

CITY OF SAN ANTONIO

OFFICE OF RISK MANAGEMENT

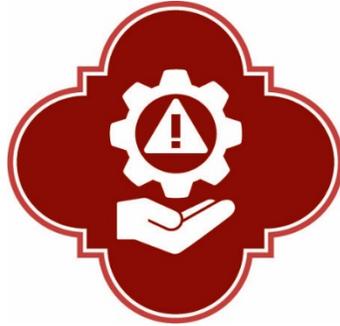


CIVILIAN WORKERS' COMPENSATION RESOURCE GUIDEBOOK

Your Resource in Understanding The Claims Process

October 1, 2020

Office of Risk Management



Our Vision

To inspire, educate and maintain a safety conscience City to reduce risk, manage losses and protect assets so all our employees return home safe every day.

Our Mission

To deliver a quality risk management program that focuses on the prevention of injuries and collisions, the protection of City assets and the development and implementation of sound safety programs for the welfare of our employees and citizens.

Written: 8/31/2018
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Section I

Workers' Compensation

The purpose of Workers' Compensation (WC) is to provide medical care and income benefits to employees who are injured in the course and scope of employment.

WC is regulated by the Texas Department of Insurance (TDI). The Division of Workers' Compensation (DWC) provides oversight of the handling of injured employees' claims. These entities ensure that medical treatment guidelines, timelines to process claims, benefits, and dispute resolution procedures are followed. The DWC also provides an Employee's Explanation of Rights and Benefits to injured employees.

The City self-insures its WC program. This means the City funds its WC claims from the City's annual budget. Administrative Directive (AD) 4.84 governs our WC program.

The City utilizes a Third Party Administrator (TPA) to manage our WC claims. The TPA is responsible for processing all information related to claims and serves as a liaison between you, your department, and medical providers. The TPA also ensures timely issuance of income and/or medical benefits as related to your claim.

Section II

Workers' Compensation Claims Process

Injury Reporting

1. If you sustain an injury within the course and scope of employment, you should report your injury *personally* to your supervisor within twenty-four (24) hours of occurring. A supervisor may report your injury, if you are severely injured and/or impaired.
2. Your supervisor will assist you in obtaining prompt medical care and should contact 911 immediately if your injury is life threatening or serious in nature.
 - a. Per A.D. 4.84, transportation to and from your physician's office or medical facility may be provided by the City on the date of the accident.
 - b. Your supervisor will complete the Supervisor Report of Injury (SRI) upon being notified of your injury and will provide you with an HCN Acknowledgment Form. This form describes the Notice of Network Requirements and informs you how to obtain medical treatment for your work-related injury. Your department will use this information to create your claim with the TPA. This process will take approximately 24 hours.

Medical Treatment

On April 1, 2019, the City of San Antonio began participating in a Texas Workers' Compensation Certified Health Care Network (HCN) to assist you with obtaining prompt, appropriate medical treatment aimed at early return to work and post-injury medical recovery. The HCN consists of a broad selection of medical physicians, specialists, and facilities, committed to providing you with the best medical care.

The HCN is required to offer you access to medical treatment within 30 miles of your residence listed in SAP. If the HCN does not have a medical provider within the 30 miles radius, you must elect to participate in or out of the network. This is a one-time election.

1. If you treat within the HCN, you must choose a treating doctor from the HCN list.
2. If you treat outside of the HCN, you may be financially responsible for the healthcare services if it is determined that you live within the HCN service area and the treatment was not deemed an emergency.

3. You may elect to change your treating doctor during the course of your treatment. If you elect to change treating doctors, you will need to contact the HCN and request a new doctor from within the HCN.
4. Subsequent changes will need to be submitted to the HCN for review and will be reviewed for medical necessity or administrative reasons per the guidelines. Subsequent request forms along with instructions can be obtained from the HCN.
5. All services and referrals should be approved by your treating doctor. If you need a specialist, your treating doctor will refer you to a healthcare provider in the HCN, except in the event of a medical emergency or other special circumstances.
6. All HCN doctors and other providers will bill the TPA for medical services as related to the approved work injury. You should not be billed by any WC or HCN providers.
7. WC covers prescriptions relating to your WC injury. If you incur any difficulties filling your prescriptions during the course of your claim, you are encouraged to contact Tristar Risk Management to obtain an OPTUM First Fill Pharmacy Card.
8. You should receive a Work Status Report (DWC73) from your medical provider when there is a change in your work status or ability to perform specific job tasks safely. You are required to submit a copy of your Work Status Report (DWC73) to the Human Resource Specialist (HRS). In the event your medical provider has assigned temporary medical restrictions on your job tasks, you may be entitled to participate in the Modified Work Assignment (MWA) Program as discussed in Section V.
9. You are also encouraged to schedule follow-up appointments during times best suited to meet the needs of your department.
10. The HCN must arrange for services, including referrals to specialists, to be accessible to you within 21 days after the date of the request.

