CITY OF SAN ANTONIO

SAFD

WORKERS' COMPENSATION RESOURCE GUIDEBOOK

Your Resource In Understanding The Claims Process

July 1, 2019

The purpose of this Guidebook is to provide guidance with the City's Workers' Compensation process. This Guidebook 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
Revised: June 18, 2019

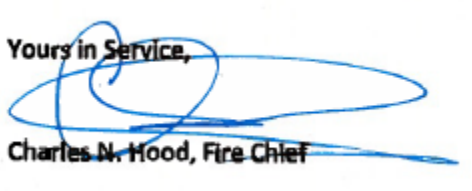
A Message from Chief Hood

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.

Although SAFD works diligently to ensure every necessary precaution is taken to protect our personnel, injuries and exposures will undoubtedly occur due to the hazardous nature of the job. Therefore, a Workers' Compensation Resource Guidebook has been developed, through collaboration between the San Antonio Fire Department and the Office of Risk Management, to provide personnel with the information necessary to navigate successfully through the workers' compensation process.

As a part of SAFD personnel, you must report any injury or illness sustained in the line of duty to your supervisor as soon as possible to avoid a delay in treatment. Please contact your chain of command or the Personnel Services Office, if you have any questions or concerns regarding the Workers' Compensation process.

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



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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

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 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 a 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 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 VIII.

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).

6. 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 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 injury 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 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

Reportable Diseases, Inhalation, Mental Trauma and Cancer Claims

The following claims require a more in-depth evaluation and usually result in a delayed medical diagnosis, which is required to make a final claim determination: reportable diseases, inhalation, mental trauma and cancer claims.

1. If you have not sought any medical treatment or do not plan to seek treatment at the time of reporting these incidents, the Personnel Services Office should maintain your SRI and HCN acknowledgment form internally within the Fire Department. This will not preclude you from seeking medical treatment later, if needed. If you indicate that you have received treatment or will be obtaining medical treatment for the reported incident, then your department should file the SRI to generate a claim.

2. To help facilitate an expedited evaluation, you should sign a medical authorization form granting permission to obtain prior medical records upon request from the TPA.

3. 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 has not received complete information to evaluate the 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 the claim. There is no legal timeframe for the City to make a final determination as to whether your claim will be accepted.

4. 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.

Reportable Disease Claims

With the increase and spread of such reportable diseases comes the possibility that first responders may be in contact with individuals suspected of or infected with a contagious disease or parasite while in the performance of their duties. Under WC guidelines, exposures such as tuberculosis, meningitis, viral hepatitis, and HIV/AIDs are "reportable disease claims." Reportable disease claims require baseline testing within 10 days of the exposure to a reportable disease, baseline test results and a statement of date and circumstances of the exposure.

This section establishes guidelines in the event you are exposed to blood-borne pathogens, infectious materials, or communicable diseases. If you believe that you have experienced an occupational exposure, the following procedures should be followed immediately:

1. Notify your supervisor of the exposure incident. You and your chain of command should work together to ensure that the source patient has been tested.

2. If you are accidentally exposed to a patient's blood or bloody fluids while rendering assistance at the scene of an emergency or while transporting a patient to the hospital, the hospital may test the source patient for Hepatitis B or Hepatitis C. However, you should ask the patient to voluntarily submit to a test for communicable diseases.

3. You are encouraged to seek medical treatment immediately at any urgent care facility or hospital that recognizes the City's policy regarding immediate care relating to exposures. Some surrounding facilities where you may obtain immediate treatment are University Hospital, Texas MedClinic and Concentra. If you encounter a medical facility that does not have all the necessary immunizations and prophylaxis care modalities available to treat your exposure, please notify your chain of command and ORM.

4. You should take all prescribed medication as instructed by your treating physician. If taken within two (2) hours of the exposure, some medications are believed to reduce the risk of contracting HIV by 80%. If you encounter any difficulties obtaining your medication during the course of your claim, please notify your chain of command or adjuster immediately.

