Learn How to Report and Handle Work-Related Injuries

Overview of the Workers' Compensation Program

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Tracy Gardner & Caron Miller
Workers’ Compensation (WC) Insurance

• Workers’ Compensation insurance is specifically designed to provide reasonable and necessary care for employees who are injured during their course and scope of employment.

• The Environmental Health & Safety Office (EH&S) is responsible for coordinating the UT Arlington Workers’ Compensation Program. The UT Arlington WC Claims Analyst serves as a facilitator between UT Arlington injured employees and all UT System WC Insurance entities.
WC Insurance Coverage

Employees are covered under Workers’ Compensation from the first day of employment including GTA, GRA, Student Workers.

Employees who are working for UT Arlington out of state or out of the country are also covered by Workers’ Compensation when they are injured during the course and scope of their job assignments.
Injury Reporting

• Employees who incur a work-related injury, it is important to communicate immediately with your supervisor.

• Contact the UT Arlington Workers’ Compensation (WC) office at 817-272-553 or workerscompensation@uta.edu.

• Employees are required to report all injuries/illnesses within twenty-four (24) hrs. even if they do not need medical attention.
Injury Reporting

- Employees are required to complete and sign the Employee’s Report of a Work-Related Injury or Occupational Disease form as soon as possible after the injury.

- Requires supervisor signature
Injury Reporting

• Employees are required to complete and sign the WC Network Acknowledgment form which acknowledges you are aware that WC has a Health Care Network.

• This form is available in English, Vietnamese, and Spanish.
Supervisors should complete the **Supervisor’s Report of Employee Work-Related Injury or Occupational Disease form** and fax to the UT Arlington WC Program at 817-272-0273 within 24 hours after the employee reports an injury to you.

The supervisor, or their designee, must complete this form.
Injury Reporting

• The supervisor will give the employee the Notification of a Work-Related Injury or Occupational Disease form, which should be presented to the medical provider before receiving treatment.

• This form notifies the provider that a work-related injury has been reported and gives the provider the WC insurance information needed to process the medical bills.
Supervisors should provide the **Workers’ Compensation Pharmacy Information** form to the injured employee. This form should be presented to the pharmacy to receive medications prescribed for the work-related injury only, and will expire 24 hours after it is used.

- A personalized pharmacy card will be mailed to the employee for use in obtaining any additional prescriptions pertaining to the injury.
If an employee is injured and needs immediate emergency medical attention, call UT Arlington Police Dispatch at 817-272-3003 and ask them to request an ambulance.

If you use 911 to contact emergency services, please be sure to give exact location.
Seeking Medical Attention

If the injury is minor or non-emergency and they are able, the employee should drive their personal vehicle to any medical provider of their choice within the IMO Med-Select Network.

A medical provider can be found at: http://injurymanagement.com/imo-med-select-network/find-a-provider/

*Employees, including student workers, cannot seek medical treatment at UT Arlington Health Services.*
Work Status Reports

• The physician will give the injured employee a Work Status Report form after each office visit.

• The employee is required to give their supervisor a copy of every Work Status Report received from their treating physician until they are released to full duty without restrictions.
Leave Time

An employee should not be charged by their department for any time missed from work *on the day of the work-related injury*, whether or not they seek medical attention.

For any time missed from work to attend physical therapy or follow-up appointments ordered by the physician, the employee will be required to use accrued leave.
Lost Time

After the initial day of injury, if an employee misses any work day(s) due to their injury, the employee or supervisor should notify the UT Arlington WC Claims Analyst.

The analyst will then contact the injured employee to discuss the options of taking available sick leave, vacation, or leave without pay.
Lost Time

- Employees will be required to make an informed decision regarding their time off work by completing a Request for Paid Leave form.

- At the beginning of the claim the only option is sick leave, and if not available, then other options will be explored.

- Family Medical Leave, if applicable, runs concurrent with leave time.
Lost Time

• It is vital that supervisors and employees communicate with our office during this process because the employer is required to complete a Supplemental Report of Injury along with a Wage Statement for all lost time claims.

• Supplemental’s have a very stringent timeframe
  Within 3 days of:
  – The injured employee returning to work
  – The injured employee’s inability to work due to the injury
  Within 10 days of:
  – The injured employee earnings decrease because of the injury
  – The injured employee resigns or is terminated
Return to Work Program

Research has shown that an employee experiences a quicker recovery from their injuries when they are able to perform meaningful work during the healing process.

