



University of Connecticut
Health Center

Workers' Compensation Resource Guide



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I. Definition of Workers' Compensation

Workers' Compensation is a type of insurance intended to provide wage replacement, medical bill coverage, and other benefits to employees and their families due to occupational injuries and illnesses. It is a mandated program governed primarily by laws found in the Connecticut General Statutes. The Workers' Compensation program for state employees is managed by the Department of Administrative Services. This guide is adapted from the program guidelines and is intended to provide managers, supervisors, and employees with information regarding Health Center procedures and general information regarding workers' compensation rules and benefits.

- All employees on state payrolls are eligible for workers' compensation benefits in event of accident or injury in the performance of their on-the-job duties. This includes all paid full-time and part-time employees.

II. Reporting an Injury

An employee should immediately inform his/her supervisor about the injury, and call Human Resources at (860) 679-4589 to have the required ***W/C 207 Form – "Report of Occupational Injury or Disease to an Employee"*** completed. This form collects detailed information about a work related injury, and is the initial step for filing a workers' compensation claim.

III. Seeking Medical Treatment

Health Center employees injured on the job are required to seek treatment from a provider within the State of Connecticut's Managed Medical Care Network. The workers' compensation Pharmacy Listing and Network Provider Directory are available on the DAS website at the following link:

<http://www.das.state.ct.us/WorkersComp/WCopp.asp>

If an employee receives medical care from a provider outside the network, he/she risks being ineligible for any workers' compensation benefits, subject to the order of the Workers' Compensation Commissioner.

- **Initial Treatment:** An injured employee should seek **initial treatment** for non-emergency injuries at Employee Health, located at The Exchange; Building 4, Second Floor, Suite 262, between the hours of 8:00 a.m. and 4:30 p.m. For emergency treatment, or when Employee Health is closed, employees may be evaluated and treated at John Dempsey Hospital Emergency Department.
- **Emergency Injuries:** For **emergency injuries** (injuries which, if not treated immediately, would seriously jeopardize or impair health) an employee may be treated at a provider outside the network if no network provider is immediately accessible.
- **Subsequent Care:** After initial treatment an employee may select a physician from the network for on-going treatment, or may be referred to a physician within the network. *(Once the treating physician has been established, the TPA or the Workers' Compensation Commissioner must approve a subsequent change of provider).*
 - ❖ Attending physicians are required to submit reports of the injured employee's treatment and condition, and should use a "**Worker Status Report**" form for this purpose.
 - The form contains information pertaining to diagnosis, treatment plan, and work capacity, which may include specific work restrictions.
 - This form is generally completed immediately following an appointment and given to the employee.
 - Employees should submit the form to Human Resources and to his/her supervisor as soon as possible.

IV. Covering the Cost of Medical Treatment

- The TPA will pay for medical treatment of a compensable claim.
- Prior approval must be sought for some treatment, such as physical therapy, and must be pre-certified by the TPA's medical case manager. The provider will request the treatment authorization.
- Medication is also provided under Workers' Compensation Act.
- No payment will be required for pharmacies participating in the State's pharmacy plan.
- If an employee goes to a non-participating pharmacy, he/she will pay out of pocket and request reimbursement from the Third Party Administrator.
- Employees may receive reimbursement from the TPA for mileage to and from medical appointments.
- If a claim is contested, all medical bills must be submitted to the health carrier for payment. If the claim is later approved, the TPA will reimburse the health carrier.

V. The Third Party Administrator's Role

- Once an injury is reported, the Third Party Administrator (TPA) will review the claim and the Form 207 to determine compensability and:
 - If the claim is accepted, will issue any appropriate workers' compensation benefits.
- If they have determined that a disability benefit is due, the wage benefit will be calculated based on previous wage information provided by Human Resources.
- The TPA will mail wage benefits to the employee. Direct deposit is not available.
- The TPA may prepare a ***Form WCC-1- "Agreement as to Workers' Compensation"***, or ***"Voluntary Agreement"***. This document contains identifying and payment information acknowledging the employee's Workers' Compensation benefits.
 - When a claim is voluntarily accepted under a voluntary agreement and/or payments have been made against the claim, written legal notice has been satisfied and no further reporting by the employee is necessary. ***Form 30-C "Form for Notice of Claim for Compensation"*** is optional.

