



CITY OF SAN ANTONIO



Cancer Resource Guidebook



San Antonio Fire Department

July 1, 2019

RESCUE

The purpose of this Resource Guide is to provide guidance with the City's Workers' Compensation process for cancer claims. This Resource Guide does not constitute a contract between you and the City of San Antonio nor does it supersede City policies, City directives, Collective Bargaining Agreements or the WC statute.

Written: April 1, 2018
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A Message from Chief Hood

Firefighting is one of the most dangerous occupations in the world, and conditions found on the fire ground require constant vigilance to ensure that everyone goes home safely and unharmed. It is imperative that operational plans are developed with safety as its foundation. As an organization, we can accept nothing less.

Cancer is one of the most relevant, confusing, and difficult issues facing the fire service today, and San Antonio Fire Department (SAFD) personnel have already seen firsthand the impact cancer can have on a firefighter, his/her family, and our department as a whole. In April 2015, SAFD implemented the Cancer Prevention SOP in an effort to protect personnel from this devastating disease, but despite this effort, our firefighters will continue to be exposed to hazardous chemicals and products of combustion due to the nature of our profession. Therefore, a Cancer Resource Guide has been developed, through collaboration with SAFD and the Office of Risk Management. This correspondence will provide you with the information necessary to navigate successfully through the workers' compensation process in the event that you file a claim for a cancer diagnosis.

One of your most important responsibilities in the workers compensation process is to report any occupational illness sustained in the line of duty to your supervisor as soon as possible. This will avoid a delay in your treatment. It is also strongly recommended that you maintain copies of all documentation related to your claim, such as doctor's reports and medical tests, which will be requested by the Third Party Administrator (TPA) in consideration of your claim. You are encouraged to comply with this request as soon as possible so your claim can be reviewed, and a decision rendered in an expeditious manner.

Should you have any questions or concerns regarding the workers compensation process, please contact your chain of command or the Personnel Services Office.

Thanks again to each of you for what you do. Take care of each other, and stay safe.

Yours in Service,



Charles N. Hood, Fire Chief

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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 that 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

Benefits Relating to Certain Diseases and Illnesses (Government Code 607)

In 2005, the Texas Legislature adopted Chapter 607 of the Texas Government Code that grants benefits relating to certain diseases & illnesses suffered by Firefighters (FF) and Emergency Medical Technicians (EMT). In 2019, Texas Legislature made significant changes to Section 607.055 which specifically addresses cancer. In summary, the revisions to the Government Code affords you the opportunity to file your cancer claim under the City's WC plan under the presumption that your cancer developed in the course & scope of employment if you:

- Regularly responded on the scene to calls involving fires or firefighting; and
- Regularly responded to an event involving the documented release of radiation or a known or suspected carcinogen while the person was employed as a firefighter or emergency medical technician; and
- The cancer originates at the stomach, colon, rectum, skin, prostate, testis, or brain; non-Hodgkin's lymphoma; multiple myeloma; malignant melanoma; and renal cell carcinoma.

The City has the right to evaluate your claim and provide a rebuttal. The full version of Government Code 607.055 can be located at:

<https://capitol.texas.gov/tlodocs/86R/billtext/pdf/SB02551F.pdf#navpanes=0>

Section III

Cancer Claims Process

Reporting Your Claim

1. Your claims process begins when you report your illness to your supervisor as being work related.
2. Your supervisor will complete the Supervisor Report of Injury (SRI) upon being notified of your illness and will provide you with a HCN Acknowledgment Form. This form describes the Notice of Network Requirements and informs you how to obtain medical treatment for your cancer claim. Your department will use this information to create your claim with the TPA. This process will take approximately 24 hours.

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 and provide you with additional information on the claims process.
2. Your adjuster may contact you and/or your legal representative to obtain statements regarding your type of assignments, medical authorizations, and medical records.
3. *To help facilitate an expedited evaluation, you should sign a medical authorization form granting permission to obtain prior medical records upon request from TPA. Without your medical authorization form, the TPA will not be able to evaluate your claim for a final decision.*
4. 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.
5. 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. The TPA is required to inform the Division of Workers' Compensation (DWC) within 60 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 the legal filing requirements. This Notice does not

automatically mean the TPA is permanently denying your claim. There is no legal timeframe for the City to make a final determination as to whether your claim will be accepted.

