

WORKERS' COMPENSATION POLICY

POLICY NUMBER: 200-02	EFFECTIVE DATE: 1/6/2008	APPOINTING AUTHORITY APPROVAL: <div style="text-align: center; font-family: cursive; font-size: 1.2em;">  </div>
REPLACES POLICY DATED: 3/15/2006	AUTHORITY: ORC 4123; OCSEA Article 34.02, 34.03	

I. POLICY

Workers' compensation refers to any accident or illness that occurs in the course of and arising out of employment. Workers' compensation benefits are designed to provide medical and compensation benefits for work-related injuries and illnesses. To be considered for workers' compensation benefits, the injury must be a direct result of employment with the Department of Administrative Services (DAS).

A. ELIGIBILITY

All employees are covered by the Ohio Workers' Compensation System for medical costs that result from a Bureau of Worker's Compensation (BWC) approved work-related injury. Employees may also be eligible for lost-time wage compensation when the work-related injury exceeds seven calendar days.

II. PROCEDURES

A. REPORTING WORK RELATED INJURIES

1. In an emergency or life-threatening situation, the employee should immediately seek medical attention at the nearest medical facility. Following treatment, the injured employee must complete the Accident/Illness Form ADM (4303).
2. For all non-emergency situations, employees should follow this procedure:
 - a) At the time the accident or illness occurs, the employee must report it directly to his/her supervisor, divisional safety coordinator, and the Office of Employee Services (OES). In addition, the employee must file an Accident/Illness Form ADM (4303). To be considered for workers' compensation benefits, the Accident/Illness form must be completed in ink and include a detailed description of the incident.
 - b) Upon receipt of Accident/Illness Report, OES will mail packet of related information and forms, including but not limited to:

personalized letter, workers' compensation identification card, "Accident/Illness Report" (ADM4303), general information about workers' compensation process, Workers' Compensation Policy, Wage Agreement (if applicable), "State of Ohio Physician or Healthcare Provider Certification for Overnight Hospital Stay" (ADM 4262).

- c) If the employee does not initially seek medical treatment but complications arise and medical attention becomes necessary, OES, the divisional safety coordinator, and the employee's supervisor must be notified within twenty-four (24) hours. DAS' Managed Care Organization (MCO) will pay for treatment from any BWC certified provider.
- d) The processing of a claim can be expedited by choosing to seek treatment from one of the MCO Network Providers. A list of Network Providers can be obtained by contacting the MCO at 1-888-247-7799 or by visiting the MCO webpage at www.chsmco.com.
- e) Submit the Accident/Illness Form ADM (4303) to OES within twenty-four (24) hours. If medical treatment is not necessary, the Accident/Illness form will remain on file within OES.
- f) OES will work with the employee on an individual basis to process his/her workers' compensation claim.

B. SEEKING MEDICAL TREATMENT

1. The MCO identification card must be presented during medical treatment(s) following a work-related injury. Showing this card to medical providers will ensure that all bills and necessary documents are sent to the correct address for processing and payment.
2. The MCO recommends a select list of doctors and medical specialists in the area to provide health care for work-related injuries. To obtain this list, contact the MCO at 1-888-247-7799 or www.chsmco.com.
3. Employees are not obligated to use the doctors and medical specialists on this list. The MCO will pay for any necessary treatment from any BWC certified provider.

It is important to note that not all health care providers are certified by the Bureau of Workers' Compensation (BWC). If an employee receives services from a non-certified provider, the MCO will only pay for the first visit. After the first visit, any care received from that provider will no longer be covered. To ensure coverage, the employee should ask the healthcare provider if he/she is certified by the BWC.

4. Health care providers must accept any payment from BWC as payment in full. The provider may not bill an employee for any amount not reimbursed by BWC. This is referred to as balanced billing; the provider cannot charge the employee for care given to treat an approved work-related condition.