UT Arlington supports the recovery of our employees through the WC Return To Work Policy. Therefore, department heads and/or supervisors are encouraged to try to accommodate an employee’s work restrictions within their department.
Return to Work Agreement

If an employee’s department is unable to accommodate their work restrictions, the UT Arlington WC Claims Analyst will attempt to negotiate a temporary duty work assignment for that employee with another UT Arlington “host” department.

Work restrictions, skills and abilities will all be taken into consideration when trying to place someone in a host department. If a temporary assignment is found, either within ‘home or host’ department, the employee will be required to sign a Modified Duty Work Agreement indicating either acceptance or rejection of the work opportunity.

If a temporary duty work assignment is not available, the employee may be required to stay home from work with the option of using their accrued leave or going on leave without pay.
Helpful Resources

The Injured Employee Workers’ Compensation Guidelines provide a step by step process to help an employee file a claim after sustaining a work-related injury.

The Supervisor’s Workers’ Compensation Guidelines is available to guide supervisors through their responsibilities if one of their employees is injured on the job.

Workers’ Compensation Insurance Procedure 8-7

Return to Work Procedure 8-8

Contacts

- UTA Workers’ Compensation email is workerscompensation@uta.edu
- UTA Workers’ Compensation Fax # 817-272-0273
- Tracy Gardner, UTA Claims Analyst, gardner@uta.edu or 817-272-5563 (9 a.m. – 1 p.m.)
- Caron Miller, UTA Claims Analyst, clmiller@uta.edu or 817-272-5563 (1 p.m. – 5 p.m.)
- IMO Healthcare Network Customer Care Line: 214-217-5936 or 877-870-0638
- Environmental Health & Safety Office # 817-272-2185
  - ehsafety@uta.edu
  - www.uta.edu/ehsafety
Workers’ Compensation Insurance Program (WCI Program)

Roles of the Carrier, Claims Administrator and Network

Presented by:

Julie Saucedo, National Account Executive for CCMSI

Cathy Rowe, University of Texas System Claim Supervisor
What is Workers’ Compensation?

• A state-regulated insurance program that pays medical bills for employees with work-related injuries and illnesses

• Workers’ compensation will also replace some of the worker’s lost wages if the injury or illness caused the worker to lose some or all income for more than seven days

• Texas Labor Code, Chapter 503, provides specific regulatory direction for UT System in addition to the standard laws governing other carriers and employers in Texas

• The State of Texas has a regulatory body, Texas Department of Insurance, Division of Workers’ Compensation (TDI/DWC), which publishes the rules that regulate the actions of carriers, employers and injured employees
Tri-Partnership Servicing UT Arlington (Role: Employer)

**UT System**
Role: Carrier

**CCMSI**
Role: Adjusters
investigating and managing claims for carrier (UTS)

**IMO**
Role: Network Manager, Nurses, Treatment Determinations
CCMSI Offices servicing UT System—Three UT System supervisors and three CCMSI field offices across the state

Houston
CCMSI Field Office

Austin
CCMSI Co-located with UT

Dallas
CCMSI Field Office

UT Arlington Adjusting Team
Wai Louie, Rosalyn Rojas, Eva Villanueva & Betty Townsend
Definition of an “Injury” per State Law (Sec. 401.011)

INJURY means damage or harm to the physical structure of the body and disease naturally resulting from damage or harm.

• Supervisors **must** report all “Incidents and Allegations” to the Institution WCI Claims Analyst (Employer Rep.)
• Employer Rep. **must** submit a “Claim” to CCMSI when there has been an absence of more than one day; Occupational disease; Fatality

*Note: CCMSI may also receive a claim from the institution when billing is received from a medical provider on a Report Only (RPO) case*
What is “Notice” of an Injury

• When a supervisor or someone in a management position witnesses or is aware of a work-related injury

  ❖ Even if the employee doesn’t report the injury

• When an employee reports to a supervisor or someone in a management position an event or illness they believe to be work related

Note: The employee reporting an injury or illness does not necessarily have to be a direct report to you to constitute notice to their employer. The employer’s timeline to notify the carrier starts when “notice” is given by the employee to ANY Manager/Supervisor.
## What, Why and When Does CCMSI Need Forms

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<th>Employer Forms</th>
<th>CCMSI Use of Forms</th>
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<td>1. Initial Report of Injury</td>
<td>1. Create DWC1 from Initial Report (TDI Mandate)</td>
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<tr>
<td>2. Network Acknowledgement Form</td>
<td>2. Confirm network participation for medical treatment</td>
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<tr>
<td>3. Form 23 (WCI-23) Notice of use of elective benefits (See next slide)</td>
<td>3. We need to know when employees receive 100% of pre-injury wages when there is lost time (Reporting to TDI is due within 7 days of receipt of the claim)</td>
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Employee’s Options if Losing Time Due to the Injury (Form 23 Continued)

• Go on Leave Without Pay and CCMSI will determine if payment is due. TDI mandates a 7-day waiting period before the employee is entitled to receive benefits which means the first payment from CCMSI could be as long as 15 days.

