

Workers' Compensation Intake Process

Presented By:
NJSIG's Member Services Team
& NJSIG's WC Intake Team



Welcome

01

NJSIG was established in 1983

02

NJSIG provides insurance to over 360 members (BOEs) state-wide

03

Mission: Keeping Dollars in NJ Classrooms



PUBLIC SCHOOL



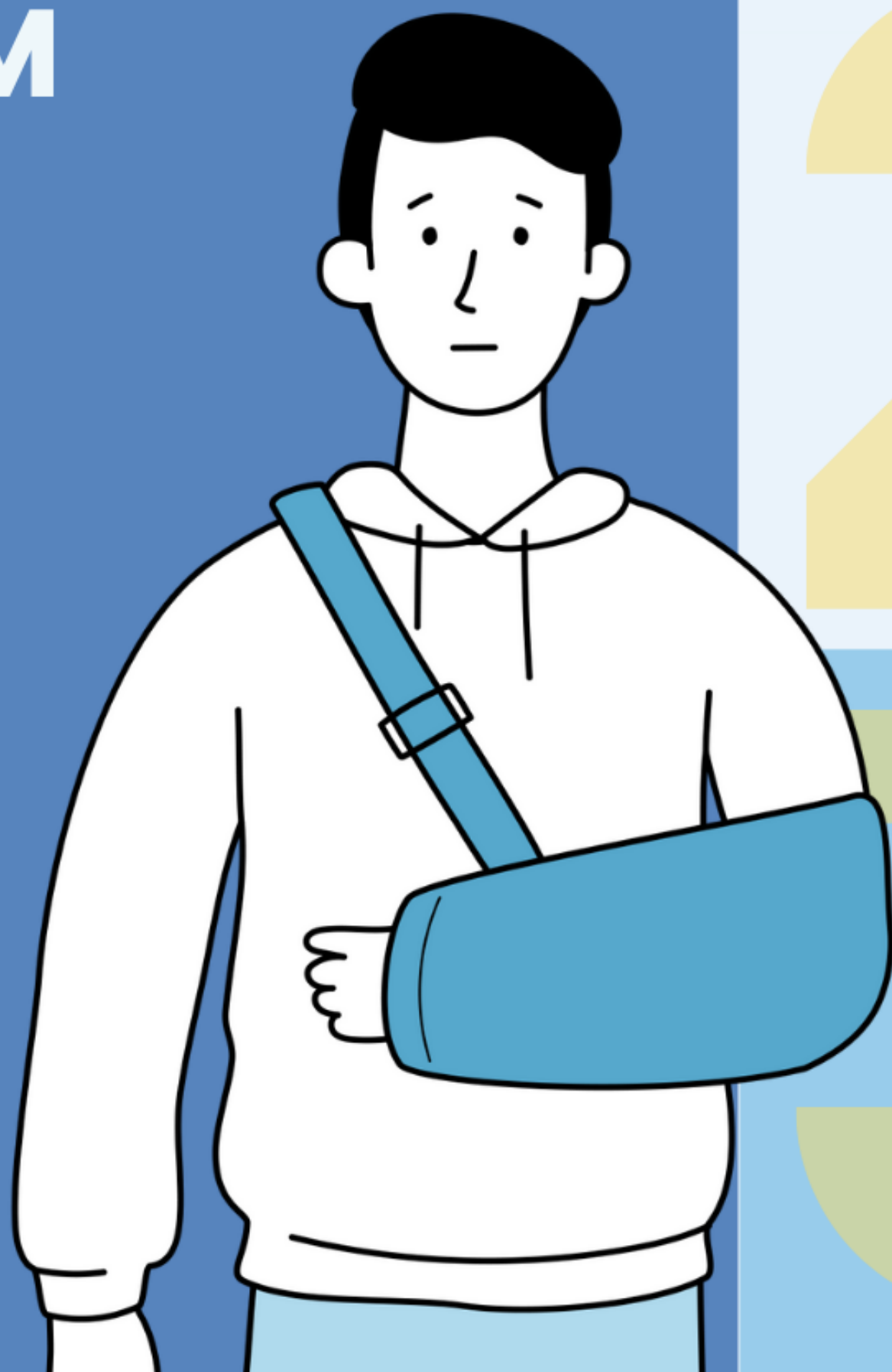
3 WAYS TO REPORT A WORKERS' COMPENSATION CLAIM

Business Hours:

8:00 AM - 5:00 PM

Monday - Friday

After standard business hours: Please leave a message about your injury and you will be contacted within one (1) business day by a workers' compensation intake representative.



