






ODNR INJURY REPORTING AND WORKERS' COMPENSATION AND SALARY CONTINUATION POLICY/PROCEDURE	
 Effective	February 1, 2011
 Purpose	To describe the basic reporting procedures for workplace injuries to be used by employees when filing claims with the Bureau of Workers' Compensation or through the Managed Care Organization (MCO).
 Authority	<u>ORC 4121</u> <u>ORC 4123</u> <u>OCSEA Article 34</u> <u>FOP Article 27</u>
 Reference	<u>ODNR FMLA Policy</u> <u>ODNR TRW Policy</u> <u>ODNR Disability Procedure</u> Workers' Compensation Forms Wage Advancement Agreement
 Resource	Office of Human Resources

General Guidelines

An incident must first be reported to the claimant's immediate supervisor, and documented on the Accident or Illness Report (ADM 4303/Rev. 10/2009). When medical attention is necessitated, the employee and supervisor need to obtain an Injury Reporting Packet (IRP). The IRP will be maintained at the Division/Office Central Office and Field Locations. Each Division/Office will assign a Workers' Compensation Designee (WCD) who will coordinate the injury reporting process and maintain sufficient numbers of IRPs for their respective Division/Office. The Injury Reporting Packet provides detailed instructions for the parties involved (e.g., injured worker, supervisor and physician).

Injury Reporting

Adherence to the Injury Reporting Process is the critical first step in the workers' compensation process. The speed by which the injury is reported and medical and/or supporting documentation is obtained and forwarded to the correct parties has a direct bearing on the outcome of the claim, the IW's treatment and a successful return to work.

Injured Workers (IW) must notify their supervisor (or Division/Office WCD if supervisor is unavailable) immediately (within 24 hours) of the injury and initiate an ADM 4303. The IW will complete Page 1 (Employee Statement) of the ADM 4303 which can be found in the Injury Reporting Packet. The IW must complete and forward their completed Page 1 of the ADM 4303 to their respective Division/Office Workers' Compensation Designee. The Division/Office WCD will complete Page 2 (Employer Statement) and forward the Employee and Employer Statements (Pages 1 and 2) to the Office of Human Resources within 48 hours of the date of injury (DOI) and/or receipt (DOR) of the IW's Page 1 of the ADM 4303. The Office of Human Resources will review and forward the completed ADM 4303 (all pages) to the Managed Care Organization (MCO) and/or the Third Party Administrator (TPA)

Any accident that results in a request for salary continuation, temporary total compensation or immediate transportation of the IW to a medical treatment facility will require the completion of the ADM 4303 - Supplemental Statement by the supervisor. This statement needs to be completed and forwarded to the Office of Human Resources within 1 week (7 calendar days) of the notification of the injury and the WCD's submission of the completed ADM 4303 (Page 1 & 2) to the Office of Human Resources.

If no medical treatment is sought by the IW, the ADM 4303 shall remain at the respective Division/Office until such time as the IW seeks medical treatment. Only injuries that result in medical attention need to be forwarded to the Office of Human Resources.

- **Injury Reporting Time-line Summary**
 - IW reports injury to Supervisor or WCD (within 24 hrs of injury)
 - DOI 10/01/2009 → 10/02/2009 (example)
 - IW obtains, completes & forwards Page 1 of ADM 4303 to WCD (within 72 hrs of injury)
 - DOI 10/01/2009 → 10/04/2009 (example)
 - WCD reviews IW's Page 1, and completes & forwards Page 2 of ADM 4303 to Office of Human Resources (within 48 hrs of DOI or receipt of Page 1)
 - DOR 10/04/2009 → 10/06/2009 (example)
 - Office of Human Resources reviews completed ADM 4303 and forwards to MCO and/or TPA (within 48 hrs of receipt of completed ADM 4303)
 - DOR 10/06/2009 → 10/08/2009 (example)

Workers' Compensation Benefit Programs

1. Salary Continuation

- a. What is Salary Continuation (SC): the process by which eligible employees receive uninterrupted monetary payment (normal pay check) for a maximum of 480 hours per allowed claim.
- b. Only available to permanent bargaining unit members (OCSEA 9/1/2009 & FOP Unit 2 11/1/2009) and exempt staff (2/1/2010) with a DOI of or greater than the dates listed previously. Established-term Irregulars and Regulars are not eligible.
- c. The IW must follow the previously described injury reporting process and they must apply for workers' compensation benefits within 20 days of DOI (BWC must receive the required paperwork within the 20 day timeframe) in order to be eligible to receive salary continuation benefits.
- d. Physician must submit a C-84 Request for Temporary Total Compensation or MEDCO-14 Physician Report of Work Ability to the BWC. Until 2/18/2010, the treating physician can be any BWC certified physician. Effective 2/19/2010, the treating physician must be on the SC approved physician list to qualify for SC benefits.
 - i. Initial treatment can be by any BWC certified physician if the IW seeks treatment in an Emergency Room or Urgent Care facility on the date of injury. To qualify for SC benefits, initial treatment not sought on the day of injury and all follow-up