• Elect to use Sick Leave to remain on the payroll at full salary
  • The employee only gets a single election and cannot change their mind.
  • Remember to include all available sick leave in their bank and CCMSI will follow-up with the employer for updated directives if it is exhausted.

• Once sick leave is exhausted and disability continues, the employee may elect to use all or a portion of other leave to continue on the payroll at full salary (Amended Form 23 required).
### What, Why and When Does CCMSI Need Forms

#### Employer Forms

4. **DWC3 (Wage Statement)** at request of carrier; due within 30 days of notice of indemnity benefit entitlement; date of employees death related to a compensable injury

5. **DWC6 Supplemental Report of Injury** must be filed
   - Within 3 days of:
     - The injured employee returning to work
     - The injured employee’s inability to work due to the injury
   - Within 10 days of:
     - The injured employee earnings decrease because of the injury
     - The injured employee resigns or is terminated

#### CCMSI Use of Forms

4. Wages must be reported to ensure correct weekly payments are being paid or employer and carrier could be subject to penalty (Wages paid are reported to TDI)

5. CCMSI will initiate or adjust weekly benefits based on the data submitted on the DWC6
   - Late Notice can result in underpayment or overpayment to an employee
   - TDI may assess monetary penalties against the employer or carrier
Employee Reports Injury to Supervisor.

Injured Employee seeks treatment, if necessary

Employee reports work status (DWC-73) from doctor to supervisor

Supervisor Notifies WCI Rep of available accommodations

Supervisor Reports claim to WCI Rep

WCI Rep provides network information and obtains signed acknowledgement form from employee

WCI Rep Reports claim to CCMSI when:
- 1 day or more lost time
- Occupational Disease or Fatality
- Upon request from CCMSI (Medical bill rcvd, TDI requested)

WCI Program

CCMSI
- Completes Contacts within 2 days
- Completes investigation within 15 days

IMO
- Provides telephonic case management assistance to injured employees
- Audits medical bills for proper payments
- Makes preauthorization determinations

UT System
- Analyzes contractor performance
- Oversees claims handling through claims supervision

All parties work with the institution to address outstanding issues to conclusion
CCMSI Investigation & Determination Process

Texas Department of Insurance regulates the licensing of agents and adjusters in Texas. TDI also mandates every claim be investigated prior to making a compensability determination

• CCMSI is required to contact **ALL** parties to the reported claim. The adjuster will gather the facts surrounding the activities leading up to and including the activities performed when injured

• If contractors or 3rd parties are a factor in the accident, you need to provide the contractor information to the adjuster so CCMSI can recover UT System losses due to the contractor negligence

✓ If the injury occurred due to a piece of equipment, DO NOT PUT BACK INTO CIRCULATION for use until it has been cleared by the CCMSI Subrogation Adjuster (Eva Villanueva). All monies collected for subro recovery are returned to the Institutions bottom line reducing the cost of losses

❖ PLEASE REPORT CORRECT PHONE NUMBERS AND EMAILS for the injured employee, supervisor receiving the notice of injury, witnesses to the injury and medical provider (if known)
Key Items and Dates to Remember

REPORTING

• Report all notices of injuries, or witnessed injuries, within 24 hours to your institution representative
• Employees should report all claims to the employer within 30 days of when they knew or should have known, in the event of an occupational disease, when it resulted from work activities

MAXIMUM INCOME BENEFIT ENTITLEMENT PERIODS

• 104 weeks from the 8th day of disability (Statutory MMI stops TIBS regardless of return to work status)
• 401 weeks from the date of injury ends income benefits (excluding Lifetime and Death benefits)
Contact Information