VI. A Contested Claim

The TPA may contest the compensability of a claim after appropriate investigation. *Some reasons why a claim may be contested are as follows:*

- The cause of the injury was due to the willful and serious misconduct of the employee
 - The cause of the injury was due to the employee's use of alcohol or narcotic drugs
 - The cause of the injury involved voluntary participation in recreation and sports activities regardless if the employer sponsored the activity
 - The injury reported was purely a mental or emotional injury
 - There is evidence that shows the injury occurred outside the course or scope of employment
 - There is evidence that the employee intentionally falsified employment and/or health records
-
- The TPA will issue a ***Form 43, "Notice to Compensation Commissioner of Intention to Contest Liability to Pay Compensation"*** when a claim is contested.
 - Employees may challenge the TPA's contestment by scheduling an ***informal hearing*** with the Workers' Compensation Commissioner.
 - The TPA or an injured employee may request the Compensation Commissioner to schedule an informal hearing to resolve disputes over workers' compensation benefits.
 - Hearings are scheduled in the district where the injury occurred. The Compensation Commissioner evaluates the positions of both parties in the dispute and will make recommendations to reach resolution. The recommendations made by the Commissioner are not binding at an informal hearing.
 - A ***formal hearing*** is generally scheduled when disputes cannot be resolved at the informal level.
 - Decisions made by the Commissioner at formal hearings are enforceable under law. They are binding unless an appeal is made, first to the Compensation Review Commission, and then to the Appellate Court.

VII. Workers' Compensation Benefits for an Approved Claim

- The type of workers' compensation benefit paid to an employee who has been injured at the workplace depends on the employee's medical condition and the ability to return to work.
- After an employee receives workers' compensation benefits and the TPA makes the determination that employee's medical status has changed, they may file a Form 36 "Notice to Compensation Commissioner and Employee of Intention to Discontinue or Reduce Payments".
- An employee has 15 days to schedule a hearing with the Workers' Compensation Commission if he/she wishes to contest a change in benefits.

Types of Benefits

Temporary Total Disability

An employee receives Temporary Total Disability (TTD) benefits when the treating physician determines that the employee cannot work in any capacity for a temporary period of time. Once the treating physician releases the employee to return to some form of work, TTD benefits cease.

- The TTD compensation rate is dependent upon the date of injury.
- Injuries that occurred on or after July 1, 1993 are paid at 75% of the employee's average net pay over the 52-week period prior to the injury.
- Workers' Compensation benefits shall not be paid until the employee has been incapacitated for more than 3 calendar days, excluding the day of the injury.
- Benefits begin on the fourth day of incapacity.
- If the incapacity continues for more than 6 calendar days, beginning on the seventh calendar day, workers' compensation is paid retroactive to the first day of incapacity.
- The day of injury is never considered a day of incapacity.

- To qualify for a 100% compensation disability benefit:
 - The injury must be considered hazardous duty and arise out of the special hazard of the job (*i.e., the direct assault by an inmate or patient to an employee*).
 - Benefits paid under this section are paid starting the first day of total incapacity, not including the day of the injury.
 - Benefits are paid based on base wages.

Other wages included in benefit calculation:

	75%	100%
Bargaining unit increases	No	Yes
Concurrent employment	Yes	No
Overtime	Yes	No
Longevity	Yes	No
Shift differentials, bonuses, other earnings	Yes	No

Temporary Partial

Temporary Partial (TP) benefits will be paid to an employee at the discretion of a Compensation Commissioner. An employee may receive these benefits when he/she has been released to work with temporary restrictions prescribed by the treating physician.

- Benefits under this section for injuries occurring after July 1, 1993 are paid at 75% of the difference between the wages currently earned by an employee in a position comparable to the position held by the injured worker before his/her injury and the amount earned after the injury.
- When an employee is released by the treating physician with work restrictions, one of the following situations may occur:
 - employee returns to light duty work at the Health Center
 - employee returns to work outside of the Health Center
 - employee conducts “job searches”
- If an employee returns to light duty work at the Health Center, he/she receives regular wages for the hours worked.
- If the employee is working reduced hours, the pay stub for that pay period is submitted to the TPA for calculation and payment of the TP benefit.
- If the Health Center cannot accommodate an injured employee's work restrictions, the employee must seek suitable work outside of the Health Center when released by the treating physician to restrictive work. If work is found outside of the Health Center the employee is obligated to inform the TPA of such work and report wages earned.
- The general rule as stated above for calculating the TP benefit applies and the TPA issues payment.
- If an employee is unable to find work within his/her restrictions, TP benefit payments will continue to be received from the TPA as long as the employee submits evidence or “job searches” showing that he/she has attempted to find work. In this situation, the workers’ compensation Commissioner determines how long the employee can receive this benefit.

The maximum benefit payable for TP is the base compensation rate at the time of the injury.

Permanent Partial Disability

Permanent Partial Disability (PPD) benefits are paid to an employee when the treating physician determines that the injured employee has reached **Maximum Medical Improvement (MMI)** and there is a permanent percentage loss of function to a body part.

