



Institutional Handbook of Operating Procedures
Policy 03.07.05

Section: Human Resources	Responsible Vice President: Executive Vice President Business & Finance
Subject: Workers' Compensation Insurance	Responsible Entity: Human Resources

I. Title

Workers' Compensation Insurance

II. Policy

Workers' Compensation Insurance (WCI) benefits may be payable to UTMB [employees](#) who sustain a [compensable injury](#) while performing duties within the course and scope of their employment. An [employee](#) must report an [injury](#) to their employer within 30 days of the date on which the injury occurs. In the case of an [occupational disease](#), the employee must report to the employer when the employee knows, or should have known, that the disease may be related to their employment. If an employee is unable to return to full duty after being injured, he or she must report this fact by telephone (if they are capable of doing so) to his or her supervisor and to the [Employee Injury Management Office](#) (formerly WCI Office) by telephone within 24 hours of becoming aware of his or her incapacity. The employee's supervisor must immediately report any such notification to the Employee Injury Management Office.

III. Benefits Under WCI

Benefits under WCI include all health care reasonably required by the nature of the [compensable injury](#) or disease, and if applicable, income benefits for work time lost due to the [compensable injury](#) or disease.

IV. Paid Time Off Under WCI

The injured [employee](#) is entitled to paid time off in order to seek medical attention on the date of injury/disease. This paid time off will be reported in the institutional time capture system as WCI. This code may only be used on the day of the reported injury or disease. Employees who are disabled from work may be eligible for Leave of Absence (LOA) with [Temporary Income Benefits](#) as described below. The Leave of Absence guidelines apply to all employees on LOA.

V. Correctional Managed Care (CMC) employees placed on LOA for a work-related [injury](#)/illness must contact the HR Benefits Center or Correctional Managed Care Regional Human Resources Office concerning their payment of insurance premiums.

VI. Medical Benefits

- A. The UT System has contracted with the IMO Med-Select HealthCare Network to assist employees with obtaining appropriate medical treatment for work-related injuries and occupational diseases. Employees are provided the opportunity to receive improved quality of care and assistance in returning to work as soon as medically appropriate.
- B. The following guidelines apply when an employee is injured on the job and requires medical attention:

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1. **Non-Emergency Situations**

If an employee is injured at work and lives in the network service area, he or she must choose a treating doctor from the list of IMO Med-Select network providers. An employee that receives care from an out-of-network provider may be financially responsible for the health care services if he or she live in the network service area (see Subsection 3 below).

2. **Emergency Situations**

In an emergency situation, the employee should first seek treatment from the nearest urgent care facility, or hospital emergency room if no urgent care facility is available. However, follow-up health care should be received from a network provider.

3. **Out-Of-Network Care**

- a. If the injured employee lives outside of the IMO Med-Select network service area, he or she is not required to be treated by an IMO Med-Select network provider. The employee should contact their UT System claims adjuster in this instance.
- b. If the employee needs to be seen by a specialist, he or she must be referred by the treating doctor.

C. A list of IMO Med-Select providers can be found by accessing the IMO website:

www.injurymanagement.com.

D. **Workplace Exposures:**

Although workplace exposures are not initially deemed workers' compensation [occupational diseases](#), UTMB manages Bloodborne Pathogen (BBP) exposures in the Employee Health Clinic, CMC Unit Infirmaries (CID Nurse) and in designated RMCHP clinics. Employees should initiate prophylaxis within two (2) hours of exposure as recommended by Healthcare Epidemiology.

VII. **[Temporary Income Benefits \(TIBs\)](#)**

- A. An employee with an alleged [disability](#) because of a [compensable injury](#) or disease may be entitled to the payment of [disability](#) income benefits.
- B. No income benefit accrues during the first seven (7) days of absence from work due to the injury/disease. Eligibility for Temporary Income Benefits (TIBs) arises on the eighth (8th) day of [disability](#). The payment of TIBs will be impacted by certain elections that the injured employee makes.
- C. Subject to certain requirements, a covered employee may elect to use accrued sick leave and accrued annual leave as follows:
 1. If an employee elects to use accrued sick leave, the employee will receive his or her regular pay and will not be entitled to TIBs until all accrued sick leave is exhausted.
 2. An employee who has exhausted all accrued sick leave may then elect to take all or any number of weeks of his or her accrued paid/annual leave. There is no entitlement to TIBs until the elected amount of paid/annual leave are exhausted.
 3. If all accruals are exhausted or the employee makes no election to use accrued leave time, the employee would be placed on leave of absence status (LOA) without pay.

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- D.** If the employee's incapacity continues for 14 days or longer, TIBs will be paid retroactively for all of the first seven days of incapacity for which the employee received no paid leave.

Note: An employee may not simultaneously utilize paid leave and receive TIBs. If the employee does not have sufficient accrued paid leave to remain on the UTMB payroll until the TIBs begin to accrue on the eighth (8th) day of [disability](#), the employee would be placed on Leave of Absence and not receive regular pay or income benefits.

Note: Time lost from work due to a work-related injury or illness may qualify for coverage under the Family and Medical Leave Act (FMLA) provided the employee meets the eligibility requirements. For questions relating to FMLA, contact the Employee Leave Management Office or HR-Leave Management visit: <http://hr.utmb.edu/elm/>.

