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Topeka, KS 66611-1287



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Major General (KS) Lee E. Tafanelli  
The Adjutant General and Director of  
Emergency Management & Homeland Security

Adjutant General's Department

Sam Brownback, Governor

**RE: Workers Compensation**

Dear Employee:

I am sorry to hear about your injury, but I want you to understand Workers Compensation, your rights and requirements.

**Your Rights & Responsibilities:**

An employee cannot be fired, demoted or otherwise discriminated against for filing a claim in good faith.

Employees must not be charged for the payment of workers compensation claims. Employers cannot deduct from pay or benefits to pay insurance premiums or claims.

If you are injured on the job, you are entitled to all medical treatment that may be needed to cure or relieve the effects of the injury. Under the law, your employer has the right to choose the treating physician. If you seek treatment from a doctor not authorized or agreed upon by your employer, your employer or its insurance company is only liable up to \$500 toward such medical bills. You do have the right to apply to the Director of Workers Compensation for a change of doctor. As an employee injured on the job, you are generally entitled to mileage reimbursement for trips to see a physician for distances in excess of five miles for the round trip. If you must hire transportation, this can also be reimbursed.

No matter where treatment is provided, an employee should inform the medical care provider that the injury occurred while in the performance of one's work. It can make a difference how services are paid and can alleviate a lot of time and frustration on the part of the employee.

Failure to seek treatment as designated above could result in the employee being personally responsible for some of the cost.

Injured workers must request a written work status that provides 24 hour per day restrictions from the authorized treating physician at each and every appointment. This work status also needs to include the appointment date/time for the follow-up visit. Injured workers must deliver the work status to their agency immediately after the appointment or immediately the next morning.

**Employees on work comp are not eligible to call in/fail to report to work or leave work early because of their work comp injury, instead if the employee feels that the pain or condition is severe enough that they cannot work, they must immediately report to the work comp physician. Failure to do so will result in unexcused absences and possible disciplinary actions. This is also the case should you be placed on FMLA for your work comp injury.**

Employees should understand that failure to comply with work restrictions is grounds for disciplinary actions up to and including termination and the possible disqualification of work comp benefits.

I have enclosed additional information for you to review. I hope your recovery is speedy.

Sincerely,

Stephanie Burdett  
State Human Resources Director

Enclosures

# ATTENTION

EMPLOYERS ARE REQUIRED TO PROVIDE THIS FORM TO EACH INJURED WORKER

OMBUDSMAN/CLAIMS ADVISORY  
DIVISION OF WORKERS COMPENSATION  
KANSAS DEPARTMENT OF LABOR  
800 SW JACKSON STREET STE 600  
TOPEKA KS 66612-1227

**TOLL FREE 1-800-332-0353**

If you were hurt on the job and have any questions about Workers Compensation benefits contact the **Ombudsman/Claims Advisory Section** at the Kansas Division of Workers Compensation. The Division of Workers Compensation has full-time personnel who specialize in aiding injured workers with claim information and problems. They can give information about benefits an injured worker may be entitled to receive. They can help try to solve problems with benefits not being paid on time, with medical treatment, with unpaid medical bills, with questions about how to figure settlement amounts, etc. Assistance in Spanish is available at the Division of Workers Compensation.

## WHAT TO DO IF AN ACCIDENT OCCURS ON THE JOB:

1. Tell your employer that you were hurt on the job.
2. Follow your employer's instructions on getting medical aid and follow the doctor's instructions.
3. Within 200 days of the date of accident or the date of last payment of compensation for disability or authorized medical care, tell your employer **in writing** that you expect workers compensation benefits for your injury. Your employer might know you were hurt and compensation may be paid, however, you could lose all rights to future compensation if you do not tell the employer **in writing**. This is called a "**Written Claim**." Written claim may be served in person by taking it to the employer and getting a receipt for it or by mailing it to the employer by certified mail, return receipt requested. The post office receipt for the certified letter is generally sufficient proof that you sent written claim.