Section III

TPA Process

Claims Evaluation

1. Once the TPA receives your claim, it will be assigned to a TPA Claims Adjuster for evaluation. Your adjuster will send you a letter acknowledging receipt of your claim.
2. During the course of the evaluation, your adjuster will be collecting and reviewing information regarding your claim. Your adjuster will also contact you:
 - a. To explain your income and medical benefits.
 - b. To obtain your statement.
 - c. To verify your personal information.
3. If your adjuster is unable to contact you after several attempts, you should receive a letter from your adjuster requesting a response. It is important for you to respond to assist in the evaluation process.
4. If your adjuster is still unable to make contact with you, your adjuster may conclude the evaluation based on the information successfully obtained.

Claims Determination

1. At the conclusion of the evaluation, a decision will be determined based on the information reviewed on your claim.
2. The TPA is required to inform the Division of Workers' Compensation (DWC) within 15 days of the claim being reported whether the claim has been accepted or denied. If the TPA does not receive complete information to evaluate your claim within this period, the TPA may file a Notice of Denial of Compensability/Liability and Refusal to Pay Benefits (PLN 1) to meet its legal filing requirements. This Notice does not automatically mean the TPA is permanently denying your claim. There is no legal timeframe for the TPA to make a final determination as to whether your claim will be accepted.
3. However, if your claim is denied, the State requires you to receive written notice of your claim denial. The notice will be sent to the address listed on the SRI.
4. Below are some reasons your claim may be denied:
 - a. Your claim was not reported timely.
 - b. Your adjuster was unable to verify your injury occurred within the course and scope of your job.

- c. Medical documents state your injury or condition existed prior to the date of your injury.
 - d. Your claim is not covered by WC (for example: hypertension, diabetes).
5. There are occasions when a portion of your claim may be approved while a portion of your claim may be denied. This is referred to as an extent of injury.
- a. An extent of injury happens when the diagnosis for the claim being evaluated is accompanied by an injury or illnesses not covered by WC. (An example would be if you had a knee injury that resulted in a sprain. If during your treatment, it were noted that you also had arthritis, the TPA would accept the knee sprain, but would deny treatment related to the diagnosis of arthritis).

If you do not agree with the outcome of your claim decision, you may appeal through the Dispute Resolution Process or pursue other resources as outlined in Section VI.

Section IV

Workers' Compensation Benefits

If your claim is approved under WC, you are entitled to certain medical and income benefits as approved by the WC Statutes. For purposes of this Guidebook, the benefits discussed below are not all inclusive but a brief summary of what you might expect to discuss with your adjuster. Additional information may be found on the DWC webpage at: www.tdi.texas.gov/wc/employee/index.html.

Medical Benefits

1. Medical benefits pay for reasonable and necessary medical care to treat your compensable work-related injury or illness. The TPA will not pay for the treatment of other injuries or illnesses, even if the treatment is provided at the same time you receive treatment for your work-related injury.
2. WC entitles you to lifetime medical treatment for your approved work-related injury or illness.
3. Typical medical benefits include:
 - a. Doctor's Visits;
 - b. Physical, Occupational and Rehabilitation Therapy;
 - c. Medications (either Prescription Drugs or Over the Counter Drugs when accompanied by receipt and request for reimbursement);
 - d. Diagnostic Testing (i.e. X-rays, MRI, CT Scans, EMG/NCV, etc.);
 - e. Surgeries; and
 - f. Durable Medical Equipment (i.e. crutches, wheelchairs, etc.).
4. All medical treatment for a work-related injury or illness must be recommended by your treating physician, except in the case of an emergency.
5. Certain medical services and treatment, except for treatment and services in a medical emergency, may require preauthorization from the TPA.