- treatment must be from a treatment provider listed on the SC/OIL Approved Physician List (Provider Panel).
- e. The State of Ohio's TPA (e.g. CompManagement) is the approver for SC requests. CompManagement will act on SC requests within 24 hrs. of receipt of the required documentation.
 - f. Salary Continuation – Required Documents:
 - i. ADM 4303 (revised 10/2009) (Accident or Illness Report)
 - ii. C-84 (Request for Temporary Total Compensation) or MEDCO-14 (Physician Report of Work Ability)
 - iii. ADM 4741 (Calendar of Wages – to be completed by WCD)
 - iv. ADM 4728 (Part-time Employment Calculation – to be completed by WCD) – if applicable
 - v. SC/Hourly Payment Request Form (if applicable)
 - vi. ADM 4725 (Salary Continuation Extension Request) – if applicable

2. Temporary Total Compensation

- a. What is Temporary Total Compensation (TT): a weekly benefit paid by BWC to an injured worker suffering a temporary disability that prevents an employee from returning to work.
- b. Available to all staff members, including some, but not all volunteers.
- c. For OCSEA bargaining unit members (members at the time of the injury) with a DOI prior to 9/1/2009, Article 34.02 (Coverage for Workers' Compensation Waiting Period) of the previous collective bargaining-unit agreement (3/2006-2/2009) still applies.
- d. The IW must follow the previously described injury reporting process and they must apply for workers' compensation benefits within 2 years of DOI.
- e. Physician must submit a C-84 Request for Temporary Total Compensation or MEDCO-14 Physician Report of Work Ability or Office Notes to the BWC or MCO (CareWorks). The IW can be treated by any BWC certified physician.
- f. Temporary Total Compensation – Benefits
 - i. BWC will pay the first twelve (12) weeks of benefits based on the full weekly wages (FWW). After twelve (12) weeks, BWC pays according to the average weekly wage (AWW). AWW is determined by dividing the total earning in the 52 weeks prior to the DOI by 52. The IW will receive 66 2/3% of the AWW each week.
- g. Temporary Total Compensation – Required Documents
 - i. ADM 4303 (revised 10/2009) (Accident or Illness Report)
 - ii. C-84 (Request for Temporary Total Compensation) – sent directly to BWC
 - iii. ADM 4741 (Calendar of Wages – to be completed by WCD)


3. Medical Only

- a. What is Medical Only: a BWC claim in which the injured workers does not miss any time away from work.
- b. Available to all staff members, including some, but not all volunteers.
- c. The IW must follow the previously described injury reporting process and they must apply for workers' compensation benefits within 2 years of DOI.
- d. Physician must submit a MEDCO-14 Physician Report of Work Ability or Office Notes to the BWC or MCO (e.g. CareWorks). The IW can be treated by any BWC certified physician.
- e. Medical Only – Required Documents
 - i. ADM 4303 (revised 10/2009) (Accident or Illness Report)
 - ii. MEDCO-14 (Physician Report of Work Ability) – sent directly to ODNR, MCO or BWC
 - iii. Office Notes – sent directly to ODNR, MCO or BWC

Salary Continuation & OIL WILMAPC Provider Panel (SC/OIL Approved Physician Listing)

1. WILMAPC Provider Panel

- a. What is the WILMAPC: is the joint labor-management formed as a result of contract negotiations (OCSEA, FOP) that is responsible for maintaining the Provider Panel for state agencies for purposes of salary continuation and OIL requests.
- b. What is the Provider Panel: is a select group of providers (from seven different medical fields (Medical Doctors, Chiropractors, Doctors of Osteopathic Medicine, Dentists, Podiatrists, Psychologists and Mechanotherapists)) with extensive experience in providing treatment to patients with an occupational injury.
- c. The WILMAPC Provider Panel listing went into affect on 2/19/2010.
- d. What are Treating Providers: providers that are not associated with the seven Provider Panel types. These providers can treat a state employee, but the IW must have been referred by a Provider Panel participant.
- e. An updated WILMAPC Provider Panel list can be found at:
<http://apps.das.ohio.gov/dasocbwilmapc/searchinputform.aspx>

Office of the Director:	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
		
David Mustine		11/26/11 Date