1 CALL 609-543-3377

NJSIG workers' compensation intake representatives are available during standard business hours. The injured employee will be directed to treatment.

Voicemails left during business hours will be returned the same business day.

— OR —

2 REPORT ONLINE

Complete First Report of Injury (FROI) by visiting: www.njsig.org/froi

If you indicated a need for treatment on the FROI form, you will be contacted by a workers' compensation intake representative in 1 business day.

— OR —

3 DOWNLOAD & SEND

Download FROI - available in multiple languages: www.njsig.org/reporting-claims#workerscomp

Email completed FROI forms to: frroi@njsig.org or fax 609-386-2188. You will be contacted by a workers' compensation intake representative in 1 business day.

Reporting Procedures During Business Hours

Monday – Friday 8:00 AM – 5:00 PM



The injured employee should promptly report to the school nurse and fill out an internal injury report.



If medical treatment is necessary, the employee should call NJSIG *after* completing the internal report to file their claim and be directed for treatment by NJSIG's Intake team.



Immediately following medical treatment, employees should notify their supervisor of the injury, treatment status, and work status.



**NJSIG INTAKE TEAM:
609-543-3377**

Reminder: Substitute employees and those paid through third-party services like ESS are not covered by the district's workers' compensation. They should report any injuries to their employer.

FROI form can be found:

www.njsig.org/reporting-claims#workerscomp

Reporting Procedures During Business Hours



Nurse Unavailable?

The employee's supervisor should follow the same procedure.



It's an Emergency!

The employee should report directly to an emergency room or nearest urgent care for treatment.

Upon discharge, or when the employee's condition is stable, the employee must call NJSIG to report the injury.



After Standard Business Hours

Complete First Report of Injury (FROI) form:
Online: www.njsig.org/froi or download the FROI
(multiple languages available).

Please include any initial treatment facility name and
address in the additional comments box before
submitting the claim.

The intake team will receive the online report the
following business day. If medical treatment is being
requested (selected "Yes" on FROI form), then
treatment will be directed at that time.

In an emergency, the employee should report directly to an
emergency room or nearest urgent care for treatment. Upon
discharge, or when the employee's condition is stable, the
employee must call NJSIG for follow up instructions.