5. As part of the evaluation process, your adjuster will request your medical records in consideration of your claim. Your adjuster may also request a sworn affidavit of the date and circumstances of the reportable disease, as well as a copy of the test results.

6. You should attend all subsequent appointments as recommended by your treating physician, even if you have received a denied claim status. It is the City's preference that you seek and obtain baseline treatment. If subsequent, post exposure testing is required to confirm the existence of a communicable disease, the additional testing should be submitted through the TPA for continued processing under the City's WC Program.

Inhalation Claims

1. If you file an inhalation claim, you should immediately obtain baseline testing. You are encouraged to seek medical treatment immediately at any urgent care facility or hospital that recognizes the City's policy regarding immediate care relating to exposures. Some surrounding facilities where you may obtain immediate treatment are University Hospital, Texas MedClinic and Concentra.

2. As part of the evaluation process, your adjuster may request your medical records and baseline test results. During the evaluation process, your adjuster will also request your

statement, a confirmed medical diagnosis from your treating physician, and medical records.

3. Your treating physician must provide a formal diagnosis and provide medical evidence to support how your symptoms prevent your ability to work.

4. The basis of acceptance or denial of your claim will be dependent upon the evaluation.

Mental Trauma

Mental stress/trauma claims involve a psychological or emotional condition that results from a specific time, place and event within the course and scope of your job duties. Stress related to personnel actions such as demotions, terminations, or job transfers are not considered mental stress claims.

1. The claim process begins when you report a mental trauma event that occurred while performing your job.

2. You are encouraged to select a licensed psychiatrist or psychologist to treat this condition. Upon your request, your adjuster can assist you by providing a list of psychiatrists and psychologists who treat WC patients.

3. During the evaluation process, your adjuster will request your statement, a confirmed medical diagnosis from your treating physician, and medical records.

4. Your treating physician must provide a formal diagnosis and provide medical evidence to support how your symptoms prevent your ability to work.

5. The basis of acceptance or denial of your claim will be dependent upon the evaluation.

Cancer Claims

1. The claims process begins when you report the illness as being work related. (Refer to SAFD Cancer Resource Guidebook.)

2. Your adjuster may contact you and/or your legal representative to obtain statements regarding your household environment, length of employment, type of assignments, medical releases, and medical records.

3. Once all documents have been received, your adjuster will forward the documents to an oncologist or qualified specialist for 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.

4. The basis of acceptance or denial of your claim will be dependent upon the decision from the oncologist's or qualified specialist's review and other evidence.

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

SAFD Resources

Other resources that may be available to SAFD 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. 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.

Section VIII

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 light duty work assignment; 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 LDWA process immediately.

2. The Personnel Services Office will review your Work Status Report 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 <u>with</u> restrictions.**

Section IX

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 injury.

Compensable Injury:
An injury or 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.

Healthcare Network Acknowledgment Form:
Notice of Network Requirements that informs the injured employee how to obtain medical treatment under the City's Workers' Compensation Program. This form is to be completed, signed by the injured employee and submitted to ORM.

Income Benefits:
A payment made to you for an approved (compensable) injury 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.

Maximum Medical Improvement (MMI):
Point in time when your work-related injury or 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 Department of Insurance (TDI):
A state agency that oversees your benefits. TDI can assist with resolving 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.

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 WC Health Care Network (HCN):
A state approved network of medical physicians, specialists, and facilities contracted to provide WC healthcare services.

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 injury.

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.