2. At the conclusion of the evaluation, your adjuster will forward the documents to an oncologist or qualified specialist for a medical peer review and medical opinion to determine if a risk factor, accident, hazard, or other cause not associated with your service as a firefighter or EMT was a substantial factor in bringing about your disease or illness.
3. A decision will be determined based on the information received during the claims evaluation; therefore, it is important that you respond to the adjuster's request for documents.
4. The basis of acceptance or denial of your claim will be dependent upon the decision from the oncologist or qualified specialist's review and other evidence.
5. 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.
6. If you do not agree with the outcome of your claim decision, you may appeal through the Dispute Resolution Process as outlined in Section V.
7. If your cancer claim was initially denied, but later approved, you may be entitled to receive reimbursement of out-of-pocket expenses and WC benefits during the duration of your illness.

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-illness medical recovery. The HCN consists of a broad selection of medical physicians, specialists, and facilities, committed to providing you with the best medical care. If you are diagnosed with cancer and your treating physician is not within the network, you may be allowed to continue treating outside the network.

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.

For cancer claims requiring treatment or evaluation by a specialist, your treating doctor may refer you to a specialist outside the network. The HCN will approve a referral to an out-of-network specialist without exception. In addition, the HCN will assign a Field Case Manager

immediately to assist you with your claim. Any other illnesses, as a result of the compensable claim, that is not cancer related will be treated with in-network providers or as provided in the Texas Healthcare Network Act:

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 illness. You should not be billed by any WC or HCN providers.
7. WC covers prescriptions relating to your WC illness. If you incur any difficulties filling your prescriptions during the course of your claim, you are encouraged to contact the Personnel Services Office. For injuries occurring after normal business hours, you should obtain a prescription card from your supervisor that will authorize your initial prescription.
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 Physician Assessment Form and Work Status Report (DWC73) to the Personnel Services Office. In the event your medical provider has assigned limitations on your job tasks, you may be entitled to light duty as discussed in Section VII.
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 IV

Workers' Compensation Benefits

If your claim is approved under WC, you are also entitled to certain medical and income benefits as approved by the WC Statutes. For purposes of this Resource Guide, 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 reasonable and necessary medical care to treat your compensable work-related illness. The TPA will not pay for the treatment of other illnesses, even if the treatment is provided at the same time you receive treatment for your work-related illness.
2. WC entitles you to lifetime medical treatment for your approved work-related 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 your work-related 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 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 illness causes you to lose all or some of your wages for more than seven (7) days.
 - b. Line of Duty Benefits (LOD) is a form of salary continuation extended to Uniformed Personnel, as outlined in Chapter 143 of the Local Government Code and the Texas Workers' Compensation Act. With LOD, you are able to offset the TIBS rate assessed for your illness and receive 100% of your salary during your disability period(s) of your claim.
 - c. 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 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 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 and Burial Benefits

1. In case of a death relating to your work-related 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 expenses.
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

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 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 VI

Resources

There are several different resources available to help you navigate through the diagnosis and treatment of cancer. These resources range from help in navigating the medical side of cancer and understanding the disease, help with financial issues, and help to mentally cope with a diagnosis of cancer for both you and your family.

SAFD Resources

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. **SAFD Wellness Program:**
The SAFD Wellness Program has been established to monitor your health and wellness throughout your career as a uniformed employee. 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. **Staff Psychologists:**
The SAFD Staff Psychologist advises and participates on the Critical Incident Stress Debriefing (CISD) Team, provides continual training and support for the Peer Support Program, and is available to assist you and your family with personal and professional issues.
5. **SAFD Chaplains:**
The SAFD Chaplaincy Program is available to provide guidance and counseling to you and your immediate family members for job-related and personal concerns.
6. **Peer Supporters:**
The SAFD Peer Support Program provides an opportunity for San Antonio Fire Department employees to talk to a fellow employee who can relate and empathize with personal or professional problems that negatively affect work performance, family unit, or self.

Other Resources

When searching the internet for resources pertaining to cancer, be cautious on the websites you visit as some can cause more harm than help. This is especially true when visiting blogs in dealing with cancer. While some can be comforting, others can be disturbing. The websites below are nationally recognized as leaders in cancer (occupational disease) research, treatment and support.