VIII. Reporting Injuries

The employee, if medically capable and the employee's supervisor should take the following steps to report an [injury](#) or [occupational disease](#) sustained while on the job.

Responsibility	Action		
Employee	<ol style="list-style-type: none"> 1. Report the injury/disease to your supervisor and Employee Injury Management Office (formerly WCI) within 30 days after the date you sustained the injury or knew about a disease. 2. Obtain from your supervisor and complete an Injury Report Form, as soon as possible. 3. Notify the Employee Injury Management Office of any and all related medical care prior to receipt of the care. 		
Supervisor	<ol style="list-style-type: none"> 4. Provide the Injury Report Form to the employee and report all on-the-job injuries and occupational diseases to the Employee Injury Management Office within 24 hours of being notified by employee of injury or disease. 		
Employee	<ol style="list-style-type: none"> 5. Complete and submit to supervisor the Injury Report Form completely describing the injury/occupational disease. 		
Supervisor	<ol style="list-style-type: none"> 6. Ask employee to request a copy of a completed work status report from his or her doctor and provide it to the supervisor. Review the Injury Report Form for completeness, then sign and date the form to acknowledge the date of your first knowledge of the reported injury or occupational disease. 		
Supervisor	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">If...</td> <td style="width: 50%; text-align: center;">Then...</td> </tr> </table>	If...	Then...
If...	Then...		

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	<p>The employee is seeking medical treatment</p>	<p>Refer the employee to the 'Medical Benefits' section of this policy. Return the Injury Report Form to employee to have a workers' compensation health care network provider complete Part II Physician's Work Certification. Go to step 7 below.</p>
	<p>The employee is not seeking medical treatment</p>	<p>Initial the Injury Report Form indicating they are not seeking medical attention at this time. Should the employee elect to seek medical attention later, they should be instructed to call the Employee Injury Management Office.</p>
<p style="text-align: center;">Physician</p>	<p>7. Complete Part II of Injury Report Form, Return to Work Certification or the Texas Work Status Report (DWC-73) which indicates whether the employee may or may not return to work, and work restrictions, if any.</p> <p>Employees who have been instructed by their health care provider to remain off work in relation to the reported injury or occupational disease should contact the Employee Injury Management Office within 24 hours of the time loss. Employees who are restricted in their activities may be eligible for modified duty. See IHOP Policy 3.7.4, Temporary Job Modification.</p> <p>Instruct the employee to return the completed form to their supervisor.</p> <p>Upon receipt of a Physician's Work Certification or DWCC-73 form that documents an injured employees' work status, the Supervisor is to immediately forward such documentation to the Employee Injury Management Office.</p>	

IX. Definitions

Compensable Injury: An injury arising out of and in the course and scope of employment for which compensation is payable according to law.

Disability: The inability because of a compensable injury to obtain and retain employment at wages equivalent to the pre-injury wage.

Employee: Every person in the service of UTMB under any appointment or contract of employment whose name appears on the payroll of UTMB.

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Injury: Damage or harm to the physical structure of the body and those diseases or infections naturally resulting from the damage or harm. The term also includes occupational diseases.

Maximum Medical Improvement (MMI): Maximum Medical Improvement occurs either on the earliest date after which, based on reasonable medical probability further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated; or at the expiration of 104 weeks from the date on which income benefits begin to accrue.

Occupational Disease: A disease arising out of the performance of, and in the course of, employment that causes damage or harm to the physical structure of the body. The term also includes other diseases or infections that naturally result from the work-related disease. The term does not include an ordinary disease of life to which the general public is exposed, unless that disease of life is the result of an incident related to a compensable injury or occupational disease. The term includes [repetitive trauma injuries](#).

Repetitive Trauma Injury: Damage or harm to the physical structure of the body occurring as a result of repetitious, physically traumatic activities that occur over time and arise out of and in the course and scope of employment.

Temporary Income Benefits: Weekly compensation benefits based on a percentage of the employee's average weekly wage as established by State law. An employee may qualify for temporary income benefits if he or she has a disability as a result of a compensable injury and has not reached [maximum medical improvement](#).

Workers' Compensation Health Care Network: Groups of doctors and hospitals that treat injured workers. Workers whose employers are part of a network must use the network to receive care for a work-related injury.

X. Relevant Federal and State Statutes

[Title 28 Tex. Admin Code. Ch. 122](#)

[Tex. Lab. Code, Title 5. Texas Workers' Compensation Act Ch. 503](#)

XI. Related UTMB Policies and Procedures

[Healthcare Epidemiology Policy 01.02, Blood Borne Pathogens \(BBP\) - Occupational Post-Exposure Prophylaxis](#)

[IHOP Policy 3.2.9 Non-Retaliation Policy](#)

[IHOP Policy 3.6.7 Leave of Absence Without Pay](#)

[IHOP Policy 3.6.9, Family and Medical Leave](#)

[IHOP Policy 3.7.4, Temporary Job Modification](#)

[IHOP Policy 8.1.1, Policy and Guidelines on HIV, Hepatitis B, and Hepatitis C](#)

XII. Dates Approved or Amended

Originated: 4/01/1990	
Reviewed with Changes	Reviewed without Changes
2/01/2006	
1/12/2016	

XIII. Contact Information

Human Resources
(409) 772-8699