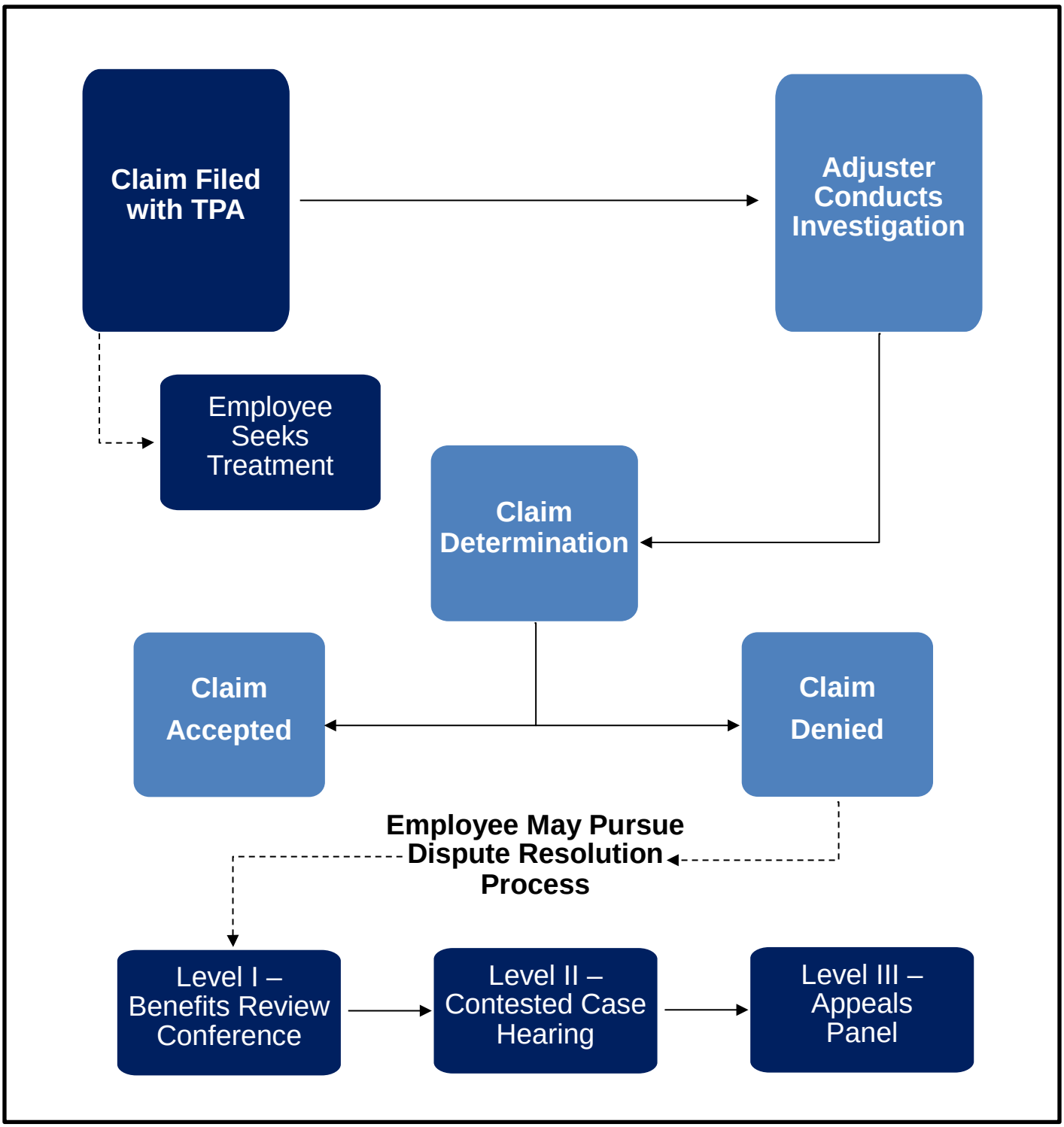
Workers' Compensation*:*
A state regulated insurance program that provides you, as a covered employee of the City, with income and medical benefits in the event that you sustain a work related injury.