1. American Cancer Society – www.cancer.org
The American Cancer Society, by far, is the most comprehensive website relating to cancer. Several resources are available including specific resources relating to different cancers.
2. National Cancer Institute – www.cancer.gov
This United States Government website is a comprehensive site giving information on different types of cancer, their treatment, research, causes, prevention, screening, statistics, and resources for coping.
3. International Agency for Research on Cancer – www.iarc.fr
Conducts and coordinates research into the causes of cancer. It maintains a series of monographs on the carcinogenic hazards to humans based on a variety of agents, mixtures, and exposures.

Section VII

SAFD Light Duty Work Assignment (LDWA) Program

The purpose of the LDWA program is to place you into a work assignment that meets the medical restrictions assigned by your treating physician, until you are eligible to return to regular duty.

SAFD and ORM will work together to ensure that you are adequately placed in a LDWA; and assist you with transitioning back to full duty once your physician has removed your medical restrictions.

LDWA Guidelines:

1. Hand-carry your Physician Assessment Form and Work Status Report (DWC 73) to the Personnel Services Office. This will help the Personnel Services Office initiate the light duty work assignment process immediately.
2. The Personnel Services Office will review your Work Status Report (DWC73) to determine a list of job tasks that you may safely perform.
3. The Personnel Services Office will provide notice to your chain of command of your light duty work assignment and advise ORM.
4. You are required to report to work at the date, time, and location as instructed and perform the duties and tasks assigned within the restrictions required by your treating physician.
5. If you are placed off work by your treating physician while on LDWA, contact the Personnel Services Office and your light duty supervisor the same day to inform him/her that you will not be returning to work.
6. You may return to work full duty when your treating physician has indicated on the Work Status Report (DWC73) that you are capable of performing your essential functions of your job. **In no instance will you be allowed to return to full duty with restrictions.**

Section VIII

Definitions

Benefit:

You may be entitled to several different benefits under Workers' Compensation. A medical benefit, an income benefit, a death benefit, or a burial benefit based on a compensable illness.

Carcinogen:

Any substance radionuclide or radiation that promotes carcinogenesis or the formation of cancer.

Compensable Illness:

An illness that arises out of the course and scope of employment, for which compensation is payable under the WC Act.

Course and Scope:

Period of time you are presumed to be performing work related activities in the City's interests.

Division of Workers' Compensation (DWC):

You may receive documentation or assistance from the Division of Workers' Compensation during the course of your claim. The DWC administers workers' compensation laws, resolves disputes over Workers' Compensation benefits and provides information and assistance about the workers' compensation system.

Extent of Injury:

A non-work related condition or illness that is unrelated to your approved WC claim.

Income Benefits:

A payment made to you for an approved (compensable) illness as prescribed by the DWC. This term does not include medical benefits, death benefits, or burial benefits. Although death benefits are a type of income benefit, it is not payable directly to you but to your surviving beneficiaries.

Injury:

A work related injury is considered as damage or harm sustained to the physical structure of your body. It can also be a disease or infection naturally resulting from the damage or harm. The term includes occupational diseases.

International Agency for Research of Cancer:

Conduct and coordinate research into the causes of cancer. It maintains a series of monographs on the carcinogenic hazards to humans based on a variety of agents, mixtures, and exposures.

Maximum Medical Improvement (MMI):

Point in time when your work-related illness has improved as much as it is going to improve. You may be considered to have reached Statutory MMI at 104 weeks from the date you became eligible to receive income benefits.

Service Area:

A service area is any county where the network operates with physicians and other health care providers to care for injured employees.

Texas Workers' Compensation Act:

Texas statute that provides you as well as the City with legal and practical guidance on issues related to work-related injuries and illnesses.

Texas Department of Insurance (TDI):

A state agency that oversees your benefits. TDI can assist you resolve disputes that may be filed on your claim regarding disability, extent of injury or compensability. TDI develops rules to administer the WC system and monitors the activities of the system participants. TDI does not issue income benefits.

Third Party Administrator (TPA):

A contracted company that handles the adjustments of claims and support services for the City Workers' Compensation Self Insured Program. The City's Third Party Administrator (TPA) will handle your WC claim.

Treating Physician:

This physician is primarily responsible for your health care throughout the course of your illness.