Reporting Procedures: **Record Only**

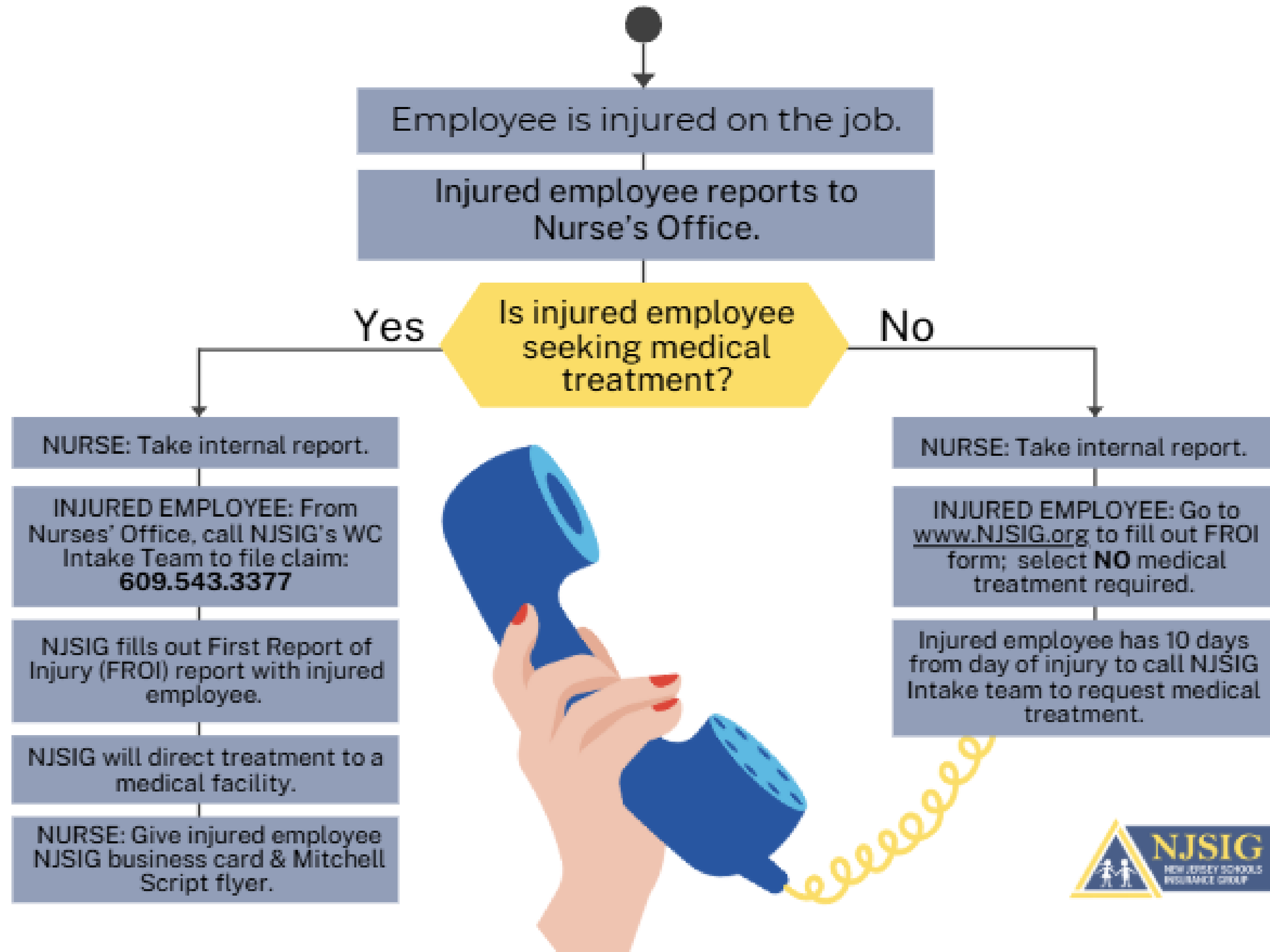


All work injuries should be reported to the school nurse, supervisor, or district-appointed contact. The employee should complete an internal report as per protocol.



The incident should also be reported to NJSIG using our online portal. Take care to check the "NO" box for the first question, "Is medical treatment being requested?"

Workers' Compensation: CLAIMS FILING



Reporting Tools:

Online FROI:

The screenshot shows the online FROI form interface. At the top, there is a header with the NJSIG logo and a 40th Anniversary badge. Below the header, there is a navigation link "Back to NJSIG". The main heading is "FROI: First Accident Report". A warning message states: "If your injury requires immediate attention or is life threatening, please report to the nearest emergency room. For prompt handling of your claim, please ensure all fields are completed to the best of your ability." The form contains several input fields: "Injury Date*" (mm/dd/yyyy), "Injury Time*" (---:--:--), "Person Reporting Claim*", "Person Reporting Phone Number*" (609-386-6060), "Person Reporting Email*", and "Employee Information" section with "Claimant SSN*" (000-00-0000), "Date of Birth*" (mm/dd/yyyy), and "Age*". A note at the bottom states: "A confirmation email will be sent to this address."

Downloadable FROI:

(available in English, Spanish, Polish, and Portuguese)

The screenshot shows the downloadable "FIRST REPORT OF INJURY" form. It includes the NJSIG logo and contact information: "New Jersey Schools Insurance Group, 6000 Midlantic Drive, Suite 300 North, Mount Laurel, New Jersey 08054, www.njsig.org". The form is titled "FIRST REPORT OF INJURY" and contains a warning: "If your injury requires immediate attention, or is life threatening, please report to the nearest emergency room. For prompt handling of your claim, please ensure all fields are completed to the best of your ability:". The form is divided into several sections: "Injury Date/Time" and "Person Reporting Claim" fields; "Employee Information" table with fields for Claimant SSN, Legal Name, Date of Birth, Marital Status, Age, Gender, Address, Days Worked, Employment Status, Wage Rate, Home Phone, Cell Phone, Title, and Personal Email; "Employer Information" table with fields for Employer, Location of Accident, Off Premises, Location Address, City, State & Zip, Phone, and Contact; "Incident Information" table with fields for Date employer notified, Who incident was reported to, Supervisor name, Witness name & phone, Nature of injury, Part of body affected, Object causing injury, How injury occurred, Dominant hand, Prior medical condition, Previous workers' comp injury, Primary Care Physician, Mitchell card received, NJSIG/QualCare Card Received, Child involved & age, and Special needs child; and "Initial Treatment" table with fields for "Is treatment being requested?" and "Additional Comments".