Income Benefits

Income benefits replace a portion of wages that you may lose because of your work-related injury or illness. Income benefits are calculated per statute and may not exceed the maximum weekly amount set by state law. There are four types of income benefits:

1. Temporary Income Benefits (TIBS)
 - a. You may be entitled to TIBS if your work-related injury or illness causes you to lose all or some of your wages.
 - b. You may no longer be entitled to TIBS if you:
 - i. Reach Maximum Medical Improvement (MMI); which is either the date when your work-related injury or illness has improved as much as it is going to improve, or when you have reached 104 weeks from the date you became eligible to receive income benefits;
 - ii. Are physically able to earn your pre-injury average weekly wage; or
 - iii. Have received TIBS for 104 weeks from the date benefits accrued.
2. Impairment Income Benefits (IIBS)
 - a. Once a medical provider has determined that you have reached MMI, the provider will determine if there is any permanent physical or functional damage. You will be assigned an impairment rating that describes the degree of permanent damage to your body as a whole.
 - b. You may be entitled to IIBS if you have a permanent impairment greater than 0% from a work-related injury or illness. Your impairment rating determines whether you are eligible for IIBS.
3. Supplemental Income Benefits (SIBS)
 - a. You may be entitled to SIBS, depending on your assigned impairment rating.
 - b. SIBS are paid monthly by the TPA after your IIBS have ended.
 - c. To remain eligible for SIBS, you must apply every quarter to confirm if you still meet the additional requirements outlined by the WC Statutes.
4. Lifetime Income Benefits (LIBS)
 - a. The State Legislature determines which workplace injuries are eligible for LIBS payments.
 - b. You may be eligible for LIBS if you incur one of the following injuries:
 - i. Total and permanent loss of sight in both eyes;
 - ii. Loss of both feet at or above the ankle;
 - iii. Loss of both hands at or above the wrist;
 - iv. Loss of one foot at or above the ankle and the loss of one hand at or above the wrist;
 - v. An injury to the spine, resulting in permanent and complete paralysis of both arms, both legs, or one arm and one leg;
 - vi. A physically traumatic injury to the brain resulting in incurable insanity or imbecility; or

- vii. Third degree burns that cover at least 40 percent of the body and require grafting, or third degree burns covering majority of both hands or one hand, or one hand and the face.

Death Benefits

1. In case of a death relating to your work-related injury or illness, your income benefits will cease, and your beneficiaries may file a claim for death benefits.
2. Death benefits may be paid if there is a:
 - a. Surviving spouse;
 - b. Dependent child;
 - c. Dependent grandchild;
 - d. Other eligible dependent family member; or
 - e. Parents, when there are no surviving eligible dependent family members.
3. Burial expenses may be payable directly to a funeral home or as a reimbursement to the person who incurred the burial expense.
4. If a first responder (as defined by Labor Code §504.055) dies on or after September 1, 2017, the surviving spouse may be eligible for lifetime death benefits even if they remarry.

Section V

MODIFIED WORK ASSIGNMENT PROGRAM FOR CIVILIANS

1. The City of San Antonio has developed and implemented a program that will assist all employees with returning to work after an occupational or work related injury/illness.
2. The goal of the program is to ensure that all employees will be able to:
 - Return to their regular jobs and/or
 - Perform the job duties of a modified work assignment
3. The City will make a good faith effort to place an eligible employee in a modified work assignment, but is not obligated to create a modified work assignment for the employee.
4. Per A.D. 4.37, modified work assignments are temporary in nature and will not be made permanent: for civilian employees, modified duty will terminate at exhausting 180 days, reaching MMI or return to work full duty, whichever comes first.
5. An employee's pay classification shall not be affected while in a modified work assignment.
6. The City of San Antonio will offer a modified work assignment to employees who meet the following criteria:
 - Employee is full-time or part-time, uniform or non-uniform personnel for the City during the time of injury.
 - Employee must be suffering from the temporary effects of an injury, illness or condition that restricts the individual from performing the essential job functions of his/her position.
 - The employee must seek medical attention from a medical treatment facility and provide documentation of treatment by a licensed physician.
 - The employee must not have violated any City policies.