**AVERAGE WEEKLY WAGE:** A worker's "average weekly wage" is calculated by adding together the **base wage**, the **average weekly overtime** and the **weekly value of fringe benefits** that have been discontinued.

**WEEKLY BENEFITS:** Benefits are paid by the employer's insurance carrier or self-insurance program. Injured workers are not entitled to compensation for the first week they are off work unless they lose three consecutive weeks. The first compensation payment is normally due at the end of

the 14th day of lost time. An injured employee is entitled to a weekly amount of 66 2/3 percent of his average weekly wage up to a maximum of 75 percent of the state's average weekly wage. These benefits are subject to legislative changes. If the injury results in permanent disability, the Kansas compensation law provides for additional benefits.

**MEDICAL BENEFITS:** An injured worker is entitled to all medical services reasonably necessary to cure and relieve the worker from the effects of the injury. The employer has the right to select the doctor who will treat the injury. A worker may seek the services of an unauthorized doctor up to a limit of \$500. A worker may apply to the Workers Compensation Director to change the authorized treating doctor. Reimbursement for travel to obtain medical treatment is payable at a rate set by law for trips that are five miles or more (round trip).

### **RESPONSIBILITIES OF THE EMPLOYER:**

1. Employers must report all employee injuries to the Division of Workers Compensation within 28 days from the date of injury, or the date the employer learned about the injury, when the employee is wholly or partially incapacitated for more than the remainder of the day, turn, or shift.
2. Employers must provide for the payment of workers compensation claims without any charge to employees.
3. Employers must post the Workers Compensation Notice prepared by the Director.
4. Employers must pay compensation benefits regardless of insurance coverage.
5. Upon receiving notice of an injury, employers must provide the employee with written information to assist the injured worker in understanding their rights and responsibilities in obtaining compensation.

### **EMPLOYERS MUST COMPLETE THE FOLLOWING INFORMATION FOR INJURED WORKERS:**

#### **YOUR CLAIM WILL BE HANDLED BY:**

Company \_\_\_ State Self Insurance Fund \_\_\_\_\_

Address \_\_\_ Room 900-N, Landon State Office Building \_\_\_\_\_

\_\_\_ 900 SW Jackson, Topeka, KS 66612 \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone ( \_785\_ ) \_\_\_ 296-2364 \_\_\_\_\_

## Frequently Asked Questions

### 1. What is Workers Compensation?

It is compensation provided by the employer for a personal injury caused by an accident arising out of and in the course of employment. Employees who sustain compensable injuries from an accident injury or occupational disease may be entitled to:

- Reasonable and necessary medical treatment expenses to treat the job related injury or illness;
- Disability compensation to replace part of the wages lost due to a disability; and
- Survivors benefits if death results.

### 2. Who administers Workers Compensation for State of Kansas employees?

The State Self-Insurance Fund (SSIF) was established by the Kansas legislature to administer workers compensation claims on behalf of State of Kansas employees. The SSIF can be reached in Topeka at 785-296-2364.

### 3. What if I have an accident at work?

All State employees must notify their supervisor immediately if they have sustained an on the job injury.

Failure to notify an employer within 10 days of the accident could jeopardize compensation.

Upon notification, the supervisor should get with the employee and fill out the Kansas Department of Labor, Division of Workers Compensation "[Employer's Report of Injury](#)" form (K-WC 1101-A (Rev 2-06)). This form must be completed in its entirety by management and sent directly to the State Self Insurance Fund (SSIF) within 24 hours of the supervisor's awareness of the injury.

### 4. What if the injury requires emergency treatment?

Life or limb-threatening emergency situations require immediate medical attention from the closest medical facility. Injuries such as broken bones, profuse bleeding, head injuries, wounds that require stitches, chemicals in the eye(s), etc. are some examples of emergency situations. Prior authorization is not required for emergency treatment but the supervisor should inform the SSIF as soon as possible at 785-296-2364.

