

JIF CLAIMS COORDINATORS ROUNDTABLE



Presented by:

Chris Roselli, Tammy Langsdorf,
Joe Lisciandri, Susan Mooney & Karen Beatty

QUAL-LYNX STAFF

- Claims:
 - Intake
 - Investigation
 - Claim Adjudication
 - Payments
- Managed Care:
 - Intake
 - Nurse Case Management
 - Network



CLAIMS SUPPORT



- Claims Coordinator
- Claims Personnel
- Fund Administrator
- Expert Defense Panel
- Fund Attorney
- Risk Management Consultant

MULTIPLE LINES OF COVERAGE

Qual-Lynx Manages Multiple Lines of Coverage:

Property:

Damage to municipal vehicles, equipment, or buildings

General Liability:

Bodily injury or property damage to a third party

Automobile Liability:

Bodily injury or property damage to a third party caused by a vehicle

Workers' Compensation:

Your employees' work related injury claims

ROLE OF THE CLAIMS COORDINATOR



<input type="button" value="Submit"/> <input type="button" value="Print Form"/>			
SUPERVISOR'S INCIDENT REPORT			
Municipality		Department / Division	
Exact Location of Incident		Claim Number	Date & Time of Incident
Temperature		Weather Conditions	Date Reported to Supervisor
Name of Employee		Occupation / Job Title	Light Conditions
Description of Incident		Length of Time in Position	
Injury / Illness type <input type="checkbox"/> Abrasion <input type="checkbox"/> Contusion / Bruise <input type="checkbox"/> Burn, Thermal <input type="checkbox"/> Poisoning <input type="checkbox"/> Puncture / Laceration <input type="checkbox"/> Sprain / Strain <input type="checkbox"/> Burn, Chemical <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Crushing <input type="checkbox"/> Cumulative Trauma <input type="checkbox"/> Electrical Shock / Burn <input type="checkbox"/> Plant / Insect / Animal <input type="checkbox"/> Amputation <input type="checkbox"/> Fracture / Dislocation <input type="checkbox"/> Heat / Cold Stress <input type="checkbox"/> Other _____			
Contributing Acts or Conditions (check all that apply) Root Causes & Contributing Factors (check all that apply) <input type="checkbox"/> Lifting/ material handling <input type="checkbox"/> Sudden movement <input type="checkbox"/> Knowledge / training <input type="checkbox"/> Equip. specifications <input type="checkbox"/> Fatigue / physical cond. <input type="checkbox"/> Equipment maintenance <input type="checkbox"/> Selection / placement <input type="checkbox"/> Feedback system <input type="checkbox"/> Posture / positioning <input type="checkbox"/> Housekeeping <input type="checkbox"/> Supervision <input type="checkbox"/> Policy/practice <input type="checkbox"/> Equipment maintenance <input type="checkbox"/> Warnings / labeling <input type="checkbox"/> Engineering controls <input type="checkbox"/> EE attitude / behavior <input type="checkbox"/> Equipment selection <input type="checkbox"/> Use of safety features <input type="checkbox"/> PPE use / condition <input type="checkbox"/> Drug / alcohol / horseplay <input type="checkbox"/> Equipment / material use <input type="checkbox"/> Proper authorization <input type="checkbox"/> Inspection/maintenance <input type="checkbox"/> Environmental conditions <input type="checkbox"/> Personal protect. equip. <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____			
Was safety equipment & Personal Protective Equipment (PPE) in place and being used? <input type="checkbox"/> Yes <input type="checkbox"/> No List safety equipment / PPE used at time of injury:			
Name and Contact Information for Witness(es):			
Employee's Description of Incident (as related to Supervisor.) Attach additional statements if needed.			

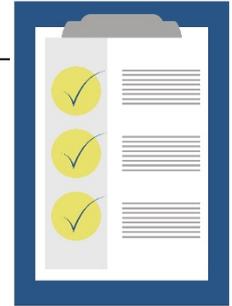
SIR TIP:

1. Download from JIF website
2. Save to your PC and rename
3. Complete form
4. Save & Submit

ROLE OF THE CLAIMS COORDINATOR

The Claims Coordinator has the following responsibilities:

- Coordinate prompt reporting of all claims within the municipality.
- Maintain supply of claim forms.
- Serve as a liaison between the municipality, TPA, and the MCO.
- Direct injured employees to Panel Physician for initial medical evaluation. Follow-up with employee/claims adjuster/supervisor/ nurse case manager, as needed to track the progress of the claim.
- Direct supervisors to “Incident Reports” on the JIF website; encourage completion within reasonable timeframe and transmit all reports as indicated.
- Maintain records on all claims submitted.
- Early, accurate claim reporting is essential to controlling the costs associated with your Workers’ Comp, Liability and Property Damage programs.



COVID-19

Public Safety Worker vs. Non-Public Safety Worker

- **Workers' Compensation is "statutory" coverage, meaning the WC policy covers the employer's obligations to compensate employees for occupational injuries & illnesses.**
 - Includes partly paid and volunteer public safety personnel
- **Public safety worker includes, a member, employee, or officer of a paid, partially paid, or volunteer fire or police department force, company or district.**
 - Basic or advanced medical technician of a first aid or rescue squad or any other nurse
 - Responds to a catastrophic incident and directly involved in / contact with the public during the incident
 - Either as a volunteer, member of a Community Emergency Response Team or employed or directed by a health care facility
- **New Jersey Law provides that: "There shall be a presumption that any injury, disability, chronic or corollary illness or death ... is compensable... but this presumption may be rebutted by the preponderance of the evidence that the exposure is not linked to the occurrence of the disease."**

COVID-19

Fund Solicitor Legal Bulletin-1/19/21

Provides analysis and important legal considerations before making and policy determinations regarding the COVID-19 vaccine. Find it here on Home Page of ACM, BURLCO and TRICO JIF Website.



