injuries to the same area of the body. A HIPAA authorization is not required (45 CFR 164.512(I)). Release of HIV/AIDS records, certain drug and alcohol treatment records, and other records protected by state and federal law requires separate authorization.</b></p> <p><b>I understand I have a right to see a health care provider of my choice subject to certain restrictions under ORS 656.260 and ORS 656.325.</b></p>			
Worker signature:	Completed by (please print):	Date:	

## Employer

Complete the rest of this form and give a copy of the form to the worker. Even if the worker does not want to file a claim, keep a copy of this form.

Employer legal business name: <b>City of Eugene</b>	Phone: <b>(541) 682-5791</b>	FEIN: <b>93-6002160</b>
If worker leasing company, list client business name:	Client FEIN:	
Address of principal place of business (not P.O. Box): <b>940 Willamette Street, Suite 200, Eugene, Oregon 97401</b>	Insurance policy no.:	
Street address from which worker is/was supervised: ZIP:	Nature of business in which worker is/was supervised:	
Address where event occurred:		
Was injury caused by failure of a machine or product, or by a person other than the injured worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were other workers injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	OSHA 300 log case no:	
Date employer knew of claim:	Date worker returned to work:	Worker's weekly wage: \$
Date worker hired:	If fatal, date of death:	
By my signature, I acknowledge I am responsible for notifying my workers' compensation insurance company within five days of knowledge of the claim. <b>I understand I may not restrict the worker's choice of or access to a health care provider. If I do, it could result in civil penalties under ORS 656.260.</b>		
Employer signature:	Name and title (please print):	Date:

**OSHA requirements:** Employers must report work-related fatalities and catastrophes to Oregon OSHA either in person or by telephone within eight hours. In addition, employers must report any in-patient hospitalization, loss of an eye, and any amputation or avulsion that results in bone or cartilage loss to Oregon OSHA within 24 hours. See OAR 437-001-0704. Call 800-922-2689 (toll-free), 503-378-3272, or Oregon Emergency Response, 800-452-0311 (toll-free), on nights and weekends.

## A Guide for Workers Recently Hurt on the Job

### How do I file a claim?

- Notify your employer and a health care provider **of your choice** about your job-related injury or illness as soon as possible. Your employer cannot choose your health care provider for you.
- Ask your employer the name of its workers' compensation insurer.
- Complete **Form 801, "Report of Job Injury or Illness,"** available from your employer and **Form 827, "Worker's and Physician's Report for Workers' Compensation Claims,"** available from your health care provider.

### How do I get medical treatment?

- You may receive medical treatment from the health care provider **of your choice**, including:
  - Authorized nurse practitioners
  - Chiropractors
  - Medical doctors
  - Naturopaths
  - Oral surgeons
  - Osteopathic doctors
  - Physician assistants
  - Podiatrists
  - Other health care providers
- The insurance company may enroll you in a managed care organization at any time. If it does, you will receive more information about your medical treatment options.

### Are there limitations to my medical treatment?

- **Health care providers may be limited in how long they may treat you and whether they may authorize payments for time off work.** Check with your health care provider about any limitations that may apply.
- **If your claim is denied, you may have to pay for your medical treatment.**

### If I can't work, will I receive payments for lost wages?

- You may be unable to work due to your job-related injury or illness. In order for you to receive payments for time off work, your health care provider must send written authorization to the insurer.
- Generally, you will not be paid for the first three calendar days for time off work.
- You may be paid for lost wages for the first three calendar days if you are off work for 14 consecutive days or hospitalized overnight.
- If your claim is denied within the first 14 days, you will not be paid for any lost wages.
- Keep your employer informed about what is going on and cooperate with efforts to return you to a modified or light duty job.

### What if I have questions about my claim?

- The insurance company or your employer should be able to answer your questions.
- You may also call any of the numbers below:

#### **Ombudsman for Injured Workers:**

##### **An advocate for injured workers**

Toll-free: (800) 927-1271

E-mail: [oiw.questions@state.or.us](mailto:oiw.questions@state.or.us)

#### **Workers' Compensation Compliance Section**

Toll-free: (800) 452-0288

E-mail: [workcomp.questions@state.or.us](mailto:workcomp.questions@state.or.us)

**Do I have to provide my Social Security number on Forms 801 and 827? What will it be used for?** You do not need to have an SSN to get workers' compensation benefits. If you have an SSN, and don't provide it, the Workers' Compensation Division (WCD) of the Department of Consumer and Business Services will get it from your employer, the workers' compensation insurer, or other sources. WCD may use your SSN for: quality assessment, correct identification and processing of claims, compliance, research, injured worker program administration, matching data with other state agencies to measure WCD program effectiveness, injury prevention activities, and to provide to federal agencies in the Medicare program for their use as required by federal law. The following laws authorize WCD to get your SSN: the Privacy Act of 1974, 5 USC § 552a, Section (7)(a)(2)(B); Oregon Revised Statutes chapter 656; and Oregon Administrative Rules chapter 436 (Worker's Compensation Board Administrative Order 4-1967).