MODIFIED WORK ASSIGNMENT PROGRAM PROCESS FOR CIVILIANS

1. The treating physician or TPA shall submit to ORM a copy of the DWC 73 via fax or by email.
2. ORM will contact the HRS to initiate a MWA for employees returning to work with restrictions.
3. HRS provides the department supervisor with a copy of the DWC 73 to determine if the home department can accommodate return to work restrictions.
4. The supervisor will review the restrictions and provide the HRS with a list of job duties for the employee to perform within their home department.
5. HRS will draft the Bona-fide Offer (BFO) within twenty-four (24) hours of receipt of the DWC 73.
6. Upon completion, HRS will submit the BFO to ORM via email to RMWorkers.Comp@SanAntonio.gov for review and finalizing.
7. ORM will returned the approved BFO to HRS. If ORM does not indicate additional information is needed, **do not modify the approved BFO.**
8. Upon receipt of the approved BFO from ORM, the HRS will immediately coordinate a meeting for the employee to meet with HRS or if more logistically appropriate with the employee supervisor to conference all with ORM.
9. ORM Workers' Compensation Coordinator (WCC) will review the BFO, DWC 73, AD 4.37 MWA Program, and AD 4.84 WC Program with the employee and address any questions or concerns.
10. HRS will then scan and email all completed forms to ORM.
11. In the event, the home department is unable to accommodate the employee, ORM will facilitate an MWA outside the home department, draft the BFO and complete the MWA process in its entirety.
12. ORM will email a copy of all completed forms to the HRS and TPA.
13. If ORM or the HRS are not successful in coordinating a meeting with the employee, by email or phone, a certified letter will be mailed to the employee with a copy of the BFO and DWC 73.

14. If a response is not received from the employee within seven (7) days of receipt, the City will assume that the employee has declined the MWA offer.
15. An employee's MWA will cease upon: returning to full duty, exhausting 180 calendar days of light duty, or being placed at MMI by the treating physician.

Section VI

Dispute Resolution Process

Dispute Resolution Process

Under the provision of the WC Act, you have the right to engage in the dispute resolution process if you do not agree with your claim decision.

1. The dispute resolution process consists of three (3) levels.
 - a. Level 1: Benefit Review Conference (BRC)
A Benefit Review Officer, appointed by the State, hears the disputes of both parties and acts as a mediator.
 - b. Level 2: Contested Case Hearing (CCH)
An Administrative Law Judge, appointed by the State, reviews and considers evidence regarding the disputes of both parties, and renders a decision.
 - c. Level 3: Appeals Panel Review (AP)
Three (3) Administrative Judges, appointed by the State, review the entire case and render a final decision.
2. ***If you are successful during the dispute resolution process, you may be entitled to back payment of income benefits, which could result in you receiving overpayments from the City. If this happens, you will be required to repay the City.***
3. Time associated with the dispute resolution process is not considered City paid time and must be conducted on your own time.
4. For details regarding a dispute, you may contact The Office of Injured Employee Counsel (OIEC) at 1-866-393-6432.

Section VII

Resources

Resources

Other resources that may be available to Civilian members include:

1. **City Healthcare Plan:**
The City offers generously subsidized health care benefits to active employees and City paid disability benefits.
2. **Deer Oaks Employee Assistance Program (EAP):**
The City provides a comprehensive Employee Assistance Program (EAP) through Deer Oaks. The service is free and offers a variety of services, designed to assist you in resolving daily work and life challenges that may be affecting your well-being. The EAP can provide up to six (6) personal sessions per issue, with unlimited issues. All services provided by Deer Oaks are confidential and HIPAA-compliant.
3. **City of San Antonio Wellness Program:**
The City of San Antonio Wellness Program has been established to monitor your health and wellness throughout your tenure. This program is designed to provide early detection of serious medical conditions and encourage better health, thereby allowing you to do your job in a safer and more effective manner.
4. **Diabetes Education**
The City Employee Wellness Division works closely with various organizations to ensure that the most up-to-date and convenient resources are available to employees and their families in relation to diabetes detection, prevention and management. Diabetes education sessions are offered throughout the year in a variety of formats, so be on the lookout for upcoming sessions at a City location near you.

Section VIII

DEFINITIONS

Average Weekly Wage:

The wages an employee earned in the 13 weeks immediately preceding the date of injury (or the wage a similar employee earned if the employee did not work the full 13-week period).

Benefit:

A medical benefit, an income benefit, a death benefit, or a burial benefit based on a compensable injury.

Compensable Injury:

An injury that arises out of and in the course and scope of employment for which compensation is payable under the Texas Workers' Compensation Act.