### 5. What if the injury is not an emergency but the employee wants to seek medical attention?

The State Self Insurance Fund is legally entitled to choose the treating physician. If an employee self-selects a doctor who is not an authorized Corvel physician or that is not agreed upon by the SSIF, the SSIF will only be responsible for the first \$500 in medical bills from the self-selected physicians once compensability has been determined.

It's a good practice to receive prior authorization from the State Self Insurance Fund at 785 - 296-2364 before sending the employee to the doctor in non-emergency situations to assist in determining compensability.

Please note that all phoned in reports must be followed-up with a completed Employer's Report of Injury within 24 hours. The State Self Insurance Fund does not guarantee that any doctor visit will be covered until compensability is determined.

## **6. What doctors do we use to treat our injured workers?**

The State Self Insurance Fund utilizes the Corvel physician network for workers compensation medical care. This vast network of doctors provides great opportunities in treating injured state workers.

Please follow the instructions below to search for doctors in a specific location:

### **Steps to Search for a Doctor in the Corvel Physician Network**

1. Use the following link:  
[http://www.corvel.com/provider\\_lookup/findProvider/findsearchparams.aspx](http://www.corvel.com/provider_lookup/findProvider/findsearchparams.aspx)
2. Under **Select a Network** select the **Workers Compensation** network.
3. Select the distance within you would like to search.
4. Type in the city or county.
5. Select the state (**Kansas**).
6. Check the specialty to search (**occupational medicine, general practice, hospital or orthopedics**).
7. Finally, click **Find Providers**.

## **7. How is compensability determined?**

Compensability is determined from the "Employer's Report of Injury" and/or a phone call with the agency management reporting the facts of the injury.

The SSIF claims specialist and advisors utilize the Kansas Laws and Regulations to determine compensability of a claim.

## **8. What happens to the doctor bill if the claim is found not to be compensable?**

The employee will need to pay for the visit or submit the bill to their medical insurance provider. The employee will receive a denial letter from the SSIF that can be sent to the medical insurance provider and/or their personal health insurance.

## **9. Is mileage allowed for treatment I get?**

You will be entitled to mileage when you drive to your authorized provider's office if the distance is more than 5 miles roundtrip. A [mileage form](#) is available for your use in keeping track of your miles and may be submitted periodically, usually monthly, as you drive.

## **10. How do I get prescriptions?**

Your provider may prescribe certain drugs or other items during the course of your treatment. You may purchase prescription drugs from any outlet in your area. The vendor may allow you to charge the drugs and then directly bill the Fund; or you may pay for the drugs and be reimbursed by the Fund. We usually will not pay for over the counter items, aspirin, band aids, etc. Your claim representative will assist you with such purchases if you have a problem. Please do not purchase or rent any other items such as electrical stimulators or other hardware until you check with your claim representative.

## **11. How and when do I get paid if I am off work?**

You may be compensated at the rate of 2/3 of your gross average weekly wage, subject to a weekly maximum, if a physician restricts you from all work or if your employer can not accommodate physician directed restrictions. This compensation is termed Temporary Totally Disabled, or "TTD". In general, you are not eligible for weekly compensation for the first 7 days unless you are totally disabled from work 21 consecutive days. The SSIF will issue you a separate check in the same time frame (biweekly) as State employees receive regular pay. Your agency will be advised of the SSIF paid compensation and will make necessary adjustments to your time and leave balances. If you receive SSIF compensation, please check with your personnel officer about sick leave, vacation leave or FMLA considerations.

## **12. Will I be taxed on SSIF payments?**

Workers compensation wage loss payments are not subject to state or federal income tax.

## **13. Do I have to use vacation leave or sick leave if I am drawing "TTD"?**

No, however, most employees do supplement "TTD" with leave so as to make up pay for any shortage (since TTD is 2/3 to a certain level). See your agency personnel office for more details or call your claims adjuster.