C. MAINTAINING CONTACT and PROVIDING DOCUMENTATION

1. The employee is responsible for keeping his/her supervisor(s) and OES informed of the status of the injury and estimated return to work date.
2. The employee must provide written documentation, as needed, from a certified medical provider stating return to work and written diagnosis to continue his/her claim. Upon return to work, the employee must provide his/her supervisor(s) and OES with a full medical release stating that the employee is able to perform the essential duties of his/her job in accordance with the employee's position description unless returning on an approved Transitional Work Program (TWP).

D. NOTIFICATION/APPROVAL from BUREAU of WORKERS' COMPENSATION (BWC)

1. BWC will send a letter informing the employee of his/her claim number. The employee can use this number to refer to his/her claim when contacting health care providers, BWC, or MCO.
2. After receiving a claim number, the employee will receive a formal decision from BWC (the approval or denial) on his/her claim.

III. CLAIM APPROVAL

A. MEDICAL ONLY CLAIMS

The employee may be eligible for a medical only claim if he/she is unable to work for seven (7) days or less. If the medical only claim is approved, the MCO will pay the health care provider for authorized treatments.

B. LOST TIME CLAIM

1. If the employee's attending physician determines the work-related injuries will prevent him/her from working eight (8) calendar days or more, the employee may be eligible to receive lost time benefits. The employee may receive temporary total compensation (TT), which is equal to seventy-two (72) percent of his/her weekly wages. Weekly wages are based on earnings from the six (6) weeks before the work-related injury.

These wages may be paid up to twelve (12) weeks from the date of injury if the employee is off work for more than 14 consecutive days.

Bargaining unit employees may be eligible for additional benefits. Please note that individual benefits may vary based on status as an exempt or bargaining unit employee.

2. If the injury/illness prevents the employee from working for more than twelve (12) weeks, temporary total compensation will be reduced to sixty-six and two-thirds (66 2/3) percent or two thirds (2/3) of the employee's weekly wages. Weekly wages are based on earnings from the fifty-two (52) weeks prior to the date of injury.
3. The employee will receive checks for temporary total (TT) compensation directly from BWC. Lost time benefits are subject to a weekly maximum amount and are not taxable.

C. WAGE ADVANCEMENT AGREEMENT

Wage advancement agreement applies only to bargaining unit employees. Exempt employees are not entitled to this option.

1. The terms of the wage advancement agreement apply only to lost time claims. Paid leave is defined as accrued sick leave and any other paid leave the employee may use in lieu of sick leave. Under the terms of the wage advancement, DAS agrees to pay an advancement of wages that will not exceed the employee's accrued leave balances up to a maximum of twelve (12) weeks following the date of the injury. This advancement is made to provide the employee with the necessities of life. Any leave time that is used during the advancement period must be listed in lieu of sick time and may be eligible to be restored.
2. Upon signing the wage advancement agreement, the employee agrees to immediately repay DAS for any funds received from BWC. If the employee receives payment from BWC, he/she will repay the advancement within two (2) pay periods of the receipt of payment. If payment is not received within this time period, the following actions may be taken without further notice to the employee:
 - a) DAS may begin taking deductions from the employee's check and remaining leave balances to satisfy the amount owed;
 - b) DAS may notify BWC that the amount of benefits paid to the employee were excessive since the employee was paid for the same weeks in which full benefits were paid as sick leave;
 - c) DAS may notify the Office of the Attorney General in order to recover moneys advanced. If this becomes necessary, the employee agrees to pay reasonable attorney fees, interests, and court costs assessed in the course of recovering the overpayment.

D. MEDICAL EXAMINATIONS

After ninety (90) days of workers' compensation benefits, medical exams may be scheduled by BWC. These exams evaluate the employee's progress, ensure proper treatment, and determine whether the employee is able to return to work or participate in a rehabilitation program.

E. PRESCRIPTION DRUGS

1. BWC has contracts with ACS Healthcare, a pharmacy benefits vendor, in order to process pharmacy benefits. If the employee's claim is permitted, ACS Healthcare will cover any approved prescription medications. In order to receive these benefits, the employee must provide the ACS Healthcare participating pharmacist with his/her claim number, social security number, and date of injury. This information will ensure that ACS Healthcare will be billed for the prescription costs.
2. If the employee needs a prescription but has not received a claim number from BWC, he/she may be required to pay the cost of the prescription. Once the claim number has been received, the employee's pharmacy will ask ACS Healthcare to reimburse the out-of-pocket expense. Employees may contact ACS Healthcare by calling the BWC hotline at 1-800-644-6292 and selecting option 3, followed by option 2.