Course and Scope:

An activity of any kind or character that has to do with and originates in the work, business, trade, or profession of the employer and that is performed by an employee while engaged in or about the furtherance of the affairs or business of the employer. The term includes an activity conducted on the premises of the employer or at other locations. The term does not include transportation to and from the place of employment unless:

- a. the transportation is furnished as a part of the contract of employment or is paid for by the employer;
- b. The means of the transportation are under the control of the employer; or
- c. The employee is directed in the employee's employment to proceed from one place to another place; or
- d. Travel by the employee in the furtherance of the affairs or business of the employer if the travel is also in furtherance of personal or private affairs of the employee unless:
The travel to the place of occurrence of the injury would have been made even had there been no personal or private affairs of the employee to be furthered by the travel; and
- e. The travel would not have been made had there been no affairs or business of the employer to be furthered by the travel.

Disability:

Disability is the inability to obtain and retain employment at wages equivalent to the pre-injury wages.

DWC:

Division of Workers' Compensation, administers workers' compensation laws, resolves disputes over workers' compensation benefits and provides information and assistance to injured workers and others about the workers' compensation system.

Employer's First Report of Injury or Illness (DWC 1):

The DWC 1 provides information about the employee, employer, insurance and healthcare provider, if applicable; the supervisor includes the employee's employment and circumstances surrounding the injury or illness and forwards the completed form to the HRS

Employer's Wage Statement (DWC 3 form)

A form that provides the employee's average weekly wage to establish benefits due to the employee or a beneficiary based on gross wages earned 13 weeks preceding the date of injury.

Impairment Income Benefits (IIBs):

Begins the day after the date the employee reaches maximum medical improvement (MMI) and continues at the rate of 3 weeks for each percentage point of impairment or the death of the employee, whichever is first.

Impairment:

Impairment is any anatomic functional abnormality or loss existing after maximum medical improvement that results from a compensable injury.

Impairment Rating:

The percentage of permanent impairment of the whole body resulting from a compensable injury as determined by a DWC authorized physician at the time when the employee reaches MMI.

Income Benefits:

A payment made to an employee for a compensable injury as prescribed by the DWC. The term does not include a medical benefit, death benefit, or burial benefit.

Injury:

Damage or harm to the physical structure of the body and a disease or infection naturally resulting from the damage or harm. The term includes an occupational disease.

Maximum Medical Improvement (MMI):

The earlier of 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 the expiration of 104 weeks from the date on which income benefits begin to accrue.

Medical Documentation:

Medical documentation includes any written communication provided by the health care provider as required by the Workers' compensation Program

Responsibility of the Employee:

It is the employee's responsibility to notify their supervisor about an injury or illness as soon as possible or within twenty-four (24) hours. If at any time the injury causes absence from work, medical documentation employee's supervisor will need a copy. The injured employee must notify the department supervisor and/or Human Resources Specialist and the Risk Management Division after released to return to work (limited or regular duty). If the physician has assessed Maximum Medical Improvement (MMI), the injured worker will need to contact the Department Supervisor and/or Human Resources Specialist.

Similar Employee:

In determining an employee's average weekly wage absent a full 13 week wage history, a person with similar training, experience, nature of work, and the number of hours normally worked.

Supplemental Report of Injury (DWC 6):

A DWC 6 form is a form filled out by the HRS and sent to the TPA which illustrates changes in the employee's work status, changes in the employee's earnings as a result of the injury or when the employee resigns or is terminated.

Texas Workers' Compensation Act:

A Texas statute designed to provide legal and practical guidance regarding employee and employer rights concerning issues related to on the job injuries and related illnesses.

Texas Department of Insurance (TDI):

Texas Department of Insurance is a state agency that ensures proper delivery of benefits to injured workers, helps resolve disputes concerning injury claims filed by the injured worker, and provide a workplace health and safety services. TDI develops rules to administer the workers' compensation system and monitor the activities of the system participants. TDI does not pay benefits. Insurance companies or third-party administrators pay workers' compensation benefits.

Temporary Income Benefits (TIBS):

Compensation for lost wages due to the compensable injury during a period in which the employee has disability and has not reached maximum medical improvement.

Third Party Administrator (TPA):

The contract company handling adjustments of claims and support services for the City's Workers' Compensation Self Insured Program.

Treating Physician:

The physician is primarily responsible for the employee's health care for an injury. The employee is responsible for selecting doctor of choice.