LEGAL BULLETIN – URGENT

TO: Fund Commissioners of the Atlantic County, Burlington County, & Gloucester Salem Cumberland Counties Municipal Joint Insurance Funds

FROM: David S. DeWeese, Fund Solicitor

DATED: January 19, 2021

RE: Mandatory Vaccination of Employees

Based upon several inquiries that we have recently received regarding the voluntary or mandatory requirement for employees to receive the COVID-19 vaccine, the Executive Director's Office and I, in consultation with the MEL Safety Director, Executive Directors of other MEL affiliated Funds, and MEL Labor Law Attorneys, have determined that it is appropriate to provide guidance to our Member Municipalities on this matter as we anticipate Members may be required to make policy decisions as to whether or not employee vaccinations should be mandatory or voluntary.

Attached, is a Legal Memorandum which provides an analysis and important legal considerations for Member Municipalities to consider in making any policy determinations regarding the COVID-19 vaccine. This Memorandum was originally prepared by Matthew Giacobbe, Esq. & Nicholas DelGaudio, Esq. of the law firm of Clearly, Giacobbe, Alfieri, Jacobs, LLC.; however, was revised and augmented with additional information, by my office, for your use.

After you have thoroughly reviewed this Bulletin and the attached Legal Memorandum, each Member Municipality is encouraged to provide a copy of the Bulletin and Legal Memorandum to their Solicitor and/or Labor Counsel for their review and guidance prior to taking any action regarding this issue.

It is my understanding that the MEL Solicitor will be scheduling a webinar to provide further guidance and an opportunity for questions and discussion regarding the COVID-19 vaccine policy considerations and the legal ramifications for our Member Municipalities. Once this webinar has been scheduled, a notification will be sent to all members.

As a reminder, the attorneys for the MEL ELP Helpline are available to assist with any of your inquiries regarding these issues and any other Employment issues. The MEL Helpline Attorneys & their contact information is as follows:

David S. DeWeese, The DeWeese Law Firm, P.C., 609-522-5599
Jodi Howlett, Clearly Giacobbe Alfieri Jacobs LLC 732-583-7474
Fred Semrau, Dorsey & Semrau 973-334-1900



COVID-19 INFORMATION:



THE POWER OF THE ACM JIF.

41 Municipalities from Atlantic, Cape May and Cumberland counties joined forces to save tax dollars by pooling resources to provide workers comp, liability, property and casualty insurance. Through a structured safety and risk management program, Member Municipalities save money by eliminating unsafe acts and conditions. Unlike the insurance company that preceded it, the JIF focuses on Municipal issues of loss prevention, risk management and claims management. [READ MORE](#)



MUNICIPAL JIF COVID-19 STATISTICS

COVID-19 Claims Counts as of 2/28/2021

ACM

Medical Only: 390

Indemnity: 255

Report Only: 109

Total COVID-19 Claims: 754

Net Incurred: \$1,250,759.74

BURLCO

Medical Only: 52

Indemnity: 81

Report Only: 664

Total COVID-19 Claims: 797

Net Incurred: \$331,378.64

TRICO

Medical Only: 108

Indemnity: 72

Report Only: 49

Total COVID-19 Claims: 229

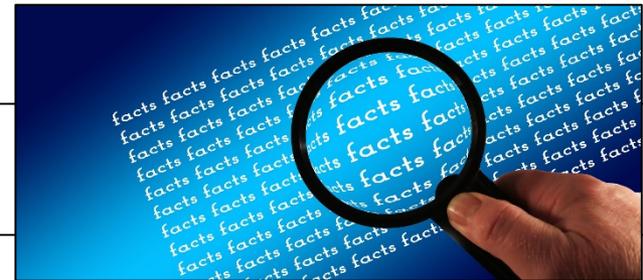
Net Incurred: \$235,335.70

OPEN PUBLIC RECORDS ACT

The Open Public Records Act (OPRA) is a New Jersey statute that governs the public's access to government records.

OPRA is intended to:

- Expand the public's right of access to government records
- Create an administrative appeals process if access is denied
- Define what records are and are not "government records". OPRA specifically defines a government record as:
...any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data processed or image processed document, information stored or maintained electronically or by sound-recording or in a similar device, or an copy thereof, that has been made, maintained or kept on file...or that has been received in the course of his or its official business.



What is not subject to OPRA ?

- You do not have to answer questions or do research.
- Verbal communications.
- Information that is not communicated within the context of emails regarding municipal business or if emails are to someone that is not business related about a social matter.
- Records that have been destroyed with state approval.
- You are not required to perform research and create new records.

YOU RECEIVE AN OPRA REQUEST:

**WHAT'S
NEXT?**

OPRA REQUEST ROADMAP

The Municipal Clerk receives an OPRA request seeking documents pertaining to an ongoing or closed lawsuit or requesting other claims information.

STEP 1:

The Executive Director (RPA) is designated as the Custodian of Records for the JIF. Forward your request to Kris Kristie (Kristi.Kristie@riskprogramadministrators.com) in the JIF Executive Director's Office **IMMEDIATELY UPON RECEIPT OF REQUEST**.

STEP 2:

RPA requests the documents from Qual-Lynx. The potential documents are then forwarded to the Fund Solicitor to determine if they can be released. Once approved, Qual-Lynx will forward the approved documents to the Municipal Clerk.

STEP 3:

The Municipal Clerk then forwards the documents that are responsive to the request to the original OPRA requester **once the Clerk makes all necessary redactions**. (Vaughn Index*)

The JIF recognizes the time constraints built into the OPRA statute and will respond to the Municipal Clerk as quickly as possible. In some cases, an extension of time may be requested by the Municipal Clerk.