## **14. Am I eligible for shared leave consideration if I have a work related injury?**

No. Shared leave is not intended to cover employees who are receiving workers compensation. (K.A.R. 1-9-23)

## **15. How soon can I try to return to work?**

Your supervisor, agency and claim representative will begin the process of getting you back to work as soon as possible. The treating physician will determine if you have physical restrictions. You, your supervisor and the representative can then review any restrictions to decide if you can return to duty. This could be in the form of accommodated duty or shortened hours so long as they do not exceed physical restrictions. If the agency can accommodate restrictions, you will be expected to return to work. As your restrictions are adjusted, your accommodations will be evaluated until you are back to regular duty.

## **16. What if I have questions about this process?**

Your primary assistance is the claim representative (or adjuster) at 785-296-2364. Located in Topeka, the claim representative will advise you and will see that you receive the necessary information and compensation. Another source is in the Division of Worker's Compensation in Topeka which has claim advisors who can provide you with consultation on a toll free number, 1-800-332-0353. Also, mediation or a hearing before an administrative law judge in the county where the accident occurred is available. Your claim representative or advisor can explain the administrative hearing process to you.

## **17. What if I see an unsafe act or condition at work?**

Correct the situation if it is within your scope of responsibility or decision making. Otherwise, report it to your supervisor. Your agency may also contact the Division of Labor at 1-800-332-0353 for workplace hazard prevention services and consultation.

## **18. What if I think someone is cheating on workers compensation?**

The SSIF occasionally receives reports that someone who is off work on workers compensation is working another job or participating in activities that would indicate the person could be working. Please report these with as much specific detail as possible to the SSIF at 785-296-2364.

## **19. Do I need an attorney to handle my claim?**

You may get suggestions from co-workers, friends and others to get representation. Initially, your best source of information about how claims are administered and how they are "settled" comes from your claims representative. You could also call the Division of Workers Compensation's toll free 1-800-332-0353 or local Topeka number (296-2996) and speak with an advisor. We suggest you try to resolve any situation through this process before considering representation.

Please contact the State Self Insurance Fund at (785) 296-2364 if you have any other questions.

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**PLEASE TAKE THIS LETTER TO THE PHARMACY**

***Injured Worker's First Fill Prescription Information Sheet***

**Injured Worker Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Date Of Injury:** \_\_\_\_\_

***Dear Injured Worker,***

On your first visit, please give this notice to any pharmacy listed on this insert to expedite the processing of your approved **Worker's Compensation prescriptions**, based on the established parameters by Kansas State Self Insurance Fund. With the CorVel CorCareRx program, you do not need to complete any paperwork or claim forms. Simply present this CorVel First Fill Prescription Information Sheet to the pharmacy. You should not incur any costs or co-payments at the pharmacy.

**Dear Pharmacist,**

Please use the Injured Worker's **SSN plus 8 digit Date of Injury** (SSN+MMDDYYYY) as their 17 digit Identification number when entering the following information to process an online claim to CorVel on behalf of Kansas State Self Insurance Fund injured workers:

**BIN: 004336**  
**PCN: ADV**  
**RxGrp: RXFFWC268**

Pharmacies can contact CorVel **Pharmacy Help Desk** at (800) 563-8438 for assistance with claims processing. The Pharmacy Help Desk is available 24 hours a day, 7 days a week for your convenience.

There are 70,000 Participating Pharmacies in the CorVel Network. Below is a sample listing.