Work Status Report (DWC 73):

The treating physician will complete the DWC 73 and determine the effective, and/or estimated expirations dates of work status and restrictions. The treating physician identifies the prevention of the employee returning to work and includes information about the claim/injury

Workers' Compensation:

A state regulated insurance program that provides covered employees with income and medical benefits if they sustain a work related injury

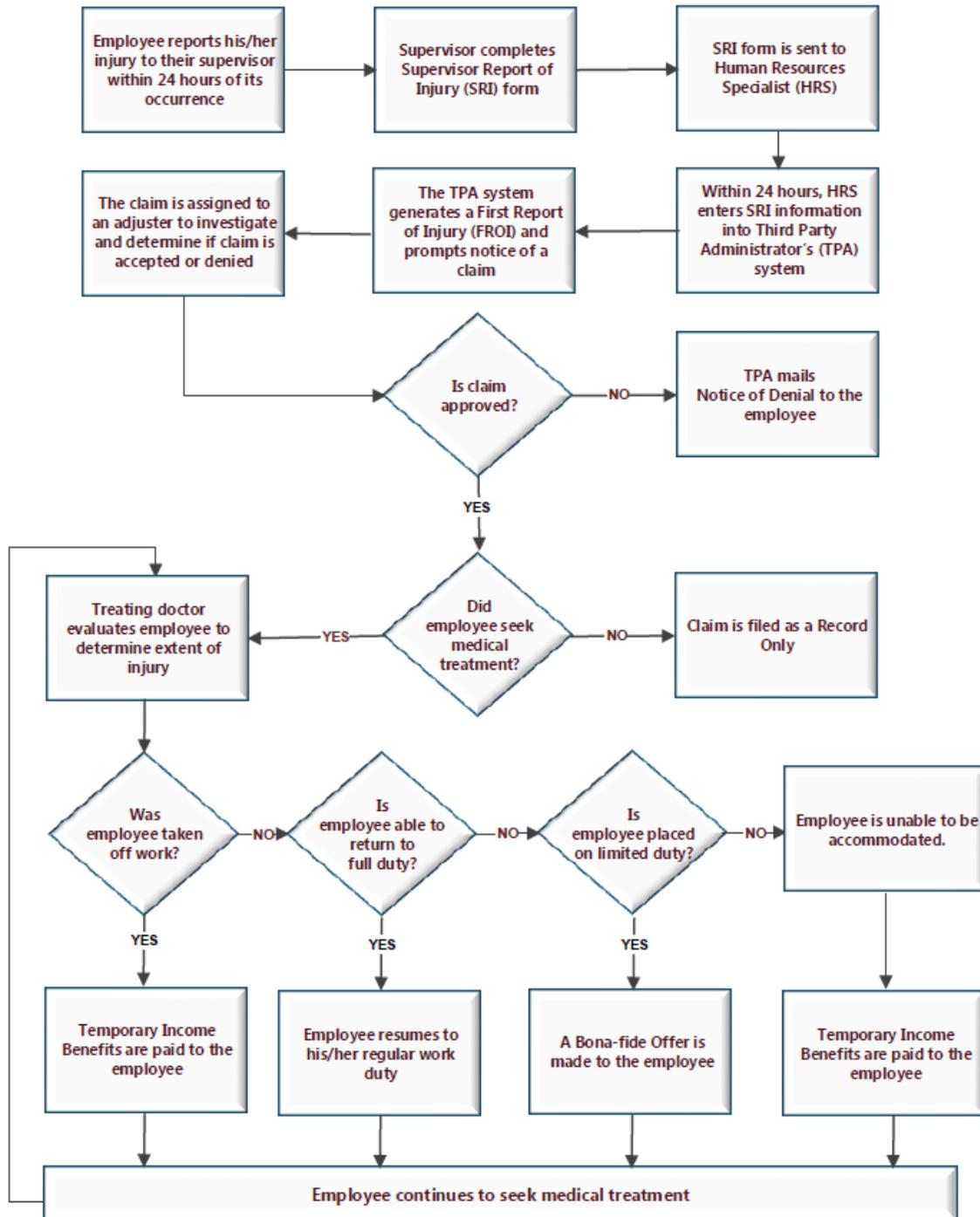
Section IX

ATTACHMENTS

Attachment A:	Workers' Compensation Claims Process Flowchart
Attachment B:	Modified Work Assignment Process Flowchart
Attachment C:	Work Status Report (DWC 73)
Attachment D:	OPTUM – WC Prescription Card