- The treating physician files a narrative report or a **Form 42- “Physician’s Report of Medical Evaluation Permanent Medical Impairment”** with the Compensation Commissioner.
- The percentage impairment issued by the physician is then applied to a chart of values for the given body part(s) and the calculated number of benefit weeks owed is paid to the employee at the base compensation rate calculated at the time of the injury.

Disfigurement or Scarring

For injuries occurring after July 1, 1993 a compensation commissioner may award disfigurement workers’ compensation benefits for any permanent disfigurement or scar on the face, head or neck, or any other area of the body which hinders an employee in obtaining or continuing to work.

- The employee must request a hearing before the Workers’ Compensation Commissioner one year from the date of injury or from the surgical procedure, whichever is later, to be considered for this benefit.
- The filing of a claim for scarring benefits is prohibited after two years from the injury or the surgery.

Permanent Total Disability

Permanent Total Disability is a benefit provided expressly for persons who have suffered a severe injury that has caused a total and permanent physical or mental disability, such as the total and permanent loss of sight in both eyes.

- The Workers’ Compensation Commissioner awards the permanent total benefit. Compensation is based on a rate established by law without regard to the time actually lost from work.
- This type of workers’ compensation benefit continues during the employee’s lifetime.

Stipulated Settlements

A stipulated settlement, in most cases, is a full and final agreement between the injured party and the State of Connecticut, which is intended to bring finality to a Workers’ Compensation claim.

- This benefit is paid based on the severity of the injury, the medical needs of the injured employee, and prospective future disability.
- The stipulated agreement requires approval by the Compensation Commissioner at an informal hearing.

Fatalities

Compensation for a fatality resulting from an injury arising out of or in the course of employment, or from an occupational disease is mandated by the Workers Compensation Act.

- The surviving spouse receives compensation until death or remarriage.
- Minor dependants receive an allowance until the age of eighteen or until they reach the age of twenty-two if a full-time student.

VIII. Returning to Work

The goal of the Health Center is to return employees to work from work related injuries as quickly as possible.

- Temporary restricted work duties will be accommodated when available.
- Human Resources works in coordination with departments and other resources as needed to accommodate temporary restrictions.
- When an employee reaches maximum medical improvement and it is determined by the treating physician that an employee has permanent restrictions, the department must evaluate whether the restrictions can be accommodated.
- If the restrictions cannot be accommodated, Human Resources will assist the employee in pursuing other employment options at the Health Center.
- If no work is available, Human Resources will assist with other options through the Department of Administrative Services and the Workers' Compensation Commission, such as vocational rehabilitation, a less arduous duty search for another state position, or disability retirement.
- If another position cannot be found in state service, an employee can be separated in good standing from state service in accordance with Section 5-244 of the Connecticut General Statutes.

IX. Use of Accrued Time

- Employees who are losing time from work due to a work related injury have the option to use accrued sick, vacation, personal, or other earned time to cover the interim period before the TPA makes a payment.
 - The employee completes form *CO-715- “Request for Use of Accrued Leave with Workers’ Compensation”* for this purpose. Human Resources will provide the form to the employee.
 - When the first workers’ compensation payment is made, the check is issued to the Health Center and is used to reconcile the accrued accounts for time used during the interim period.
- Employees may also elect to supplement their workers’ compensation benefit to bring them up to 100% pay by using accrued leave.
 - Employees must submit a copy of the check stub for their workers’ compensation benefit to the Payroll Department for calculation and payment of the supplemental pay amount.
- Certain bargaining unit contracts may specify other requirements. Check bargaining unit contracts for guidance in this area.
- Employees are able to accrue sick and vacation credits for up to twelve months when out due to a work related injury.
- Personal leave days are not included in the accrual.

X. Coding the Timecard

Accurate timecard coding is essential to avoid underpayments or overpayments of salary or benefits to employees when time is lost due to a work related injury.

- The day of the injury is always coded as full day of regular pay, regardless of the number of hours actually worked that day.
- Time codes designated for workers’ compensation absences are not used when a claim has been contested.

The time codes are applied in the following manner:

Code 225- Workers Compensation non-pay

- When an employee has elected not to use accrued time during the interim period before workers’ compensation payments have begun and time was initially lost, this code is used to designate the time away from work.
- If an employee has elected to use accrued time until workers’ compensation payments begin, Human Resources will notify the department when this time code should start to be used. Until notification has been received by Human Resources, the time sheet should be filled in using the accrued time the employee has designated.

Code 226 – Workers’ Compensation Medical Appointment

- Any employee who has had a compensable work related injury and needs medical treatment is compensated for time taken to attend medical appointments. Use of this time code must have supporting documentation.