Employee Resource Center  
**WORKERS' COMPENSATION PROGRAM**  
FREQUENTLY ASKED QUESTIONS



**Claims Staff:**

**Jamie Iboa**, Public Safety Team Claims Analyst, Phone 541.682.5791  
**Jason Mead**, Operations Support Team Claims Analyst, Phone 541.682.5662  
**Ruth McBride**, Public Safety Team Claims Coordinator, Phone 541.682.5682  
541.682.8465 (confidential fax)

**Third Party Administrator (“TPA”)**

The City's workers' compensation third party administrator is:

**Cannon Cochran Management Services, Inc. (CCMSI)**

**PO Box 13189**

**Salem, OR 97309**

**503.589.4727**

**Toll free at 877.561.8318**

**Q** What if I am injured on the job, but do not need to see a doctor? Do I need to file a claim?

You do not have to file a claim if you do not need medical treatment for your injury or if you only need first aid. However, notify your supervisor of your injury and enter a record of it in the [Minor Injury Log](#) at your worksite. If you eventually need to see a doctor, you can file a claim at that time. An entry in the Minor Injury Log is needed to document that you were injured on the job and that you reported the injury at the time it occurred.

**Q** What if I am injured on the job and I do not know if I need to see a doctor?

Call Cascade Mobile Health at 228-3111. Mobile Health provides 24-hour service for non-life threatening injuries that occur in the workplace. Mobile Health can provide first aid treatment or determine whether you will need to be seen by a doctor. Mobile Health will also provide transportation to and from the medical provider you choose.

**Q** Can I go to my own doctor for a work related injury?

Yes. You can go to the doctor of your choosing for treatment of a work related injury. You are also entitled to change doctors twice without needing approval.

**Q** Can I treat with a chiropractor?

Yes. You can treat with a chiropractor for a period of 60 days from the date of injury or a cumulative total of 18 visits, whichever occurs first. After that, continued chiropractic treatment must be prescribed by an attending physician.

**Q** What if I am exposed to hazardous materials or substances at work, but I am not injured?

Notify your supervisor of the exposure and gather all of the information you can about what you were exposed to. A claim form 801 can be filed if you seek medical attention.

**Q** Does my on-the-job injury also qualify for FMLA and OFLA?

If your on-the-job injury meets the definition of a serious health condition and you qualify for family and medical leave we must designate your time off as FMLA and you will be eligible for the protections the law offers. If your workers' compensation claim is denied or if you decline an offer of appropriate modified duty your leave will be designated as OFLA protected as well.

**Q** If I have to be off work because of my injury, will I lose pay?

If you are a 'Regular' employee and your doctor has authorized you to be off work because of your injury, you will receive **wage continuation** benefits, via your regular payroll check, for 180 days from the first day you are disabled. The time code to use on your time sheet for wage continuation is **OTJ** (for Fire employees it is **INJ**). If the 180 days passes and you are still off work, or go off work again at some other point, you will be paid **time loss** benefits by the City's TPA. If your time away from work is not authorized by your doctor the time must be coded to personal leave.

If your time away from work also qualifies under the FMLA your time away needs to be coded to **FOJ**.

**Q** What if I work on a modified duty assignment because of my injury? Will I still get my regular pay?

Yes. Regardless of the assignment you have on modified duty, you will receive your usual pay. You should code your work time to **RLD** (for Fire employees it is **MWC**) on your time sheet while you are on a modified duty assignment, rather than **REG**.

**Q** How long does the City's TPA have to make a decision on my claim?

By law, the TPA has 60 days to accept or deny claims. In some cases it may take up to 60 days to gather the needed information to make a decision.

**Q** What if my claim is denied?

You will get a letter of denial that tells you why your claim is being denied. This letter will also explain your appeal rights and the right to have an attorney represent you, without charge, on an appeal. You have 60 days from the date of the denial to file a written appeal.

**Q** Can I receive medical treatment after my claim closes?

Yes, once your claim is accepted you are entitled to receive medical treatment that your doctor attributes to your accepted condition. However, once the claim closes benefits may be limited to:

- Prescriptions
- Diagnostic treatment
- Prosthetics
- Curative care meant to stabilize your condition

**Q** What if I am unable to return to my regular job due to my work injury?

If you are given permanent restrictions by your physician and are unable to return to your job at injury the City will work with you through the interactive ADA process to attempt to locate a suitable and vacant position for you. If no suitable and vacant position is found you would be referred to a vocational counselor to assess your eligibility for vocational assistance.

**Q** I would like another, outside source of information about workers' compensation, but don't really want to go to an attorney. What are my options?