DDI Form:

The DDI acts as authorization from the doctor's office to examine the injured worker.

The screenshot shows the DDI Form. It includes the NJSIG logo and contact information: "New Jersey Schools Insurance Group, 6000 Midlantic Drive, Suite 300 North, Mount Laurel, New Jersey 08054, www.njsig.org". The form is titled "PLEASE FAX WITHIN 24 HOURS OF PATIENT VISIT (609) 386-2011 or via Email medonly@njsig.org". The form is divided into several sections: "To be completed by the employer:" with fields for "Employee:" and "BOE:"; "To be completed by the doctor:" with fields for "Claim Number:", "Date of Injury:", "Date of Visit:" (with "No Show" option), and "Diagnosis:"; "Recommended Treatment:" with checkboxes for "None", "MRI", "P.T. / O.T", "Surgery", "**Medication", and "Other"; "Work Status:" with checkboxes for "Patient is able to resume regular work duties.", "Patient is able to return to work with the following restrictions:" (with "Sedentary (sitting only)", "Modified Duty: sit, stand, walk, and/or lift up to ___ time/weight", and "No use of the RIGHT or LEFT (CIRCLE ONE) ___ extremity" options), and "Patient is unable work at the present time."; and "Physicians Information" with fields for "Next Office Visit:", "MMI/Discharge Date:", "Estimated MMI:", "Physicians Signature:", "Physicians Address:", and "Physicians Phone Number:". A red note at the bottom states: "SEND ALL MEDICAL BILLS TO QUALCARE INC. BOX 309 PISCATAWAY, NJ 08855".



Open Panel vs. Designated Provider List

Open Panel

Starting Zip	Office Name	Address	Type	Distance	Phone	Fax	Hours	Xray
08034	Virtua Express/Occ Med - Urgent Care - Cherry Hill	315 Route 70 E, Cherry Hill, NJ	Urgent Care/Doctor	No Radius for PPL	856-375-6240	856-375-6241	M-F 8am -8:45pm SAT/SUN 9-4:45PM Holidays call for appt.	Y
08034	Concentra - Camden	300 Broadway & Benson St, Camden, NJ	Urgent Care/Doctor	No Radius for PPL	856-338-0350	856-338-9136 thjohns	M-F 7:30-5 thjohnson@selectmedical.com or gdinoia@worknetocmed.com	N
08034	Concentra Urgent Care - Mt. Laurel	817 East Gate Drive, Mt. Laurel, NJ	Urgent Care/Doctor	No Radius for PPL	856-778-1090	856-778-9191	M-F 8-5	Y

- NJSIG will provide the business administrator and WC claims contact with the current list of in-network urgent care centers near the district.
- NJSIG members can designate a specific medical provider or allow our intake team to direct treatment based on availability, location, services, cost, and timely updates.

Versus:

Designated Panel

Starting Zip	Office Name	Address	Type	Distance	Phone	Fax	Hours	Xray
08034	Virtua Express/Occ Med - Urgent Care - Cherry Hill	315 Route 70 E, Cherry Hill, NJ	Urgent Care/Doctor	No Radius for PPL	856-375-6240	856-375-6241	M-F 8am -8:45pm SAT/SUN 9-4:45PM Holidays call for appt.	Y

- Utilizing an open panel of providers, our intake representatives can authorize medical treatment at any of the in-network providers across New Jersey's 21 counties, guaranteeing that employees receive top-quality medical care.



Claim Overview





Reporting

- Report incidents promptly
- Help NJSIG take quick action for medical care
- Gather key incident details for accurate documentation
- Identify the cause of the incident
- Document relevant facts for complete report
- NJSIG manages the next steps seamlessly
- Coordination of medical care and follow-up actions handled by NJSIG



- NJSIG's expert claims team efficiently handles claims and manages costs
- Timely reporting is essential
- NJSIG ensures thorough investigations with accurate documentation, from fact-gathering to resolution
- Informed recommendations & action plans
- We offer clear recommendations and actionable steps to resolve claims