Code 220 – Workers’ Compensation with Pay

- This time code is only available to members of the 1199 bargaining unit. For all accepted workers compensation claims, these employees can use this time code to receive full pay for a specific amount of time specified in the contract, or until workers’ compensation payments begin, whichever is sooner.
- The rate of pay for this time code is reduced to 50% after six weeks if workers’ compensation payments have not begun for 1199 employees. Employees may supplement 50% pay by using accrued time.
- Pay received by an employee under this pay code must be reimbursed to the Health Center.
- The first workers’ compensation payment made by the TPA is issued to the Health Center to reconcile the period(s) for which this time code is used.
- This time code is only used for the first lost time occurrence for the injury and cannot be used for any subsequent lost time for the same injury.

Other Time Coding Considerations

Holidays

- Employees who are out due to a work- related injury during a Health Center paid holiday do not use holiday or comp time earned codes.
- If the holiday occurs during the interim period before workers’ compensation payments have begun, this day is paid using the 225 time code or accrued leave.

Double Shifts

- Employees who have reported an injury and were scheduled to work a double shift are to code their time card to reflect the full schedule of hours for the day of the injury.
- Lost time does not begin until the next day out of work.

Partial Days

- Temporary total disability payments are only made for full days lost from work.
- Partial days are coded by using regular coding for the part of the day actually worked, and 225 for the balance not worked. The employee then can submit his/her pay stub to the TPA to determine eligibility for temporary partial disability payments.

Working Part Time on a Holiday

- If an employee has been returned to work on a reduced work schedule, and this falls during a paid holiday, he/she would use the holiday code only for the hours cleared to work.
- The remainder of the day is coded using the 225 code.

Vacation or Sick time while working a modified schedule

- An employee working a reduced schedule and collecting workers compensation for the remainder and is either sick or uses vacation time, he/she may code the time sheet to reflect the hours cleared to work as sick or vacation and the remainder as using the 225 code.

Hearings

- An employee who is not temporarily totally disabled from work may use the 226 time code to be compensated for time lost from work to attend a workers' compensation hearing.
- A ***226 Hearing Form*** should be completed and signed by the Workers' Compensation Commission staff.

XI. Maintaining UCHC Benefits

When an employee is completing a time sheet using the 225 code, he/she is temporarily “off the payroll.” *Employees should be aware of the following information when using this time code:*

- The Health Center continues health insurance and other employer-paid benefits while an employee collects workers’ compensation benefits, but co-payments must still be made. The Benefits’ Unit will contact employees to make arrangements.
- Union dues are suspended.
- Payroll deductions for employee paid elections (credit union, short-term disability insurance, etc.) stop. Employees must make arrangements with the individual creditors or benefit providers for payment.
- Contributions to retirement plans are not made; however retirement credit is received for the period of time receiving workers’ compensation benefits.
- Workers’ Compensation benefits are not taxable.

XII. Forms Used to Calculate the Workers’ Compensation Benefit

- Two forms are required from an employee to be able to calculate the workers’ compensation benefit (**WCC-211 & WCC-1A**). These forms are sent directly to employees by Human Resources. **Delay or failure to return the completed forms to Human Resources will result in a delay in receiving workers’ compensation benefits.**
- **Form PER-WCC 211 “Concurrent Employment/Third party Liability”** is required to provide information regarding concurrent employment. If there is concurrent employment prior to the injury, benefit rates may increase when these wages are considered.
 - The third party liability section provides pertinent information regarding the potential liability of another party for the claim.
 - Other employment after the injury may decrease benefits if an employee fails to report that he/she is working while receiving workers’ compensation benefits.
 - Employees are required to report all earnings after completing Form PER-WC 211. **Failure to inform may result in civil and/or criminal liability.**
- Form **WCC-1A “Filing Status and Exemption Form”** is used to indicate the number of exemptions as reported on the W-4, and will determine if an employee is eligible for an increased benefit.
 - **Failure to return this form will result in the status reverting to single-one exemption.**

XIII. Contact Information

Human Resources

Workers' Compensation Unit
(860) 679-4589 or (860) 679-3073
FAX (860) 679-4660
Website: <http://www.uchc.edu>

GAB Robins (Third Party Administrator)

(860) 256-3400

Payroll

(860) 679-3490

Workers' Compensation District Offices

1st District- Hartford- (860) 566-4154
2nd District- Norwich- (860) 823-3900
3rd District- New Haven- (203) 789-7512
4th District- Bridgeport- (203) 382-5600
5th District- Waterbury- (203) 596-4207
6th District- New Britain- (860) 827-7180
7th District- Stamford- (203) 325-3881
8th District- Middletown- (860) 344-7453
Website: <http://wcc.state.ct.us/index.html>