Albertsons Pharmacy	El Kan Drug Inc.	Medicap Pharmacy	Schnuck's Pharmacy
Allegre	Gesslers	Medicine Shoppe	Starks Pharmacy
Auburn Pharmacy	Gibson Pharmacy	Miller Pharmacy	Target Pharmacy
Bloodhart Pharmacy	Graves Drug	NeighborCare	Tice Healthmart
C & R Clinic Pharmacy	Heartland Homecare	Oscos Drug	The Medicine Shoppe
Clinic Pharmacy	Hen House Pharmacy	Pamida Pharmacy	U-Save Pharmacy
CostCo Pharmacy	Homeland Pharmacy	Payless Pharmacy	Waggoner Pharmacy
Country Mart	Hy-Vee Pharmacy	Preston Pharmacy	Walgreens Pharmacy
CVS	Jayhawk Pharmacy	Price Choppers	Wal-Mart Pharmacy
Dandurand	Key Rexall Pharmacy	Reed Pharmacy	Walgreens Pharmacy
De Goler's Pharmacy	K-Mart Pharmacy	Rose Hill Pharmacy	Wilson Drug
Dillon's	Kroger Pharmacy	Sam's Pharmacy	Yate Center Pharmacy
Discount Drug Mart	Medical Arts Pharmacy	Sav-On Drug Store	Yungeberg Drug

**CORVEL**





Department of Health and Environment  
Division of Health Care Finance

Landon State Office Building  
900 SW Jackson Street, Room 900-N  
Topeka, KS 66612

Phone: 785-296-3981  
Fax: 785-296-4813  
www.kdheks.gov/hcf/

Robert Moser, MD, Secretary  
Andrew Allison, PhD, Director

Sam Brownback, Governor

**EMPLOYEE WORK STATUS FORM FOR \_\_\_\_\_ Date \_\_\_\_\_**

Physician \_\_\_\_\_ Physician's Contact Person \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Diagnosis \_\_\_\_\_

Body Part Restricted & Effective Date of Restrictions \_\_\_\_\_

Follow up appointment \_\_\_\_\_

Return to Work Date \_\_\_\_\_

Job Title \_\_\_\_\_

Brief Description of Job \_\_\_\_\_

Scheduled Tests/Procedures \_\_\_\_\_

The individual listed above may / may not do the following: **(circle one)** Off work and/or

	N – None      O – Occasional (0-32%)      F-Frequent (33-55%)      VF – Very Frequent (66-100%)			
	N	O	F	VF
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting Frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying Frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping (from waist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching (bending at knees and waist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling(bending at knees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>N</b>	<b>O</b>	<b>F</b>	<b>VF</b>
Reaching above shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The individual listed above **may / may not** do the following: **(circle one)**

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**WEIGHT RESTRICTIONS**

Lifting	<input type="checkbox"/> 0-20#	<input type="checkbox"/> 20-50 #	<input type="checkbox"/> 50-75#	<input type="checkbox"/> over 75#
Carrying	<input type="checkbox"/> 0-20 #	<input type="checkbox"/> 20-50 #	<input type="checkbox"/> 50-75#	<input type="checkbox"/> over 75#

Lifting Levels of Height \_\_\_\_\_ Floor to chair \_\_\_\_\_ Chair to desk  
 \_\_\_\_\_ Desk to shoulder \_\_\_\_\_ Shoulder and above

Limitations on Working Surface \_\_\_\_\_

Driving Restrictions Cars \_\_\_\_\_ Trucks \_\_\_\_\_ Other \_\_\_\_\_

The individual listed above  **may** /  **may not** do the following:

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**RESTRICTIONS FROM ENVIRONMENTAL EXPOSURES**

Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_  
 Temperature changes \_\_\_\_\_ Extreme Heat \_\_\_\_\_ Extreme Cold \_\_\_\_\_ Humid/wet \_\_\_\_\_  
 Noise Mild \_\_\_\_\_ Average \_\_\_\_\_ Extreme \_\_\_\_\_ Intermittent \_\_\_\_\_ Constant \_\_\_\_\_  
 Ventilation \_\_\_\_\_ Fumes \_\_\_\_\_ Odors \_\_\_\_\_  
 Toxic Exposures \_\_\_\_\_ Skin Exposures \_\_\_\_\_

Safety Equipment Required \_\_\_\_\_

Other Restrictions not noted on this form \_\_\_\_\_

**Physicians Signature** \_\_\_\_\_ **Date** \_\_\_\_\_