Section X

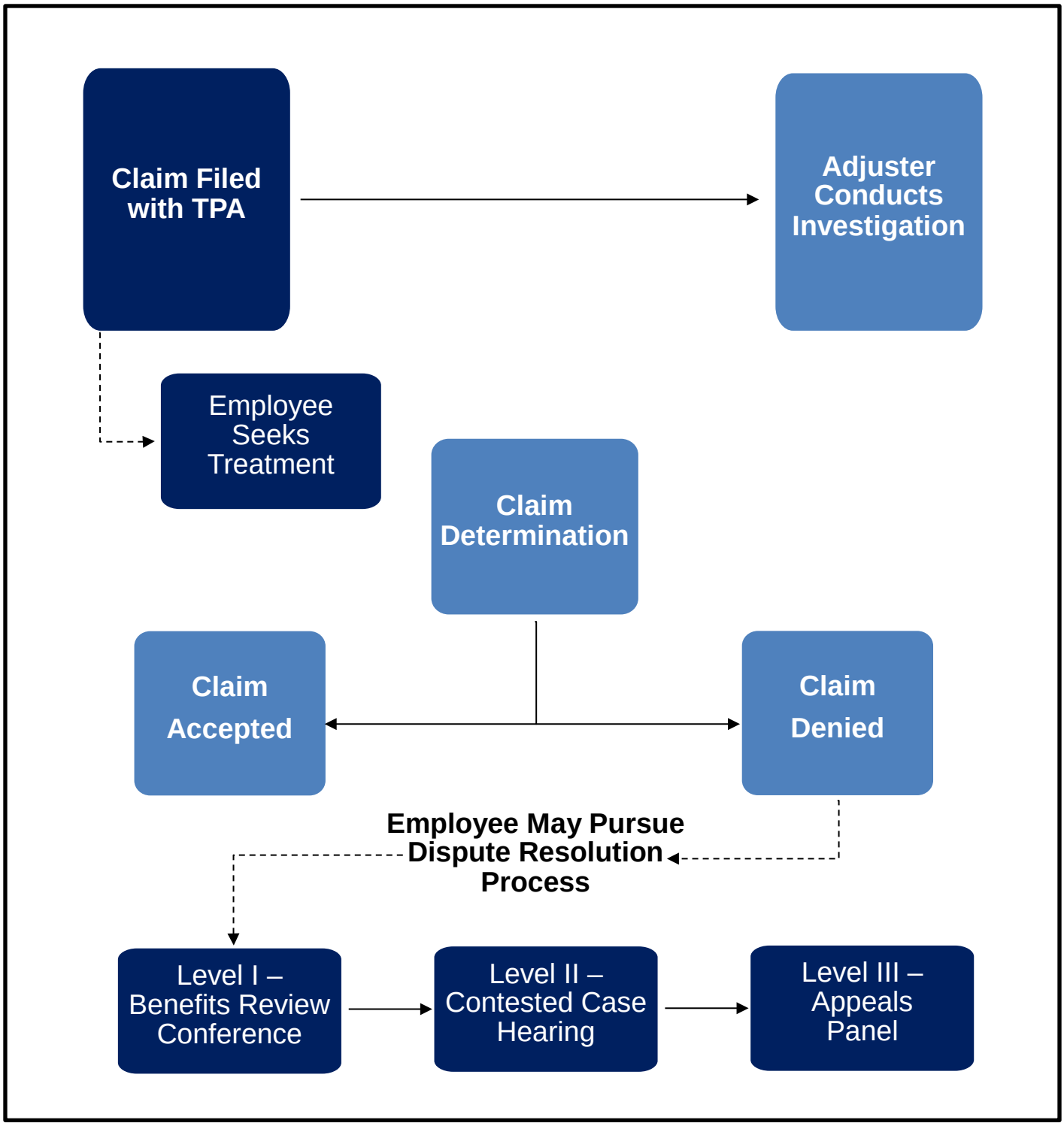
Attachments & Flowcharts

Attachment A - WC & TPA Claims Process
Attachment B - Reportable Disease Claims Process
Attachment C - Mental Trauma Claims Process
Attachment D - Cancer Claims Process