Attachment A

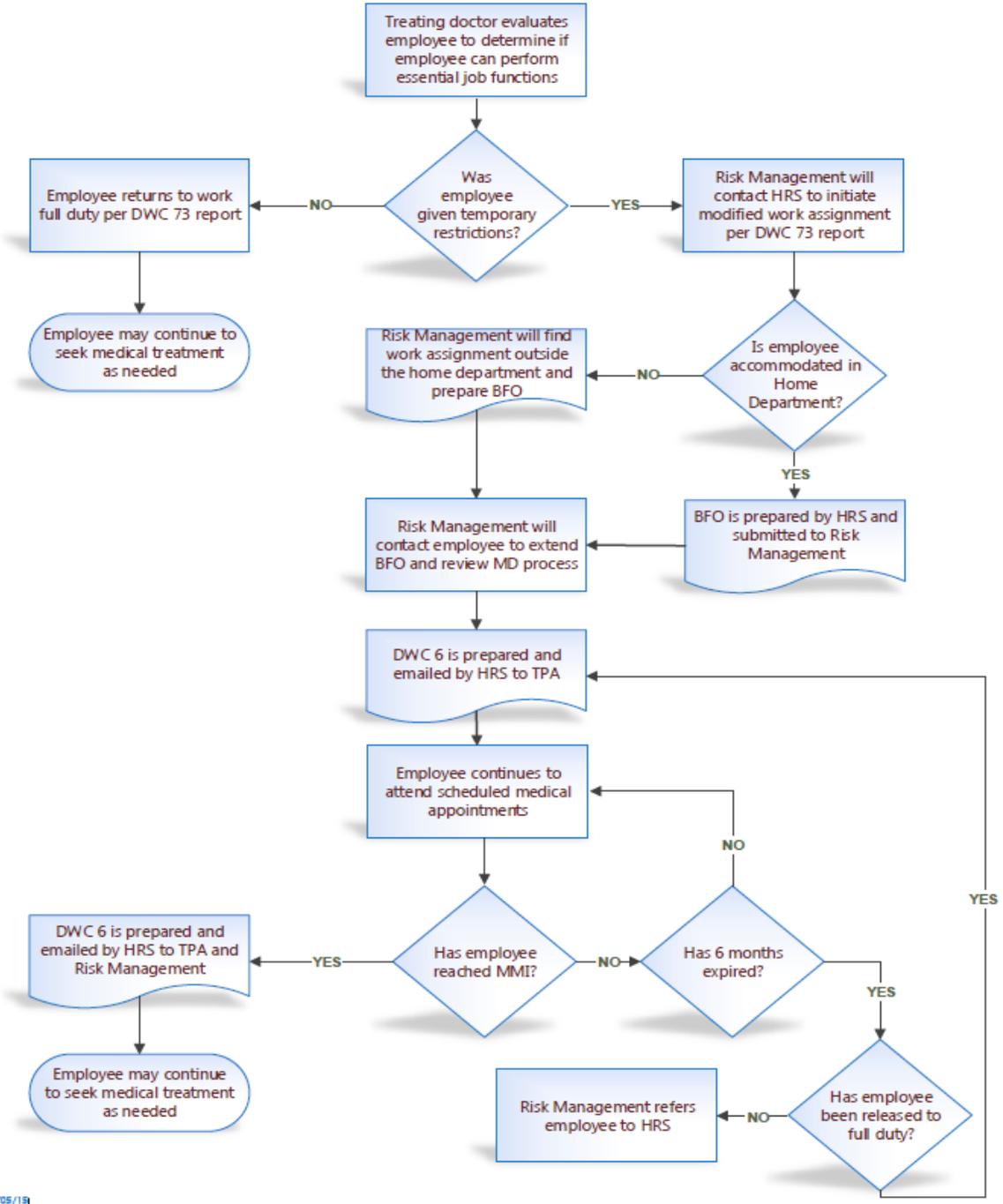
Workers' Compensation Claims Process



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Attachment B

Modified Duty Work Assignment Process



09/05/19

Attachment C



Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031.

Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

DWC073

Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION		Date Sent (for transmission purposes only):	
1. Injured Employee's Name		5a. Doctor's/Delegating Doctor's Name and Degree	
2. Date of Injury		5b. PA / APRN Name (if completing form)	
3. Social Security Number (last four) XXX-XX-		6. Facility Name	
4. Employee's Description of Injury/Accident		7. Facility/Doctor Phone and Fax Numbers	
		8. Facility/Doctor Address (Street, City, State, ZIP Code)	
		9. Employer's Name	
		10. Employer's Fax Number or Email Address (if known)	
		11. Insurance Carrier	
		12. Carrier's Fax Number or Email Address (if known)	
II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)			
13. The injured employee's medical condition resulting from the workers' compensation injury:			
<input type="checkbox"/> a) will allow the employee to return to work as of ___/___/___ without restrictions; OR <input type="checkbox"/> b) will allow the employee to return to work as of ___/___/___ with the restrictions identified in PART III, which are expected to last through ___/___/___; OR <input type="checkbox"/> c) has prevented and still prevents the employee from returning to work as of ___/___/___ and is expected to continue through ___/___/___. The following describes how this injury prevents the employee from returning to work:			
III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)			
14. Posture Restrictions (if any):		17. Motion Restrictions (if any):	
Max hours per day: 0 2 4 6 8 Other:		Max hours per day: 0 2 4 6 8 Other:	
Standing		Walking	
Sitting		Climbing stairs/ladders	
Kneeling/squatting		Grasping/squeezing	
Bending/stooping		Wrist flexion/extension	
Pushing/pulling		Reaching	
Twisting		Overhead reaching	
Other:		Keyboarding	
15. Restrictions Specific To (if applicable):		18. Lift/Carry Restrictions (if any):	
<input type="checkbox"/> Left hand/wrist <input type="checkbox"/> Left leg <input type="checkbox"/> Right hand/wrist <input type="checkbox"/> Right leg <input type="checkbox"/> Left arm <input type="checkbox"/> Back <input type="checkbox"/> Right arm <input type="checkbox"/> Left foot/ankle <input type="checkbox"/> Neck <input type="checkbox"/> Right foot/ankle Other:		<input type="checkbox"/> May not lift/carry objects more than ___ lbs. for more than ___ hours per day. <input type="checkbox"/> May not perform any lifting/carrying. Other:	
16. Other Restrictions (if any)		19. Misc. Restrictions (if any):	
		Max hours per day of work:	
		Sit/stretch breaks of ___ per ___	
		Must wear splint/cast at work	
		Must use crutches at all times	
		No driving/operating heavy equipment	
		Can only drive automatic transmission	
		No skin contact with:	
		No running	
		Dressing changes necessary at work	
		No work / ___ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding	
		Must keep ___ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry	
		20. Medication Restrictions (if any):	
		<input type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	
IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION			
21. Work Injury Diagnosis Information:		22. Expected Follow-up Services Include:	
		<input type="checkbox"/> Evaluation by the treating doctor on ___/___/___ at ___:___ a.m./p.m. <input type="checkbox"/> Referral to/consult with ___ on ___/___/___ at ___:___ a.m./p.m. <input type="checkbox"/> Physical medicine ___ X per week for ___ weeks starting on ___/___/___ at ___:___ a.m./p.m. <input type="checkbox"/> Special studies (list): ___ on ___/___/___ at ___:___ a.m./p.m. <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.	
Date /Time of Visit:	Employee's Signature	Visit Type:	Role of Health Care Practitioner:
		<input type="checkbox"/> Initial <input type="checkbox"/> Follow-up	<input type="checkbox"/> Treating doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> Designated doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> PA <input type="checkbox"/> Other doctor <input type="checkbox"/> RME doctor <input type="checkbox"/> APRN
Discharge Time:	Health Care Practitioner's Signature / License #		



Attachment D



Optum
PO Box 152539
Tampa, FL 33684-2539

MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

- 
Injured Employee:
 If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.
- 
 If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.
- 
 Most pharmacies are included in the network.

Questions? Need Help?
 **1-866-845-7740**

 	
Tristar	City of San Antonio
CARRIER/TPA	EMPLOYER
INJURED WORKER NAME	
Please provide directly to Pharmacist	
SOCIAL SECURITY NUMBER	DATE OF INJURY (YYMMDD)
Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com .	

Attention Pharmacists: Call 1-800-964-2531 to establish First Fill benefit eligibility and obtain the ID number for online adjudication of approved benefits for the injured worker. Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

	NDC	or	Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.

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Employer:
 Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred to as "Optum."



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CITY OF SAN ANTONIO

OFFICE OF RISK MANAGEMENT



CIVILIAN WORKERS' COMPENSATION RESOURCE GUIDEBOOK

Your Resource in Understanding The Claims Process

October 1, 2020