

Family Partnerships of Central Florida

PROCEDURE

Series:	HR-Practices	COA: HR 5.02; TS 2.01; ETH 4. ETH 2, ETH 5 CFOP:
Procedure Name:	Workers Compensation Insurance	
Procedure Number:	HR 2612	
Reviewed Date:	1/11/13, 12/1/15, 5/2/16, 4/16/24	
Revision #/Date:	(2) 2/09, (3) 2/15/13 (4) 8/11/14, (5) 4/3/19	
Effective Date:	9/04	
Applicable to:	Family Partnerships of Central Florida (FPoCF)	

PURPOSE: The FPoCF provide Workers' Compensation Insurance to its employees through its client services agreement with the PEO and is based on state regulations. This insurance is to provide for payment of employee medical expenses and for partial salary continuation in the event of work-related accident or illness. The amount of benefits payable and the duration of payment depend upon the nature of the employee's injury or illness. All medical expenses incurred in connection with an on-the-job injury or illness and partial salary payments are paid in accordance with applicable state law

References:

PROCEDURE:

Work Related Accident or Injury

1. If an employee is injured or becomes ill on the job, the employee must immediately report such injury or illness to the employee's supervisor and the Human Resources Director. This ensures that the agency can help obtain appropriate medical treatment. An employee's failure to follow this procedure may result in the appropriate Workers' Compensation report not being filed timely in accordance with the law, which may delay benefits in connection with the injury or illness.
2. Once notified the Human Resources Director will interview the employee, (if possible) and any witnesses to the work-related injury or illness in order to obtain the details of the incident. This information is required in order to file a First Report of Injury and to enter the incident in the event that a claim is filed. This needs to be done within 24 hours of the accident or injury or by the first business day following a weekend or holiday. The following information about the employee and incident may be required in order to file a First Report of Injury:
 - a. Full name
 - b. Home Address
 - c. Home Telephone Number
 - d. Date of Birth
 - e. Date of Hire
 - f. Place of Accident
 - g. Brief description of the accident and corroboration if observed by witnesses or the Human Resources Director
 - h. Social Security Number
 - i. Hourly rate of pay

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- j. Client ID
 - k. Supervisor contact information
3. A telephone claim may be made through the Sedgwick Injury Hotline at 866-863-5622 to report a job-related injury. The operator will take the report of injury over the telephone and produce the Employer's First Report of Injury on the state-appropriate form.
 4. Alternatively the claim may be filed by completing the First Report of Injury form and sending an e-mail to reportclaim@insperity.com or by faxing it directly to Sedgwick at 501-221-5991.
 5. A Case number will be provided to the Human Resources Director in addition to the name of a case worker that will be assigned to the report. This information will be provided to the employee and supervisor upon receipt.
 6. A Third Party Administrator investigates and handles the claim to resolution. Throughout the claims process, the Sedgwick adjuster communicates with the Human Resources Director and injured employee to ensure that proper medical treatment is received and that the injured worker returns to work as soon as is possible.
 7. It is essential that any work-related accident is reported even if the employee does not appear to have suffered an injury or does not wish to seek medical treatment.
 8. In the event of an emergency the employee or any co-worker can call 911 immediately and then contact the supervisor of the employee and the Human Resources Director.

Referral Process

1. The FPoCF through the PEO, have a network of medical providers and facilities which must be utilized for work-related injuries or illnesses. For injuries that occur Monday through Friday, the Human Resources Director will locate a clinic/physician in close proximity to the work location from the network of the Workers' Compensation Physician Panel and provide the information to the employee.
2. The Human Resources Director will complete a Treatment Authorization Form to send along with the injured worker as proof of insurance coverage.
3. If needed, the employee will be provided transportation to receive medical treatment and taken home if that is what is recommended by the health care provider.
4. If the employee is not able to return to work after seeing the health care provider and is required to miss work due to the work-related accident, illness or injury, the employee will be required to provide a note from the health care provider indicating the anticipated length of time the employee will be unable to work.
5. When an employee uses a network provider and receives a provider bill, the employee should immediately forward it to the Human Resources Director. The employee should NOT pay the bill.
6. In case of a SEVERE INJURY, one that requires immediate medical attention or causes death, the Human Resources Director will notify the PEO immediately after emergency services are contacted.
7. For work-related injuries that occur after hours or on weekends, the employee should obtain treatment at the nearest clinic, hospital or emergency care center. Sedgwick also offers Insperity and its client's online access via www.sedgwickproviders.com/insperity to the Workers' Compensation Preferred Medical Provider Network.

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8. If an employee is sent to a provider due to a work-related injury, the employee will be required to bring a Return to Work notice signed by the physician upon returning to work either on a full time status or reduced or light duty work, as specified in the Return to Work notice. This is provided to the supervisor and a copy is also required to be provided to the Human Resources Director. An employee is not be permitted to return to work without this Notice. This information is provided to the leave and disability group, with the date the employee returned. An employee who is released to light duty, or work with restrictions is responsible for complying with the restrictions outlined in the release.
9. If an employee fails to make the required notification and seeks medical care on his or her own (except in the case of an emergency: defined as a situation where the employee's life or limb is in jeopardy) the costs incurred may not be covered. If an unauthorized medical provider is utilized, the care will not be covered by Worker's Compensation or the Agency.

General Responsibilities

1. The agencies post the Notice of Worker's Compensation in office locations. Employees are requested to observe and bring to the attention of their supervisor any office hazards they see.
2. The Human Resources Director or designee maintains the records of the injury or illness and related documents in a protected employee file as required under HIPAA. These records are maintained in accordance with the Records Retention and Destruction Procedures.
3. The Human Resources Director serves as the liaison for the employee with the Worker's Compensation carrier and the PEO payroll services to coordinate benefit and/or wage payments for the employee during an absence due to a Workers Compensation related injury or illness.
4. The Human Resources Director also works directly with the employee in the event there are billing or provider issues.
5. Questions regarding Workers' Compensation insurance should be directed to the Human Resources Director or the PEO Workers' Compensation Department at 800-242-8893, ext. 3244.

BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:



PHILIP J. SCARPELLI
President and Chief Executive Officer
Family Partnerships of Central Florida

APPROVAL DATE: 04/17/2024