NOTE:

- Do NOT send the request to the Fund Solicitor or Qual-Lynx directly, as all OPRA requests for information held by the JIF must be recorded by the JIF.
- The Executive Director's office will not respond directly to an OPRA requester for a request that was received by the Municipal Clerk of a member municipality.
- The Executive Director's office will only respond to those parts of the OPRA request that pertain to information held by the JIF. The Clerk must obtain all other documents from all other sources, and the Municipal Solicitor should review those documents prior to their release.



*Vaughn Index: index explaining redactions., i.e. PII or PHI

HOW MUCH TIME DO YOU HAVE TO RESPOND TO AN OPRA REQUEST?

- Custodians should respond to an OPRA request as soon as possible but not later than seven (7) business days after the request is received, provided that the record is currently available and not in storage or archived.
- Day One (1) is the day following the Custodian's receipt of the request.

The Custodian's response must provide one of the following:

1

Grant access to the records sought

2

Deny access to the records sought

3

Request clarification of the request

4

Request an extension of time to fulfill the request

CATASTROPHIC WEATHER EVENTS

12 Catastrophic Weather Events Occurred in 2020

- The term “catastrophe” in the property insurance industry denotes a natural or man-made disaster that is unusually severe. An event is designated a catastrophe when claims are expected to reach a certain dollar threshold, currently set at \$25 million, and more than a certain number of policyholders and insurance companies are affected.
- Secure the property involved considering the safety of employees, residents, etc.
- Contact an Emergency Service Provider to prevent further damages or secure a building. Find a list of qualified emergency service providers on the MEL Website www.njmel.org. Members are not obligated to select a vendor from the list.
- Report the claim to Qual-Lynx who will report the claim to the designated Property Adjuster on the MEL level. The MEL TPA will then handle the claim. Contact Qual-Lynx staff with any questions or issues about the process.
- **Retain records:** receipts, purchase orders and rental agreements should be retained. Take pictures of any items before they are discarded.

Contact FEMA no matter how small the claim:

www.FEMA.gov

OR

800-621-3362

REFRESHER SECTION FOR NEWER CLAIMS COORDINATORS



FIRST PARTY PROPERTY CLAIMS

- Fire, theft, vandalism, wind damage, lightning, flood
- Automobile physical damage (your vehicles)
- Any damage to insured property (i.e., owned buildings, contents, lighting, bleachers, park equipment, clothing, communications devices, fire rescue equipment, etc.)
- Damage to backhoes or other off road equipment
- Boiler and machinery losses
- Damage to watercraft
- Theft of funds



PROPERTY CLAIMS ROADMAP

When there is damage to a vehicle, building or equipment owned by the Municipality, this is a 1st Party Property Claim.



Step 1

Complete Property Acord form found @ the JIF website and email to the Property Unit Supervisor. Please include at least the following 4 pieces of information.

Date of Loss

Description

Location

Contact



Step 2

Mitigate damages by cleaning up water or boarding up windows. Delays can cost money and in some cases coverage. Protect involved equipment, it may be evidence.

Step 3

Remove vehicles from establishments charging storage fees. Take pictures **BEFORE** anything is discarded.

Step 4

Save Receipts – Save Evidence – Save Agreements. This can help with proving the claim and with Subrogation.

Step 5

Qual-Lynx will handle the claim to conclusion and following for any Subrogation/Salvage Potential.



Contact Information

Property Unit Supervisor:

Joe Lisciandri

jlisciandri@qual-lynx.com

609.601.3191

Deductibles:

Buildings/Contents: \$1,000

Vehicles: \$1,000

Boiler and Machinery: \$5,000



CYBER CLAIMS

Cryptolocker

Ransomware

DDoS



Phishing

Social Engineering

CYBER INCIDENT ROADMAP

You expect or know of a cyber incident.

The clock is ticking to avoid further damage to you and your stakeholders.



Step 1 Report to Claims Administrator

Step 2 Call XL Catlin 24/7 Breach Hotline at **(855) 566-4724** and they will triage your incident.

XL Catlin Cyber Claims Specialist steps in to manage the claim for you

When needed, your Cyber Claims Specialist will engage an XL preapproved expert cyber attorney

In addition to their duties, the attorney will engage any other needed experts



Your Cyber Claims Team will walk you through every step of responding to the incident and offer assistance and take actions on your behalf as necessary.

Municipal
Joint
Insurance
Fund



Other Considerations

XL Catlin online cyber portal:
www.cyberriskconnect.com
Access Code: 10448

Fund Attorney: David DeWeese
(609) 522-5599

Claims Administrator: Qual-Lynx
Joe Lisciandri (609) 601-3191



PROPERTY CONTACT INFORMATION

Joe Lisciandri, Property Claims Supervisor

Qual-Lynx

100 Decadon Drive

Egg Harbor Township, NJ 08234

Direct Dial Office - 609-601-3191

Cell Phone - 609-402-5218

Property Dedicated Fax 609-601-3192

jlisciandri@qual-lynx.com

- Eileen Stasuk, Senior Property Adjuster 609-833-2091 estasuk@qual-lynx.com
- Diane Payne, Property Adjuster 609-833-2202 dpayne@qual-lynx.com
- Doris Moore, Property Adjuster 609-833-2903 dmoore@qual-lynx.com

AUTO LIABILITY



Any Motor Vehicle Accident involving an insured vehicle which results in bodily injury and/or property damage to others or to a pedestrian.

AUTO LIABILITY

- Municipal vehicle accident that causes:
 - Injury to others.
 - Damage to another's vehicle.
 - Damage to property of others.

Damage to municipal vehicle and employee injuries are reported separately.



