Workers' Compensation Flowchart

New Mexico Public Schools Insurance Authority

POMS & ASSOCIATES RISK SERVICES

CCMSI

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Employee has work-          Employee submits            Supervisor and/or
related injury or           completed Notice of         employer's WC Rep signs the
occupational illness        Accident (NOA) form to      NOA form, gives a copy to
                            supervisor and/or           the employee and gives
                            employer's workers'         direction regarding the initial
                            compensation                choice of Health Care
   If needed, obtain        representative (WC Rep)     Provider (HCP)
   emergency treatment
   for injured employee
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                        Medical                        Supervisor notifies
   Nothing              treatment        Medical        employer's WC Rep of the
   further is           necessary?      Followup        incident and completes
   necessary                                            Supervisor's Accident
                    No                                  Investigation Report
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Yes → Refer to Employer's procedures concerning initial selection of HCP

Recordkeeping

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Employee makes          Employer makes             Supervisor submits original
initial choice of HCP   initial choice of HCP      NOA and Supervisor's
                                                   Accident investigation
                                                   Report to the employer's WC
                                                   Rep
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Emergency care, if      Emergency care, if         Employer's WC Rep
required, then          required, then             completes Employer's First
employee seeks          employee treats            Report of Injury and other
treatment from          with HCP                   forms
HCP of their choice     designated by
                        employer
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Employee submits        Designated HCP             Notify CCMSI within 72 hours
work status report      and employee               after receiving notification of
to employer             submit work status         the injury
                        report to employer
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If employee cannot immediately    If the injury or occupational illness
return to work, proceed to FMLA   has resulted in employee having a
flowchart                         disability, proceed to the ADA
                                  flowchart
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Conduct a Safety Review   Complete OSHA Log   Maintain Records Properly