Overview:

- **Worker’s Compensation (WC)** is a benefit to any employee who has had a work related injury/illness.

- Any employee who suffers an injury/illness within the scope of his/her employment is eligible to file a WC claim.
Worker’s Compensation

Overview:

- For MTSU, worker’s compensation is administered by the State of Tennessee Division of Claims Administration, who contracts with a third party administrator for the processing of state employees’ claims.
- The current third party administrator is CorVel.
Worker’s Compensation

Employees covered under WC:

- Full-Time Regular
- Part-Time Regular
- Temporary Hourly
- Student Workers
- Graduate Teaching Assistants
- Adjunct Faculty
WC – Notification Process

- A job related accident/injury/illness should be reported immediately. Call 911 for all emergencies that result in serious bodily injury.
- Supervisor should e-mail HR (karen.milstead@mtsu.edu) and advise of the injury, employee name and MTSU ID.
- Departments should have established procedures for employees regarding notification.
- The employee should notify the supervisor immediately, advising of what happened, how it happened, who saw it happen and if they were injured as a result of the accident.
The employee **and** supervisor must call the 24/7 call center at 1-866-245-8588. The injured employee will speak to the nurse to evaluate the nature of the injury and determine immediate care or treatment options.

Initially, the supervisor will only verify that the employee is reporting a work related injury.

If no medical treatment is recommended, the nurse will document the call and enter an incident report. No other action will be needed.

If medical treatment is recommended, the employee will be directed to the nearest State approved medical provider.
WC – Notification Process

Employee Responsibility - What information is needed?

- Employee first and last name;
- Employee contact information;
- Last 4 digits of the SSN;
- Date of birth;
- Date of injury;
- Nature of injury;
- Employer location and department;
- Supervisor name and contact information;

The employee must keep the supervisor and HR informed of their status regarding worker’s compensation.
Supervisor Responsibility - What to do?

The supervisor must call the First Notice of Loss hotline at 1-866-245-8588 and select option #2 to answer the following questions;

- Employee SSN;
- Employee address;
- Date of hire;
- Date employer was notified of the injury/illness;
- Accident description
- Where the injury/illness occurred and if the injury was in the course and scope of employment;
- If the validity of the claim is in question
Worker’s Compensation

Lag Time Penalty

- A department has five (5) days to complete the First Notice of Loss (FNOL) and submit the required information to CorVel. Failure to comply will result in a fine assessment of $1,000.00 per claim.

- This penalty will be charged to the departmental budget.
Worker’s Compensation Benefits

- Payment of medical expenses directly related to the treatment of a compensable injury.
- Payment of temporary disability benefits until the employee is able to return to their job.
- Payment of permanent disability benefits if the compensable injury permanently lessens the ability to perform the job.
- Death benefits if compensable injury leads to death of employee.
- Continued group health insurance.
Worker’s Compensation Benefits

Lost Time Pay

- **Temporary Disability Benefits (TTD)**
  - Employee must be in leave without pay status.
  - Employees may choose to use accumulated sick or annual leave instead of or prior to requesting lost time pay.
  - Employee should provide copies of all paperwork issued for treatment to HR. Due to HIPPA compliance, only HR will store medical records related to WC.
  - Employee should provide supervisor copies of any paperwork regarding return to work, restrictions, or follow-up visit dates or physical dates.
Worker’s Compensation
Return To Work Incentive

- The department has 14 business days from the date of release to return the injured employee to a transitional duty assignment or full duty status.

- If an employee has been released to return to work with restrictions or limitations, the department will be fiscally responsible for 50% of the Total Temporary Disability payments for that specific claim if they are unable to meet the restrictions or limitations.

- This expense will be charged to the departmental budget.
Conclusion

Worker’s Compensation

Questions
&
Answers

7/2016