Claims reporting covered in GL next

Refer to JIF Coverage Documents for complete description of coverage

GENERAL LIABILITY CLAIMS

- Trips/slips/falls resulting in injury to member of the public.
- Damage to someone's property.
- Police cases; excessive force, false arrest, wrongful detention.
- Highway accidents not involving an insured vehicle (i.e. pothole claims, motor vehicle accidents due to weather or alleged road conditions).
- Improper signage or view obstructions.



WHAT DO YOU DO?



- Gather information at the scene.
- Report the claim to Qual-Lynx at the earliest opportunity.
- The following is needed to start a claim:

Description
of the loss

A location of
the loss

The date
of loss

A person with
contact information

- Mitigate damages (Please take pictures prior to any clean up, board up).
- Timing is very important - delays can cost money and possibly a proper defense.
- Never admit liability.
- Simply advise that you will send the claim into your insurance company.

LIABILITY CLAIMS ROADMAP

When someone is Claiming Damage or Injury Resulting from the Action/Inaction of the Municipality.



Step 1 Notice of Claim received by the municipality. Complete Liability ACORD form found @ the JIF website.

Step 2 Forward Notice of Claim and Liability ACORD form by email to Liability Unit Supervisor and Fund Solicitor with a copy to the Claims Coordinator.

Step 3 Qual-Lynx's assigned adjuster forwards the Tort Claims Act Questionnaire (TCQ) to claimant/attorney with a copy to Claims Coordinator/Fund Solicitor.

Step 4 Completed TCQ received from claimant/attorney by Qual-Lynx w/copy provided to Claims Coordinator/Fund Solicitor.

Step 5 If Municipal Clerk is served with Summons & Complaint forward it to the Claims Coordinator. Claims Coordinator shall send it to Liability Unit Supervisor and Fund Solicitor.

Step 6 Fund Solicitor will copy Claims Coordinator on defense counsel assignment letter. Defense counsel and Qual-Lynx adjuster will be listed as contacts.

Qual-Lynx Liability Adjusters

Qual-Lynx Main Number:
609-653-8400

Liability Unit Supervisor:
Susan Mooney
smooney@qual-lynx.com
609.833.2902

Fund Solicitor:
David DeWeese
david@deweese-lawfirm.com
609.522.5599



The entire Claims team will walk you through every step of the claims process and take actions on your behalf if necessary.

EMPLOYMENT PRACTICES LIABILITY PUBLIC OFFICIALS LIABILITY

Employment Practices Liability

Allegations of:

- Sexual Harassment
- Hostile work environment



Public Officials Liability

Allegations of:

- Wrongful acts
- Zoning Issues
- Land Use



EPL/POL CLAIMS ROADMAP

Employment Practices Liability and Public Officials Liability Claims and Potential Claims



Step 1

Municipality receives notice of potential claim. Report IMMEDIATELY to Liability Unit Supervisor and Fund Solicitor.

Step 2

Qual-Lynx will notify Municipality that claim has been referred to Insurer and their TPA.

Step 3

Municipality will receive acknowledgment of claim from Claims Administrator and must acknowledge back to Claims Administrator that it has been received.

Step 4

Municipality will receive a coverage determination from Claims Administrator which will state that coverage is either denied or there is a Reservation of Rights. Municipality must acknowledge receipt of Coverage Determination Letter.

Step 5

If coverage is denied and Municipality disagrees with the denial, the Fund Solicitor should be contacted.

Step 6

If Reservation of Rights is issued, carrier is providing coverage under a Reservation of Rights. Counsel will be assigned if and when a complaint is filed.

Step 7

Future contact regarding the claim is with Summit Risk Adjuster/Defense Counsel.



Qual-Lynx Liability Adjusters

Qual-Lynx Main Number:
609-653-8400

Liability Unit Supervisor:
Susan Mooney
smooney@qual-lynx.com
609.833.2902

Fund Solicitor:
David DeWeese
david@deweese-lawfirm.com
609.522.5599

LIABILITY CONTACT INFORMATION

Susan Mooney, Liability Claims Manager

Qual-Lynx

100 Decadon Drive

Egg Harbor Township, NJ 08234

Direct Dial Office – 609-833-2902

Liability Dedicated Fax – 609-601-3189

smooney@qual-lynx.com

Robin Sulzer, Asst. Liability Unit Supervisor	609-601-3185	<u>rsulzer@qual-lynx.com</u>
Sandy Kellerman, Liability Adjuster	609-833-2911	<u>skellerman@qual-lynx.com</u>
Kristen Kiel, Liability Adjuster	609-833-9215	<u>kkiel@qual-lynx.com</u>
William Kissane, Liability Adjuster	609-833-9266	<u>wkissane@qual-lynx.com</u>

WORKERS' COMPENSATION WORK RELATED INJURY/ILLNESS

The JIF provides the maximum Workers' Compensation benefits allowed by law!



SOCIAL LEGISLATION

- The New Jersey Workers' Compensation Act was passed in 1911 and has been amended over the years.
- Workers' compensation is a system created by the New Jersey Legislature that provides benefits to workers' who are injured or who contract an occupational disease while working.
- Workers' compensation is a "no fault" system. As a result, an injured worker is entitled to benefits under the Act regardless of his own negligence or that of a co-employee.

WORKERS COMPENSATION STATUTORY BENEFITS

- Any injury to one of your employees arising out of and in the course of their employment for which medical treatment is required.*
- Any injury to a police, fire or rescue volunteer, or other qualified volunteer as defined in the New Jersey Workers Compensation Act that arises out of and in the course of their public duty for which medical treatment is required.*
- Any alleged occupational exposure (injury occurring over a period of time as opposed to a traumatic injury).

*If employee refuses medical treatment submit the claim as a “Report Only”.