Work Status Report (DWC 73):

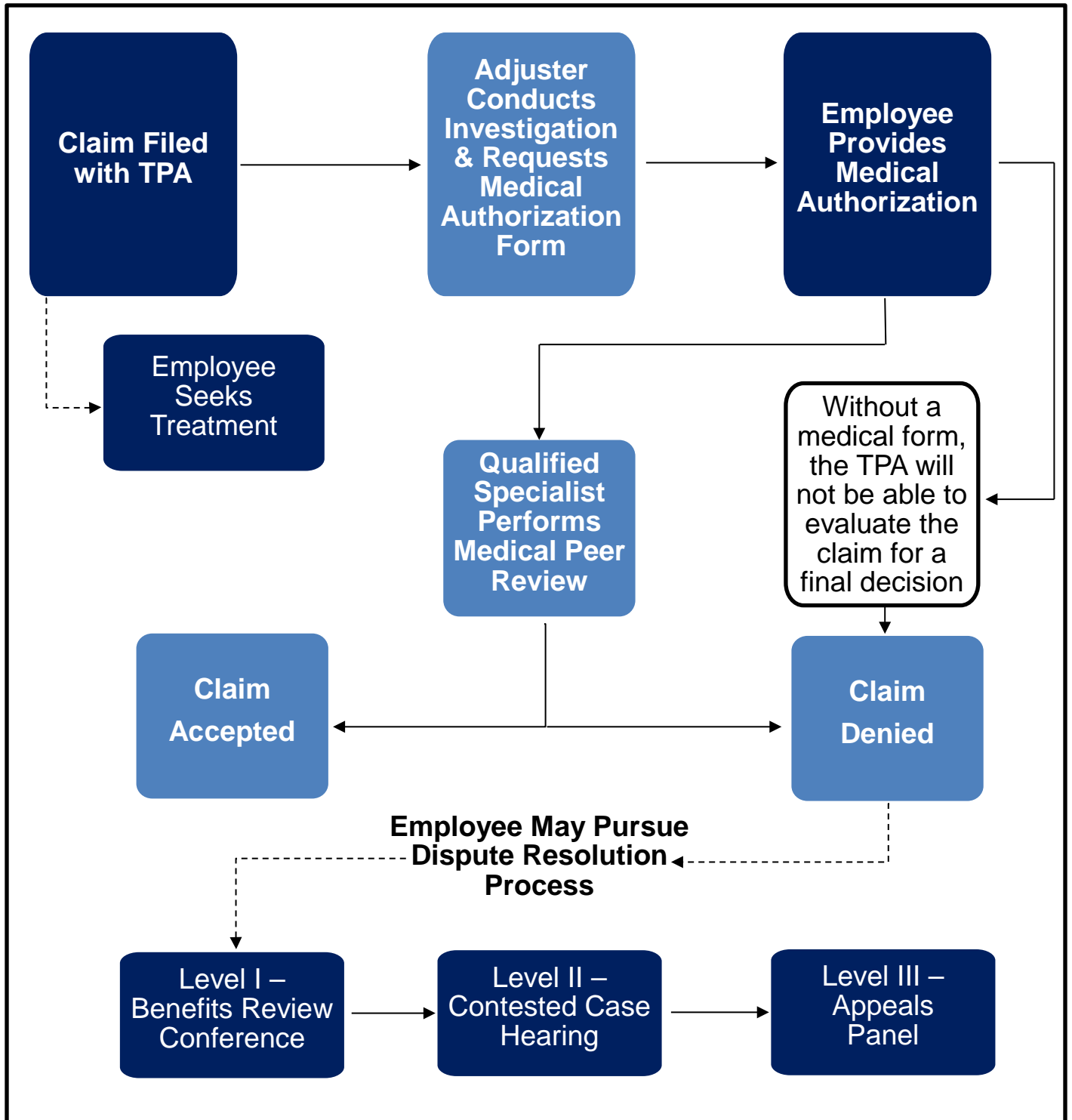
Your treating physician will complete this form on your claim to document your dates of work status and specific tasks that you are safely able to perform.

Workers' Compensation:

A state regulated insurance program that provides you, as a covered employee of the City, with income and medical benefits in the event that you sustain a work related illness.

Section IX

CANCER CLAIMS FLOWCHART





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RESCUE