• Wai Louie, Sr. Claim Specialist, w louie@ccmsi.com, 972-419-0418
• Eva Villanueva, Subro Claim Consultant, evillanueva@ccmsi.com, 512-499-4675
• Betty Townsend, Claim Representative, btownsend@ccmsi.com, 972-419-0429
• Rosalyn Rojas, Claim Representative, rrojas@ccmsi.com, 972-419-0436
• Cathy Rowe, UTS Claim Supervisor, crowe@utsystem.edu, 512-499-4581
• Milagros Kelley, UTS Account Manager, mkelley@ccmsi.com, 972-419-0417
• Julie Saucedo, National Account Executive, jsaucedo@ccmsi.com, 972-419-0416
As one system with three partners, it is our mission to enhance the well-being and physical recovery of employees with work-related injuries by providing quality and sensitive managed care. We equitably consider the rights and needs of all by emphasizing work that is done with integrity and expertise. Through teamwork, we embrace positive change and ensure excellence by a commitment to program evaluation and process improvement.
CORE VALUES
Integrity (ethics, honesty, fairness)
Respect (trust, dignity, inclusiveness)
Excellence (quality, performance, outcomes)
Stewardship (responsibility, accountability, commitment)
Teamwork (collaboration, cooperation, people and engagement)

MISSION
To provide quality managed health care services, emphasizing integrity, expertise and teamwork while being a servant to each other and those we serve.
Our Managed Care Services

IMO Med-Select Network® - A Privately Owned Entity

Utilization Review
IMO is certified by the Texas Department of Insurance (TDI) as a Utilization Review Agent (URA) for all lines, including Workers’ Compensation, Provider Networks and Group Health. We utilize evidence-based guidelines (ODG/MDG) network and non-network best practices.

Bill Review
An experienced Medical Bill Review (MBR) team translates into maximum cost savings. Our MBR Department consists of review analysts, quality assurance specialists, jurisdictional experts and licensed nurses for retrospective reviews and medical bill audits.

FCM
Field Case Management: A bridge between the occupational and medical elements of an injury. The Field Case Manager focuses on the abilities of the injured employee while addressing continued medical needs. “Medical Management” versus “Medical Monitoring” is our focus.

TCM
Telephonic Case Management: An early medical triage process that allows the Case Manager to oversee medical status and progress according to MDG process and criteria.
Partnership Impact IMO Services

Collaboration is Critical

All Parties (Selective Provider, Employer/Carrier, TPA, Network and Managed Care/Cost Containment) are interfaced, quality care, satisfaction of care and outcomes are positive and collaboration is critical

IMO Services:

- Medical Network (1305, 504, Non-Subscribers)
- Medical Utilization Review – (Preauthorization, Peers)
- Medical Bill Review Services
- Medical Case Management & Ancillary
IMO Network Injury Workflow

Claim is Received

 IMO Network Injury Workflow
 The University of Texas System

Blank, 0, 1 Entered at Claim Level Does not Reach Network Assignment Level

Intake Sets Up Telephonic Referral/Invoice Generated Based on Network Claim Level

2, 3, 4 Entered at Claim Level Flag Activates Network Assignment

Level 2
Intake generates intro letter to claimant, letter mailed, Intake monitors for medical, preauthorizations and network level upgrades
Review of billing 45-60 to capture TDI requirements (first date treated in network, treating doctor and (CD9) then set to close
Upgrade of network level – moves into level of upgrade

Level 3
Intake generates intro letter and makes initial phone call to IE to determine where medical was sought if unknown. Intake assigns to triage nurse or TCM. Email notification sent to adjuster
Ongoing review of medical to address action plan as related to EBGs
Assist in referral process to ensure timely scheduling of appointments (Intake/TCM)

Level 4
Intake assigns to TCM. TCM emails intro letter to claimant and sends email notice to adjuster that they are looking at the file. TCM completes initial calls to IE and provider to review medical/work action plans; reviews medical for EBG compliance

a) Ongoing review of medical to address action plan as related to EBGs
b) Assist in referral process to ensure timely scheduling of appointments (Intake/TCM)
c) Surveys sent upon MMI and/or RTW full duty OR telephonic completion of survey by Intake/TCM

Provider Sends OVN/DWC73 to Network and Adjuster within 24 Hours of DOS

OR

Provider Sends OVN/DWC73 to Institution Rep within 24 Hours of DOS and Institution Rep Forwards to Network and Adjuster

Customer Service Calls
Received by institution reps and/or IE – Intake responds/reviews issues, concerns and questions. If in regards to finding a network provider or assisting with a specialist referral or diagnostic appt, Intake helps in coordinating. If in regards to medical treatment Intake directs to TCM and/or network administrator

Complaints
Intake/TCM to document in system and request written complaint from complaining party either through completion of a complaint form or via email to netcomplaint@injurymanagement.com

Confidential and Proprietary
Reviewed 2.16.17
IMO UR PreAuth Workflow
Thank you for your participation!

Questions?