WORKERS' COMPENSATION BENEFITS

There are only three remedies in the NJ system of compensation: medical benefits, temporary disability benefits and permanent disability benefits.

- **MEDICAL TREATMENT**

- Provide treatment with MCO panel physicians until employee is either discharged or reaches maximum medical improvement (MMI).

- **TEMPORARY TOTAL DISABILITY (TTD) – Wage Replacement.**

TTD rates:

- 2021 Maximum \$969.00 Minimum \$258.00
- 2020 Maximum \$945.00 Minimum \$252.00

- **PERMANENT DISABILITY - EITHER PARTIAL (PPD) OR TOTAL (PTD)**

- Depending on nature of injury, extent of treatment, and residual loss of function, a percentage of disability will be negotiated between all involved parties (injured worker, TPA/JIF, attorneys, and/or the judge).
- Settlements are paid (within JIF authority) with approval from Qual-Lynx.

WORKERS' COMPENSATION: COMPENSABILITY

- A claim that has been deemed work related and accepted is a compensable claim.
- To establish compensability, the adjuster investigates:
 - An employment relationship.
 - An accident which “**arose out of and in the course of**” employment.
 - Causal relationship of an injury or medical condition to an incident or exposure at the work place.
- In NJ, an employer takes an employee “as is” with all ailments and infirmities (pre-existing issues).

N.J.S.A. 34:15

WORKERS' COMPENSATION SERVICES

MANAGED CARE

- Intake and Initial Direction of Care
- 24/7 Claims Reporting Triage
- Medical Case Management
- QualCare Provider Network Access
- Medical Bill Review and Repricing
- Out-of-Network Rate Negotiation (MCCI)

CLAIMS

- Claim Management
- Proprietary Claim Information Systems
- Fraud Investigation Program
- Litigation Management
- Transitional Duty Program
- Subrogation
- Federal and State Reporting



TIMELY REPORTING IS KEY

In Workers' Comp the Clock and Calendar are the Enemy
Success is Based on Good Communication



- Injuries are best reported and attended to early.
- Claims reported more than three (3) days after the injury result in higher costs.
- Immediate care from appropriate providers equals quicker recoveries. This translates into less lost time & lower indemnity and medical costs. Allows our Nurse Case Managers to direct care to one of our EPO Providers.
- Late reporting can lead to injuries becoming worse over time, complicating treatment and causing extra expense.
- Late reporting makes it more difficult to determine whether the injury occurred on the job.
- Late reporting jeopardizes the timely and thorough investigation of the claim.

HOW DO I REPORT A WORKERS' COMPENSATION CLAIM TO QUAL-LYNX?

- Telephone: **888-342-3839**
- If you receive a Claim Petition, immediately send it to Tammy Langsdorf at Qual-Lynx!

tlangsdorf@qual-lynx.com

**DO NOT report WC injuries
via e-mail or fax!**



INTAKE PROCESS

- After calling 888-342-3839, the Intake Coordinator determines who the caller is and identifies if the claim is report only or if treatment is required.
- The Intake Coordinator interviews the caller to obtain the necessary information to complete the State of NJ First Report of Injury or Illness (FROI).

The toll-free number is available 24 hours a day, 7 days a week!

888-342-3839



WORKERS' COMPENSATION CLAIMS ROADMAP

When an employee or qualified volunteer reports an injury arising out of and in the course of their employment.



Step 1 Gather basic information:

See First Accident Report (FAR)* for guidance.

Date, Place and Time of Occurrence

How Injury Occurred

Type of Injury

Witness Info: Name and Phone

EE Info: Name, DOB, SS#, Address, Phone



Step 2 Report the Claim to the Intake Department:
Phone: 1-888-342-3839

Step 3 If medical treatment is requested, ensure first aid has been administered and/or direct injured EE to an authorized physician.

Step 4 Complete and transmit Supervisor Incident Report per instructions. Send 26 Week Wage Statement to: dbott@qual-lynx.com or fax 609-601-3196.

Step 5 State of New Jersey First Report of Injury or Illness (FROI) is generated and a copy is sent to the Claims Coordinator.

The entire Qual-Lynx Workers' Comp Team is available to assist you as needed with your Workers' Compensation claims.
*Refer to the JIF website for forms and instructions.



Qual-Lynx Workers' Comp Team

Tammy Langsdorf, Claims Supervisor
tlangsdorf@qual-lynx.com
609.833.2921

Mary Jane Tomasello, Assistant Supv.
mtomasello@qual-lynx.com
609.833.9217

Kaitlyn Leonard
kleonard@qual-lynx.com
609.833.2826

Courtney Chialastri
cchialastri@qual-lynx.com
609.833.9258

Chelsea Quitter
cquitter@qual-lynx.com
609-833-9349

Alexandra McMurren
alexandriamcmurren@qual-lynx.com
609-833-9345

Aubrey Myers
amyers@qual-lynx.com
609-833-2053



REPORT ONLY vs. INCIDENT

- **REPORT ONLY CLAIMS**

- If the claim is for reporting purposes only, the information is entered into our systems and a claim file is generated with a Qual-Lynx claim number.

- **MEDICAL ONLY OR LOST TIME (INDEMNITY) CLAIMS**

- The Intake Coordinator consults the MCO Nurse Case Manager Team Leader or Supervisor and/or the TPA Supervisor for direction of care.
- If the injured worker has trauma to their head, a NCM talks to the injured party to complete a head injury checklist. This is a 13-point questionnaire to determine if the claimant should be directed to the ER or to an Occupational Medicine Provider.
- Once care is directed, the Intake Coordinator schedules the employee and forwards an authorization and DDI to the provider.
- The Clinical Support Staff or NCM follows-up with the provider after the appointment to obtain the medical records and determine if further treatment is needed. The records are provided to the Adjuster for review.

