

<b>UT Health Science Center: HR0397-H Workers Compensation</b>	
<b>Version 1</b>	<b>Publication Date: 05/25/2022</b>

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<b>Related Policies:</b> <a href="#">UT System Policy</a>		

## PURPOSE

The Worker’s Compensation Program provides medical care and compensation to University employees who are injured or contract occupational illnesses in the course of employment with the University.

At UTHSC the workers’ compensation administrator in the HR-Employee Relations office has administrative oversight for Workers’ Compensation claims. Workers’ Compensation is administered in accordance with University policy and the procedures set forth herein.

## ACCIDENT REPORTING

- 1. Medical Treatment Required.** It is the responsibility of the employee to report a work-related injury to the immediate supervisor as soon as possible after occurrence. An accident report shall be initiated as soon as possible but should not delay medical treatment.

If a reportable incident (defined as one that requires medical attention) occurs:

- a. First aid/medical attention should be obtained at once.

- The University Health Services (910 Madison, 9th floor) may be used for first aid and minor care. The nearest emergency room may be used for injury or illness of an emergency nature. For non-emergencies, employees must seek treatment at the facility provided by CorVel (the State of Tennessee Workers’ Compensation Carrier). In order for Workers’ Compensation benefits to be paid for medical treatment and lost work time, the employee must use providers/physicians in the State Workers’ Compensation Provider

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<b>Version 1</b>	<b>Publication Date: 05/25/2022</b>

Network (provided to the employee by CorVel).

- All providers must be advised at the time of the visit that this is an on-the-job injury or illness and the individual is a UT employee.
- The State of Tennessee Workers' Compensation Carrier-CorVel Corporation- must give prior approval for any coordination with or referrals to specialists or facilities.
- Any hazardous situation should be reported to the Safety Affairs office immediately (901-448-6114).

b. The employee and/or the supervisor must complete the University of Tennessee Incident Report and Workers' Compensation Instructions/Procedures. Both forms must be received in HR-Employee Relations office (910 Madison Ave. Ste. 764) as soon as possible or within three (3) days of the accident. The HR-Employee Relations office will immediately forward the reports and any lost time information to the UT Risk Management office.

c. If the physician recommends the employee remain off work, the employee is responsible for obtaining a medical release or work statement from the physician. The form must be submitted to the supervisor and the HR-Employee Relations office.

2. **No Medical Treatment Required.** An accident which does not require medical attention should be documented as described in 1b. above. If the accident later requires medical treatment, the expenses must be submitted to the Insurance Office promptly to permit filing with Workers' Compensation within 12 months of the accident.

## TIME REPORTING

1. An employee who must miss the remainder of their shift to receive

<b>UT Health Science Center: HR0397-H Workers Compensation</b>	
<b>Version 1</b>	<b>Publication Date: 05/25/2022</b>

medical treatment as a result of an on-the-job injury or illness will be paid for the regular work shift at the regular rate.

2. If an employee is unable to return to work following the day of the job-related injury or illness, the employee may take sick or annual leave or leave without pay. It is the employee's responsibility to notify their supervisor, other appropriate departmental personnel, such as timekeeper and HR-Employee Relations of their wish to be placed in a leave of absence without pay status. **Employees must complete the Workers' Compensation Employee Request for Leave form which is at the end of the procedure.**

If the employee chooses to be placed on leave of absence without pay he/she may be eligible for temporary disability lost time pay from the State in accordance with the Tennessee Workers' Compensation Law. To qualify for Workers' Compensation temporary total disability benefits the employee must be off work due to the compensable injury for seven calendar days. The temporary total disability benefits would begin to accrue on the eighth calendar day of disability.

If the employee is off work for 14-days or more he/she is eligible to receive temporary disability benefits for the full period of disability. The amount of temporary total disability benefits is equal to two-thirds (2/3 percent) of the employee's base pay up to the maximum dollar amount specified in State law. This benefit is paid by the State until such time as the consulting physician states that the employee has recovered sufficiently to resume work or the employee has reached maximum recovery.

- a. Temporary total disability benefit is paid directly to the employee. After using sick and/or annual leave, the employee may choose to go on leave of absence without pay. However, the employee may not retroactively alter a previous use of sick and/or annual leave or leave without pay.
3. The supervisor is responsible for informing the employee of Family and Medical Leave eligibility and for contacting Human Resources

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<b>Version 1</b>	<b>Publication Date: 05/25/2022</b>

for application forms. (See Personnel Procedure 338 Family and Medical Leave.)

4. The supervisor should inform the employee to contact the HR-Benefits office regarding continuation of insurance programs while on leave of absence.

### **WORKER'S COMPENSATION CLAIMS**

If a claimant incurs expenses that he/she has paid, e.g. prescription drugs, receipts may be submitted for reimbursement. Prescriptions must include the name of the prescribing physician.

- a. For prescription coverage for the first prescription related to the injury, The First Fill form enables employees to fill prescriptions written by authorized workers' compensation physicians for medications related to their injuries. CorVel provides employees with the First Fill form.

The employee is responsible for submitting all related bills from hospitals or physicians to CorVel. The State of Tennessee Department of Claims Administration (DOCA) has approximately 90 days after receipt of a claim to render a decision on payment. If the claim or any part thereof is disallowed the DOCA notifies the claimant by mail. If approved payment is made directly to the provider; reimbursement payment is sent directly to the claimant.