F. HEALTH INSURANCE

1. Bargaining Unit Employees

- a) Employees receiving lost time workers' compensation benefits for a claim arising from employment with DAS who have health insurance shall continue to be eligible for health insurance at no cost to the employee for a twenty-four (24) month period.
- b) Pending the approval of a workers' compensation claim, DAS shall continue coverage at no cost to the employee, including the employee's share of such costs, for a period not to exceed twenty-four (24) months.
- c) DAS has the right to recover such payments if the workers' compensation claim is determined to be non-compensable.

2. Exempt Employees

- a) For employees who are eligible and approved for Family Medical Leave (FML), DAS shall continue to pay the employer's portion of the premiums for health, dental, vision and life insurance benefits under the same terms and conditions as if the employee had continued to work throughout the leave.

- b) Once FML has been exhausted, employees who are receiving lost time workers' compensation for a claim arising from employment with DAS who have health insurance shall be responsible to pay the employee's and the employer's share of the health insurance premium.
- c) Please contact OES to inquire about direct payments of health insurance premiums. DAS has the right to recover any advanced paid premiums if the workers' compensation claim is determined to be non-compensable.

IV. CLAIM DENIAL

A. APPEALING A FORMAL DECISION

1. If the employee, or OES, disagrees with BWC's decision on the claim, an appeal may be filed with the Industrial Commission. To ensure the appeal is considered, file written documentation within fourteen (14) days of the issuance of the decision. BWC will send a letter informing the employee of his/her appeal rights. Employees with questions about the appeal process may contact BWC by calling 1-800-OHIOBWC (1-800-644-6292) or by visiting the BWC webpage at www.ohiobwc.com.
2. There are four levels in the appeal process. If the employee disagrees with the decision of a claim, he/she may appeal to the next level. The four levels occur in the following order (starting at the lowest level):
 - a) District Hearing Officer
 - b) Staff Hearing Officer
 - c) Industrial Commission
 - d) Court of Common Pleas
3. The employee will be granted time off with pay from regularly scheduled work hours, including travel time, sufficient to attend one hearing conducted by the Ohio Industrial Commission in the determination of the employee's claim. In addition, the employee will be granted time off with pay from regularly scheduled work hours, including travel time, sufficient to attend any hearing where DAS contests the employee's claim.

V. BENEFITS

A. COORDINATION of BENEFITS

1. In order to process a claim, OES will work with the Managed Care Organization (MCO) and BWC. OES will forward the completed Accident/Illness Form ADM (4303) to MCO to alert them of the injury. The employee's health care provider will forward all medical information to MCO. The employee may be contacted by MCO to gather information

regarding the claim. The State of Ohio's Third Party Administrator (TPA) will review all the information received from the employee and MCO and make a recommendation (certify or reject) on the claim. The current TPA is Comp Management. After reviewing the recommendation by the TPA, BWC will make a formal decision (approve or deny) the claim.

2. The employee may elect leave without pay, without exhausting accrued leave balances, pending determination of a workers' compensation claim.
3. While the employee is waiting for BWC's decision, he/she may use sick, personal, vacation, and/or compensatory time to supplement workers' compensation up to one hundred (100) percent of the employee's regular rate of pay.
4. The use of personal leave, vacation leave, or compensatory time will not affect payments of lost time wage compensation. Personal leave, vacation leave, and compensatory time may be used to supplement payments of lost-time wage compensation up to one hundred (100) percent of the employee's rate of pay.
5. If the employee elects to take sick leave, he/she will only be compensated for medically related expenses. Workers' compensation does not pay lost-time compensation during periods of sick leave. If the employee is paid sick leave for any portion of a day, he/she will not receive lost-time wage compensation for the entire day.