COVID Reporting – Exposure only

DO NOT USE THE EMERGENCY ROOM *UNLESS EMERGENCY TREATMENT IS REQUIRED*

Examples of Emergencies:

If serious or catastrophic injury call 911

- Unconsciousness
- Head Injury
- Profuse bleeding
- Unstable vital signs
- Inability to move an extremity
 - Smoke inhalation
 - Eye trauma



We recommend the use of Urgent Care when possible.

Refer to the JIF Website > Claims tab, for a list of Urgent Care providers.

NURSE CASE MANAGEMENT TRIGGERS

- Claims involving loss of 8 or more days from work.
- Claims involving a transitional duty designation for more than 21 days.
- Claims involving causality or any other initial “red flag”.
- Claims involving a repeat workers’ comp claimant (case by case basis).
- Claims where an MRI or other significant study is ordered, where a nurse case manager was not previously assigned.
- Claims not meeting any of the above criteria but at the direction of the JIF or Claims Adjuster/Supervisor.



ROLE OF THE NURSE CASE MANAGER

Communication

- Provide updated treatment plan and work status to Adjuster and Employer after every visit.
- Communicate with Injured Worker and Provider about appointments, plan of care and work status.
- Direct Clinical Support Staff to schedule appointments, therapy, or diagnostic testing for authorized services.
- Review cases with Adjuster at scheduled Large Loss Meetings or Roundtable Discussions.



ROLE OF THE CLINICAL SUPPORT STAFF

Clinical Support Staff provide support to the Nursing Team and Medical Only Adjusters by performing necessary clerical duties.

- Schedules medical appointments.
- Schedules initial physical therapy evaluation.
- Schedules diagnostic studies.
- Obtains and distributes medical notes and diagnostic reports.
- Enters pre-authorizations for when treatment is authorized by the NCM or Medical Only Adjuster.
- Faxes pre-cert and Duty Determination Instruction (DDI) form to providers.

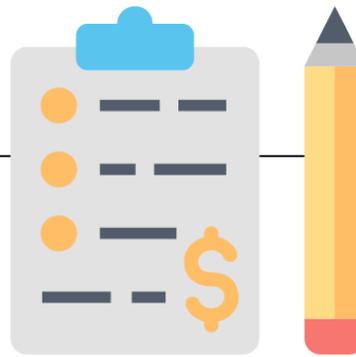


EPO – EXCLUSIVE PROVIDER ORGANIZATION

- We have the largest provider network in New Jersey
- Care is directed to the best occupational physicians
- What do we hope to accomplish?
 - Best of the best doctors and facilities.
 - Providers Knowledgeable about Workers' Compensation
 - Communication.
 - Quicker Return to Work.
 - Outcomes meet or exceed Occupational Disability Guideline Standards



ALL OF THESE COMBINED CONTRIBUTE TO LOWER OVERALL CLAIM COST



ROLE OF THE WC CLAIMS ADJUSTER

Once the claim is assigned, the adjuster must:

- Contact the injured employee (for Lost Time cases only), employer, and nurse case manager or medical provider within 48 hours
- Secure factual information to determine “compensability”
- Review file for possible subrogation
- Monitor medical treatment with assistance from a MCO representative to pursue a timely return to work
- Explore the possibility of transitional duty
- If out of work, adjuster will verify the employee’s wages and obtain a 26 week wage statement. Once wages are verified, the adjuster will process wage replacement (TTD) checks
- Adjuster will secure an increase in payment authority (if more than \$10K is needed) from the JIF Executive Committee to pay all benefits, expenses, and legal associated with the claim
- Monitor litigation if a claim petition is filed

ROLE OF THE EMPLOYEE'S SUPERVISOR

- Maintain contact with the injured employee by periodically contacting them and express support.
- The main reason injured employees retain lawyers is because they are uncertain of their benefits or concerned that they are not receiving adequate medical treatment.
- Determine the “root cause” of the accident.



SUPERVISOR'S INCIDENT REPORT

ROOT CAUSE ANALYSIS

- Immediately have the Supervisor's Incident Report completed.
- Make certain the injured employee provides a detailed description of how the injury occurred:
 - Slip/Trip – what caused the fall; ice, water, waxed surface, electric cord, raised sidewalk, etc. ?
 - Fall from height – ladder, truck, height ?
 - Fall forward, backward, strike body part; which body parts ?
 - Defective equipment ?
 - Where did injury occur (employer's premises or private/ commercial venue) ?

SUBMIT				SUPERVISOR'S INCIDENT REPORT				PRINT FORM		
Municipality		Department / Division		Claim Number						
Exact Location of Incident				Date & Time of Incident		Date Reported to Supervisor				
Temperature		Weather Conditions		Light Conditions						
Name of Employee		Occupation / Job Title		Length of Time in Position						
Description of Incident										
Injury / Illness type										
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Contusion / Bruise	<input type="checkbox"/> Burn, Thermal	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Puncture / Laceration	<input type="checkbox"/> Sprain / Strain	<input type="checkbox"/> Burn, Chemical	<input type="checkbox"/> Respiratory Distress	<input type="checkbox"/> Crushing	<input type="checkbox"/> Cumulative Trauma	<input type="checkbox"/> Electrical Shock / Burn
<input type="checkbox"/> Amputation	<input type="checkbox"/> Fracture / Dislocation	<input type="checkbox"/> Heat / Cold Stress	<input type="checkbox"/> Other							
Contributing Acts or Conditions (check all that apply)					Root Causes & Contributing Factors (check all that apply)					
<input type="checkbox"/> Lifting / material handling	<input type="checkbox"/> Sudden movement	<input type="checkbox"/> Knowledge / training	<input type="checkbox"/> Equip. specifications	<input type="checkbox"/> Fatigue / physical cond.	<input type="checkbox"/> Equipment maintenance	<input type="checkbox"/> Selection / placement	<input type="checkbox"/> Feedback system	<input type="checkbox"/> Posture / positioning	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Supervision
<input type="checkbox"/> Equipment maintenance	<input type="checkbox"/> Warnings / labeling	<input type="checkbox"/> PPE use / condition	<input type="checkbox"/> Inspection/maintenance	<input type="checkbox"/> Equipment selection	<input type="checkbox"/> Use of safety features	<input type="checkbox"/> EE attitude / behavior	<input type="checkbox"/> Drug / alcohol / horseplay	<input type="checkbox"/> Equipment / material use	<input type="checkbox"/> Proper authorization	<input type="checkbox"/> Environmental conditions
<input type="checkbox"/> Personal protect. equip.	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other							
Was safety equipment & Personal Protective Equipment (PPE) in place and being used? <input type="checkbox"/> Yes <input type="checkbox"/> No										
List safety equipment / PPE used at time of injury:										
Name and Contact Information for Witness(es):										
Employee's Description of Incident (as related to Supervisor.) Attach additional statements if needed.										