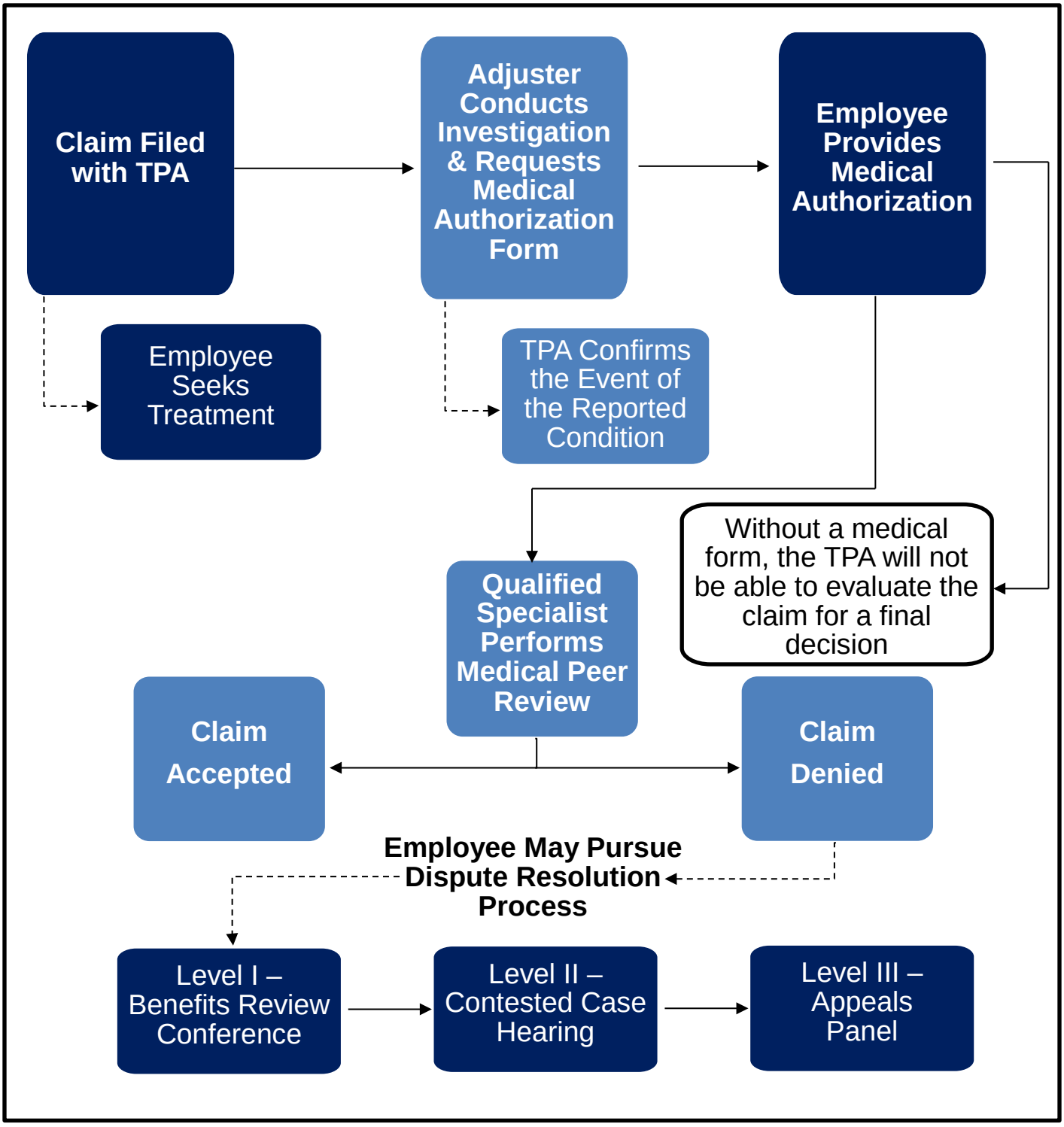
ATTACHMENT A
WC & TPA CLAIMS PROCESS



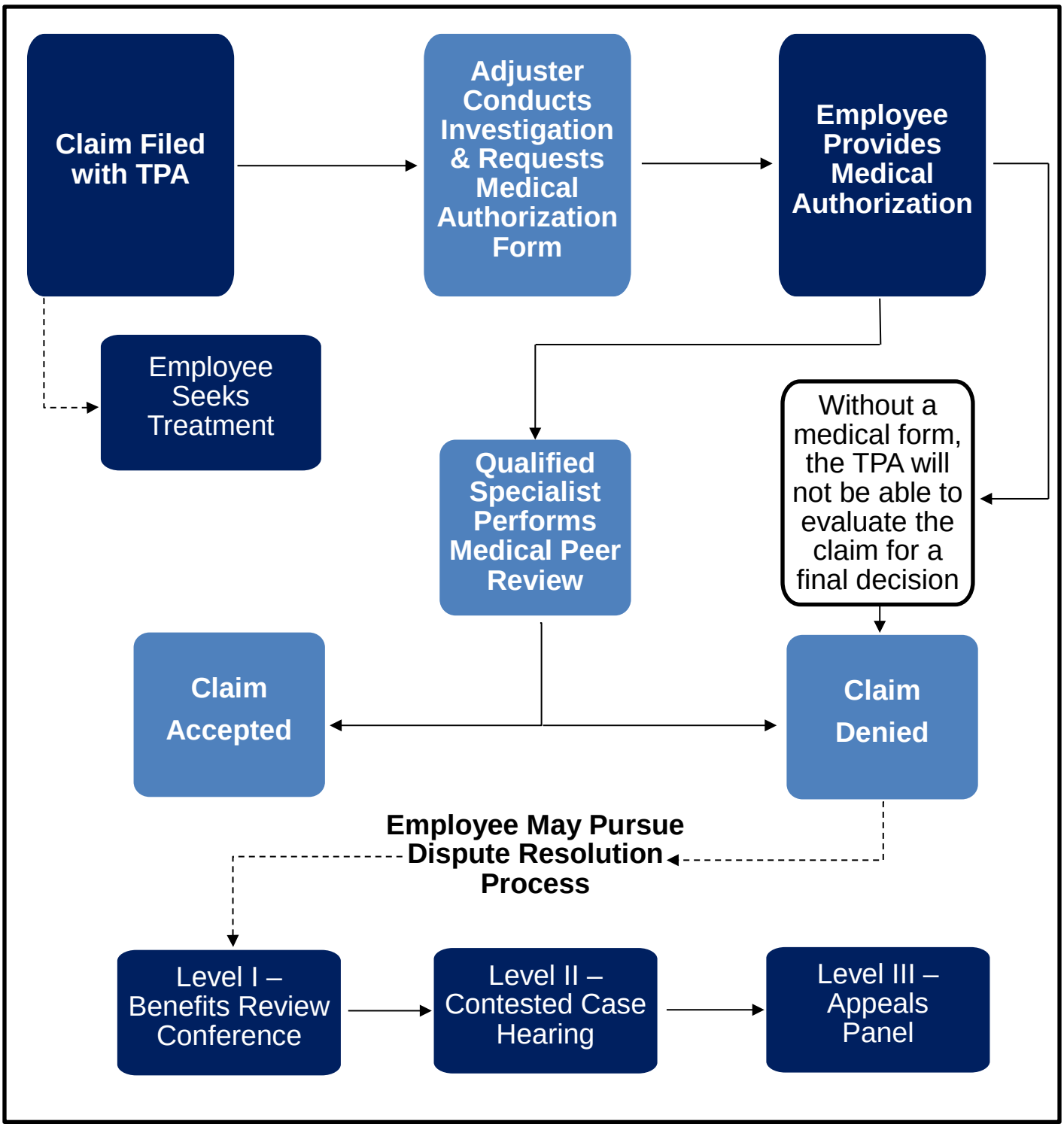
ATTACHMENT B
REPORTABLE DISEASE CLAIMS PROCESS



ATTACHMENT C
MENTAL TRAUMA CLAIMS PROCESS



ATTACHMENT D
CANCER CLAIMS PROCESS



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