B. COORDINATION of BENEFITS for BARGAINING UNIT EMPLOYEES

1. The employee shall be allowed full pay at regular rate during the first seven (7) calendar days of absence when he/she suffers a compensable work-related injury or illness, arising from employment from DAS. If the injury/illness has duration of more than fourteen (14) consecutive days and the employee receives workers' compensation benefits for the first seven (7) consecutive days, the employee will reimburse DAS for the payment received.
2. If the employee elects to utilize his/her sick leave, personal leave, vacation leave or compensatory time balances pending the determination of a workers' compensation claim, DAS shall allow the employee, upon execution of a wage agreement, to buy back those leave balances within two pay periods after lost time benefits are received. If the employee chooses, DAS can implement an automatic restoration of those leave balances upon the execution of a wage agreement.
3. If the employee does not file a wage agreement and elects to take sick leave, he/she will only be compensated for medically related expenses. Workers' compensation does not pay lost-time compensation during periods of sick leave. If the employee is paid sick leave for any portion of a day, he/she will not receive lost-time wage compensation for the entire day.

C. COORDINATION of WORKERS' COMPENSATION with FAMILY MEDICAL LEAVE (FML)

1. Employees requesting workers' compensation who are also eligible for FML shall have up to twelve (12) work weeks of the non-working portion of the approved benefit period, including any required waiting period, count concurrently as FML. DAS may also grant FML to the employee while his/her request is being reviewed. Leave requests submitted by the employee shall indicate the intention of using FML in the appropriate box on the "Request for Leave" form. The granting of FML shall have no bearing on the approval or disapproval of any state paid benefit.

VI. TRANSITIONAL WORK PROGRAM

- A. DAS has developed a transitional work program, designed to assist the employee receiving workers' compensation benefits in his/her return to work. During the time the employee is in a transitional work program, he/she will be assigned duties in accordance with the recommendation of his/her attending physician. If requested by DAS, the employee must participate in the transitional work program, unless the employee's attending physician precludes it.

VII. REVISION HISTORY

Date	Description of Change
3/15/2006	Original Policy Release
1/06/2008	New appointing authority

Types of Workers' Compensation Claims

Minor Injury: In the event of a minor injury where no medical treatment is sought, the employee should complete the Accident/Illness Form ADM 4303 and submit it to the Office of Employee Services (OES) within twenty-four (24) hours. OES will keep this on file for two years (BWC statute of limitations on claims is two years from the date of injury). If the employee does not initially seek medical treatment but complications arise and medical attention becomes necessary, the supervisor and OES must be notified within (24) hours. OES will work with the employee on an individual basis to process the workers' compensation claim.

Medical Claims: The injured worker (IW) must immediately notify his supervisor of the injury and complete the Accident/Illness Form ADM 4303 within (24) hours. The supervisor, OES, and the divisional safety coordinator must investigate all medical claims. The completed ADM 4303 is to be sent immediately (within 24 hours) to the Managed Care Organization (MCO) by OES. To be considered for workers' compensation benefits, the ADM 4303 must be completed in ink and include a detailed description of the incident, written or dictated by the IW.

Serious/Life Threatening Injury: In an emergency or life-threatening situation, if possible, the IW should immediately notify his supervisor. The supervisor should assist the IW in seeking medical attention at the nearest medical facility and notify OES. Following treatment, the supervisor and IW will follow the procedure for "Medical Claims" above. If necessary due to the extent of the injury, OES will notify the family and determine who will meet the family member at the hospital. OES will notify the Director's Office, Chief Legal Counsel, Communication, and the Third Party Administrator (TPA). OES, the supervisor and the divisional safety coordinator, will conduct a thorough investigation and forward the information along with the ADM 4303 to the MCO and TPA.

Fatality: In the event of a fatality, the supervisor will notify OES and secure the accident scene. OES will immediately notify the Director's Office, Chief Legal Counsel, Communications, Division Occupational Safety and Health Administration (OSHA), MCO, and TPA. The division Deputy Director will immediately notify the family. OES, the supervisor, and the divisional safety coordinator will conduct a thorough investigation and forward the information along with the ADM 4303 to the MCO and TPA.