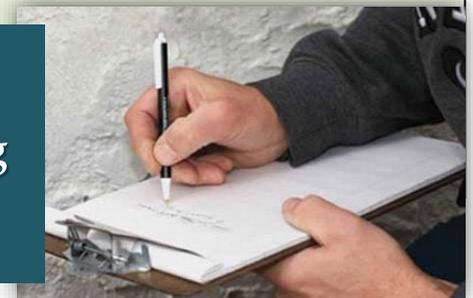
SIR TIP:

1. Download from JIF website
2. Save to your PC and rename
3. Complete form
4. Save & Submit

SUPERVISOR'S INCIDENT REPORT

- Did the supervisor physically inspect the location of injury?
- Any unsafe or unusual hazards present?
- Did employee alter equipment being used?
- Evidence of horseplay, intoxication, drug use?
- Was employer provided safety equipment in use? If yes, was it being used properly?
- Any suspicions about how the accident/injury occurred?
- Are you satisfied the accident/injury occurred as the employee described?

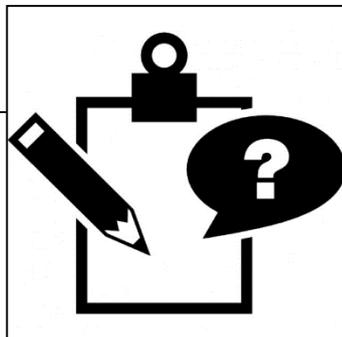
NOTE: Take photos, collect documentation etc, but address the root cause of injury by providing training or repairing/replacing the equipment or condition (ex: pothole, sidewalk etc.)



TRANSITIONAL DUTY

Studies have shown that many injured employees are capable of assuming their full responsibilities at an earlier date if they start a transitional plan before reaching MMI

- Nurses and Adjusters remind providers of availability
- Doctor evaluates the injured worker for capability and sets forth work restrictions
- Employer is notified
- Employer determines availability
- Second Effort
- Employer informs employee outlining alternative duty and sets a time for re-evaluation (not open-ended)
- Employee re-evaluated at next provider visit
- Transitional duty either continues or the employee is returned to full duty



ABOUT TRANSITIONAL DUTY



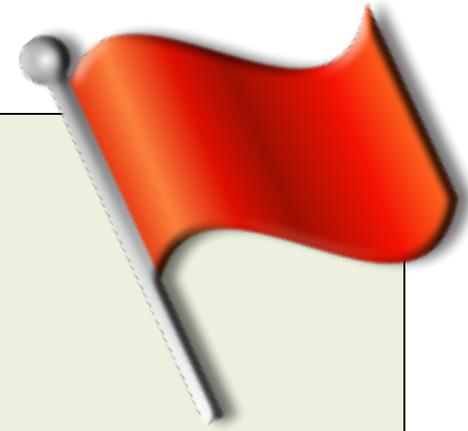
- Serves as a “bridge” to full duty
- Cuts down on need for replacement employees
- Has positive psychological effects
- Reduces cost of litigation

Pays off for you and employee



Repeated studies have shown that the longer a worker is off the job, the less likely it is that he or she will ever come back.

RED FLAGS



- Reported Late
- Specific Details Cannot Be Recalled
- Accident Not Witnessed
- Secondary Employment
- Incident Occurs Following Day(s) Off
- Witness Accounts Inconsistent With Employee's Version
- Fails To Attend Appointments
- Not Home When Tried To Be Reached or During GOTCHA Calls

G.O.T.C.H.A.

GO OUT TO CHECK HOME ACTIVITIES

This investigative tool is invaluable in terms of cost containment.

- Investigators conduct unannounced, personal visits to each “lost time” claimant if the injured worker is out of work more than 14 days (or three weeks after surgery).
- Does not occur if the claimant is represented by legal counsel
- The opportunity to interview injured workers in their homes provides detailed information to support telephonic investigation. These visits confirm or deny the existence of malingering or fraudulent activity, and often highlight other factors that may inhibit a claimant’s timely return to work.
- In addition, a GOTCHA visit can lead to surveillance, if warranted.



G.O.T.C.H.A. PROGRAM

GO OUT TO CHECK HOME ACTIVITIES

- Backup verification of treatment, therapy, or surgery schedules.
- Visits heighten the employee's awareness that their recovery and their claim are being monitored.
- Investigator can detect "red flags" at home, which may not be apparent when personal contact has been made under other circumstances.
- Visits strengthen the network of contact and reassures the claimant that the employer cares about his/her recovery and return to work.
- Unannounced visits may encourage an employee on the verge of recovery to get into the "return to work" mind set.

Surveillance will be ordered, if necessary.