- For general questions/information about benefits and claims call:
  - State of Oregon, Workers' Compensation Division (WCD)
  - Benefits Consultation Unit
  - 1.800.452.0288
- For help resolving disputes or complaints call the WCD, Ombudsman:
  - 503.378.3351
- Injured Worker Hotline
  - 1.800.927.1271

# RELEASE TO RETURN TO WORK

Name of worker _____	Claim number _____
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**Please complete the following information and return to us at the address indicated above.**

1. Is the worker medically stationary?  Yes  No      Date \_\_\_\_\_ (Provide closing information and complete Form 827.)  
 Next scheduled appointment date \_\_\_\_\_

2. Worker is released to:  
 full duty without limitations      Date \_\_\_\_\_ (Do not complete lines 3 through 11. Sign below.)  
 modified duty from (date) \_\_\_\_\_ through (date) \_\_\_\_\_ (specify limitations below.)  
 modified hours — specify \_\_\_\_\_ from (date) \_\_\_\_\_ through (date) \_\_\_\_\_

	Hours:	No limitations	1	2	3	4	5	6	7	8
3. In an eight-hour workday, worker can stand/walk a total of _____	<input type="checkbox"/>									
4. At one time, worker can stand/walk _____	<input type="checkbox"/>									
5. In an eight-hour workday, worker can sit a total of _____	<input type="checkbox"/>									
6. At one time, worker can sit _____	<input type="checkbox"/>									

7. The worker is released to return to work in the following range for lifting, carrying, pushing/pulling:

Pounds	<10	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	>100	
Occasionally	<input type="checkbox"/>																					
Frequently	<input type="checkbox"/>																					

8. Worker can use hands for repetitive:

	<b>Right</b>	<b>Left</b>	
a. Fine manipulation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dominant hand
b. Pushing and pulling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Right <input type="checkbox"/> Left
c. Simple grasping	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Keyboarding	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Worker can use feet for repetitive raising and pushing (as in operating foot controls):  Yes  No

10. Worker is able to:

	Continuous 67-100% of the day	Frequently 34-66% of the day	Occasionally 6-33% of the day	Intermittently 1-5% of the day	Not at all
a. Stoop/bend-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Crouch-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Crawl-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Kneel-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Twist-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Climb-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Balance-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Reach-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Push/pull-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Other functional limitations or modifications necessary in worker's employment:

**Additional comments may be written on back of form.**

Signature of physician _____	Physician's typed name _____	Date _____
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# MILEAGE AND PRESCRIPTION REIMBURSEMENT FORM

Print and send to:  
City of Eugene  
c/o of CCMSI  
PO Box 13189  
Salem, Oregon 97309

Worker's Name	
Address	
City & Zip Code	
Claim #	

## MILEAGE REIMBURSEMENT\* (round trip)

DATE	MILES	DOCTOR/PROVIDER	DATE	MILES	DOCTOR/PROVIDER

If additional mileage, attach extra sheet

TOTAL MILES \_\_\_\_\_

## PRESCRIPTIONS (the original receipts for all prescriptions must be attached)

DATE	AMOUNT	MEDICATION	DATE	AMOUNT	MEDICATION

TOTAL MEDICATION \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Mileage reimbursement rates:  
January 1, 2016 to December 31, 2016: 54¢ per mile  
January 1, 2017 to December 31, 2018: 53.5¢ per mile  
January 1, 2019: 58¢ per mile

*City of Eugene*  
**Incident Analysis Report**

<b>EMPLOYEE SECTION</b>			
<b>Employee:</b>		<b>Department:</b>	
<b>Job Position:</b>		<b>Supervisor:</b>	
<b>Location of Incident:</b>	<b>City Property</b>  <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Date of Incident:</b>	<b>Time:</b>  <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Date Incident Reported:</b>		<b>Incident Reported to:</b>	
<b>PERSONAL INJURY OR ILLNESS</b> (details, i.e., left arm laceration, back strain, etc.)			
<b>PROPERTY DAMAGE INCIDENT</b> (what was damaged – include vehicle number if City vehicle involved)			
<b>DESCRIPTION</b> (describe incident)			
<b>ANALYSIS</b> What do you believe to be the cause of this incident?			
<b>PREVENTION</b> What could be done to prevent this accident from occurring again?			
<b>Employee Signature</b>			<b>Date</b>

**Supervisor to complete Page 2**

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## SUPERVISOR SECTION

**INJURY INCIDENT**       Y     N

**801 Submitted**       Y     N

**Does injury involve days away from work?**  
 Y     N

**Does injury involve restricted work activity?**  
 Y     N

**PROPERTY DAMAGE:** (describe)

**Investigated by:**

**Date of Investigation:**

**ANALYSIS** List contributing factors that led to this incident. (If formal report is written, attach to this form.)

**PREVENTION** (What corrective actions will be taken to prevent a reoccurrence of this incident?)

**Supervisor's Signature**

**Date**

**Reviewed By:**

**Date**

For all incidents involving one day or more missed from work, submit this report within 5 days of incident to Safety/Loss Control in the Employee Resource Center