Assignment

- Claims assigned to qualified staff
- Dedicated claims rep, nurse case manager, or legal counsel based on complexity
- Comprehensive claim management
- Start to finish claim handling
- Focus on what matters most
- Let NJSIG manage the details, so you can concentrate on your core responsibilities



Claim Handling

- Comprehensive claim management
- NJSIG's claims staff oversees every aspect of the claim process
- Thorough investigation & documentation
- Coordinating medical care
- Managing lost wages & medical expenses
- Supporting the litigation process
- Seamless, stress-free




Best Practices

- Train employees to report accidents immediately
- Encourage prompt reporting of accidents and potential claims to managers
- Include reporting training in onboarding from day one.
- Give regular reminders to reinforce reporting protocols
- Focus on supporting your team
- Let NJSIG handle the details, so you can concentrate on supporting your staff

Posters & Handouts

Note: Please dispose of all Qual-Lynx posters and cards.





HURT ON THE JOB?

Tell your employer and call between 8:00 AM and 5:00 PM Monday - Friday:

New Jersey Schools Insurance Group: 609-543-3377

In case of an emergency, go directly to the nearest hospital or medical facility then notify your employer within 24 hours.

If injured during non-business hours, or for more information, please visit www.njsig.org

Workers' Compensation

Name: _____
 Employer: _____ Date: _____

If you get hurt on the job:

1. Tell your employer immediately and call NJSIG at 609-543-3377.
2. In case of an emergency, go to the nearest hospital and tell your employer and NJSIG within 24 hours.
3. NJSIG will direct your treatment. Do not go to your own medical provider.
4. Present this card to your medical provider at the time of treatment.

Provider Network and Billing Instructions

Pre-certification is required prior to treatment

Call: 1-800-240-0809 for Approval

Submit All Bills to:
 QualCare, Inc.
 PO Box 240819
 Apple Valley, MN 55124



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Mitchell ScriptAdvisor

Workers' Compensation **FIRST FILL** – Temporary Prescription Card

Mitchell ScriptAdvisor has been selected by New Jersey Schools Insurance Group to assist you in obtaining prescription drugs related to your workers' compensation claim. This form enables you to fill prescriptions written by your authorized workers' compensation physician for medications related to your injury. Simply **present it at the pharmacy** at the time your prescription is filled. This form should ensure that you will have NO out-of-pocket expenses when you fill your first prescription. Please Note: This is a temporary prescription card, you may receive a permanent drug card in the future.

For your convenience, Mitchell ScriptAdvisor has an extensive network of retail pharmacies including major chain drug stores. For pharmacy locations, you may call our toll-free number at 866.846.9279 or visit our website at www.mitchellscriptheadvisor.com to access the pharmacy locator.

Employee

- You may contact Mitchell Customer Service at (866) 846-9279 or you may present this sheet to the pharmacist along with your prescription.

Pharmacy

- This sheet is a Temporary Prescription ID Card for a 14 Days' Supply Fill until this individual's permanent card can be provided.
- Create the ID number based off the criteria provided and write it, along with individual's name, on the ID card below.
- All data needed to process this script through the Script Care Adjudication System is included in the drug card represented below.

Mitchell ScriptAdvisor

Temporary Prescription Benefit Card



Attention Pharmacists: Process through Script Care and Enter RxBIN, RxPCN and GROUP.

Member Name: _____
 Member ID #: _____
 Date of Injury + Date of Birth (Example: MMDDYYMMDDYY) _____
 Rx BIN: 023377
 PCN: MPS
 Group: 001073TC



Questions?

Contact us at 866.846.9279

This card is to be used for prescriptions related to your workers' compensation injury covered under the workers' compensation insurance policy. Use of this card does not waive any limitations or exclusions for the policy. This card does not confirm coverage. To confirm eligibility or obtain specific information, please contact the Help Desk with the information from the front of this card.



Digital versions of all materials can be found here:
www.njsig.org/reporting-claims#workerscomp



Q&A

WC Reporting Reminder:

1

Call 609-543-3377 to speak to NJSIG's Intake team

2

Complete First Report of Injury (FROI) form:
Online: www.njsig.org/froi or;

3

Download the FROI:
www.njsig.org/reporting-claims#workerscomp
(Available in English and Spanish):
Email: froif@njsig.org or;
Fax: 609-386-2188



THANK YOU!

www.NJSIG.org

NJSIG
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Suite 300 North
Mount Laurel, NJ 08107