WHEN DOES A WORKERS' COMP CASE END?

- If no Claim Petition is filed:
 - Confirm all authorized treatment has concluded.
 - Maximum Medical Improvement (MMI) obtained.
 - RTW established and employee is back at work or unable to work due to permanent restrictions.
 - All outstanding medical bills that Qual-Lynx has received have been paid.
 - Confirm there is no potential for subrogation.
 - File is then closed (the injured employee has two years from the date of last benefit to reopen their claim).
- If a Claim Petition is filed: litigation commences.

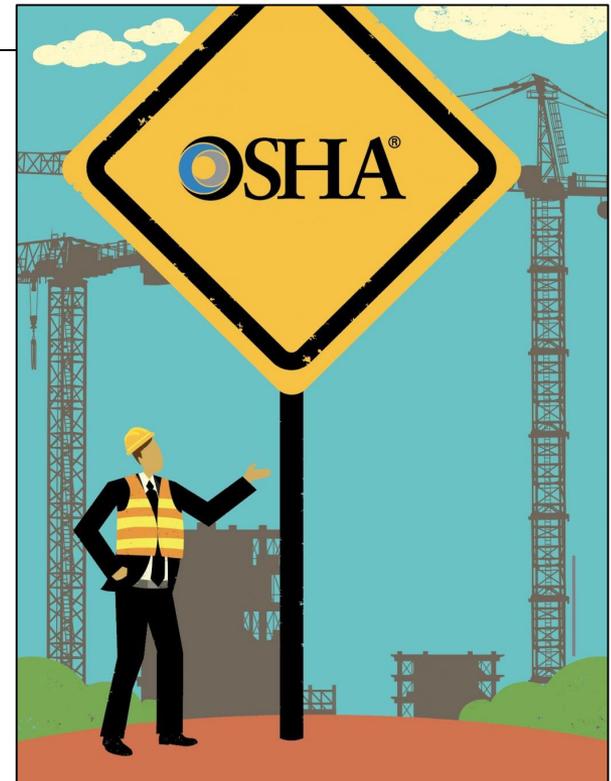


RECORDING AND REPORTING: OCCUPATIONAL INJURIES AND ILLNESSES

OSHA 300

- All public employers must maintain records of all work-related injuries or illnesses
- Report all fatalities or employee hospitalization within 8 hours
- **(800) 624-1644**

Qual-Lynx can provide
this report upon request



Contact JIF Safety Director for additional details or assistance.

HELPFUL HINTS

- Be sure to keep a copy of all information sent to Qual-Lynx
- Whenever an employee approaches you regarding workers' compensation benefits for an alleged injury, immediately report the claim to Qual-Lynx using the toll free telephone number and complete the Supervisor's Incident Report. Reporting the claim to Qual-Lynx does not automatically make the employee eligible for benefits.
- Contact Qual-Lynx immediately if you feel there are questionable circumstances surrounding the claim
- Call in Workers Compensation claims to Qual-Lynx as quickly as possible (preferably the day they are reported to you), whether treatment is needed or not.
- If there is an accident (near miss) involving one of your employees which does not require medical care, please complete and keep a Supervisor's Incident Report for record purposes.





EMERGENCY CLAIM REPORTING PROCEDURES

QUAL-LYNX
100 Decadon Drive
Egg Harbor Township, NJ 08234
TELEPHONE: 609-653-8400

IN AN EMERGENCY CONTACT QUAL-LYNX IMMEDIATELY

PROCEDURE FOR EMERGENCIES WHICH OCCUR AFTER
NORMAL BUSINESS HOURS:

CALL QUAL-LYNX: 609-653-8400 OR 800-367-0138

OUR SERVICE WILL CONTACT THE DESIGNATED QUAL-LYNX
MANAGEMENT PERSONNEL TO RESPOND TO ALL EMERGENCY
CALLS. HAVE CONTACT NAME AND TELEPHONE NUMBER
AVAILABLE FOR RETURN CALL.

EMERGENCY PROPERTY CLAIMS NUMBER:
Cell 609-402-5218

QUAL-LYNX WORKERS' COMPENSATION CLAIMS REPORTING AND EMERGENCY REPORTING PROCEDURE:

Report ALL worker's compensation claims requiring medical treatment as soon as possible by
calling your dedicated QUAL-LYNX HOTLINE:

1-888-342-3839

Do not delay in reporting the claim, even if you do not have all necessary information. After the
First Report of Injury is taken, the First Report representative will ask the caller if they need to
speak to the nurse on call. If so, the First Report representative will ask the caller for a number
where they can be reached and will page the nurse. The nurse will call the First Report
representative and obtain all pertinent information and call you back to review the process for
assigning a nurse case manager and how we will obtain follow up for the injured worker. The
nurse will also answer any questions you may have.

For EMERGENCIES, ask for the 24-hour nurse on call. As part of the After Hours services, there
is a nurse on call 24 hours a day, 7 days a week. The nurse is available to speak to the caller in
the event of a catastrophic injury. The nurse will be paged and you will receive a return telephone
call. Have a contact name and telephone number available.

QUAL-LYNX WC CONTACT

100 Decadon Drive, Egg Harbor Township, NJ 08234

Tammy Langsdorf, WC Unit Manager

tlangsdorf@qual-lynx.com

609-833-2921

Mary Jane Tomasello, WC Assistant Supervisor

mtomasello@qual-lynx.com

609-833-9217

QUAL-LYNX MCO CONTACT

100 Decadon Drive, Egg Harbor Township, NJ 08234

Karen Beatty, Client Services Manager

kbeatty@qual-lynx.com 609-626-1023

Stephanie Dionisio, NCM Team Supervisor

sdionisio@qual-lynx.com 609-833-9404

QUESTIONS?

