



QUESTIONS & ANSWERS

1) What is workers' compensation?

Workers' compensation is the exclusive remedy for employees injured on the job, providing medical care, wage loss compensation, and rehabilitation, no matter who was at fault.

2) Who is eligible for workers' compensation benefits?

All State employees are covered by the Workers' Compensation program. Covered individuals include temporary and permanent employees (staff and faculty); student assistants and work study students; student teachers; students participating in University sponsored internship programs where coverage is required by written agreement between the campus and third party training facility; and appointed volunteers.

3) What is a workers' compensation injury or illness?

An injury or illness that occurs due to employment is considered a workers' compensation injury or illness. Workers' compensation covers various types of events, injuries, and illnesses. You could get hurt by one event at work, such as hurting your back in a fall, or by repeated exposures at work, such as hurting your wrist from doing the same motion over and over.

4) How does this coverage affect my own health insurance?

Workers' compensation is separate from personal health care insurance. Workers' compensation benefits cover work-related injuries and illnesses only. There is no deductible – all medical bills are paid by the TPA (and then billed to the CSU system "Risk Pool"). It is important to inform your "treating physician" IMMEDIATELY that your injury or illness is work-related.

5) How do I file a claim?

If you are injured on the job, if medically possible, tell your supervisor immediately that you have been hurt. In turn, your supervisor will inform the Benefits and Workers' Compensation Unit (x5436) of your injury/illness. The Benefits and Workers' Compensation Unit will then provide you with the Workers' Compensation Claim Form (DWC1) on which you can explain when and where your injury/illness occurred and describe your injury and part of body affected. You must complete the "Employee" section (lines #1 through #8) of the DWC1 and return the completed form to the Benefits and Workers' Compensation Unit. After the Benefits and Workers' Compensation Unit completes the "Employer" section (lines #9 through #18) of the DWC, a copy will be mailed to your home address. The TPA will contact you to explain the benefits to which you may be entitled.

6) Are there limits to filing a claim?

Yes. Generally, the law requires you to provide your employer with notice of your injury/illness within 30 days of the date of injury/illness. In addition, should you disagree with any of the third-party administrator's actions, in order to protect your rights you must commence proceedings before the Workers' Compensation Appeals Board (WCAB) by filing an Application for Adjudication of Claim within one year of the date of injury/illness, or one year from the last furnishing of indemnity or medical treatment benefits by your employer or the third-party administrator. It is very important that you act promptly so as not to risk losing your benefits because you waiting too long to file a claim.

7) May I file a workers' compensation claim if an injury occurs outside of work?

The CSU may not be liable for the payment of workers' compensation benefits for an injury resulting from your voluntary participation in any off-duty recreational, social, or athletic activity which is not part of your work-related duties.

NOTE: WORKERS' COMPENSATION FRAUD LAWS MAKE IT A FELONY FOR ANYONE TO FILE A FALSE OR FRAUDULENT STATEMENT OR TO SUBMIT A FALSE REPORT OR ANY OTHER DOCUMENT FOR THE PURPOSE OF OBTAINING OR DENYING WORKERS' COMPENSATION BENEFITS. ANYONE CAUGHT PERFORMING THESE ILLEGAL ACTS WILL BE PROSECUTED. IF CONVICTED, THE PERSON CAN FACE UP TO 5 YEARS IN PRISON AND/OR UP TO A \$150,000 FINE.

8) How do I obtain medical treatment for my injury or illness?

If the injury requires **emergency assistance**:
You should dial **9-1-1**.

In **non-life-threatening situations**: You should obtain medical treatment from the appropriate Designated Medical Facility (*see next page*) or, if applicable, your Pre-Designated Personal Physician (*see Q. 9*).

Designated Medical Facility

- Serious Injury/Illness*(or any injury/illness occurring during the weekend or after SHS business hours):

Enloe Prompt Care Clinic
888 Lakeside Village Commons
Chico, CA 95928
Phone: (530) 332-6890
Open 7 days a week, from 8 a.m. to 7:30 p.m.

NOTE: If medical care is required before 8 a.m. or after 7:30 p.m., you should obtain treatment at **ENLOE MEDICAL CENTER E-R** at West 5th Avenue and Esplanade.

***Injuries, which are not considered minor, include (but are not limited to): Serious laceration; lumbar (back) strains; knee strains or dislocations; possible bone fractures; cumulative trauma injuries (including carpal tunnel and tendonitis); loss of consciousness or ambulation; life threatening injuries; and exposure to hazardous substances.**

- Minor Injury/Illness:

STUDENT HEALTH CENTER
California State University, Chico
Chico, CA 95929-0777
Phone: (530) 898-5241
Hours: Monday-Friday 8 a.m. to 5 p.m. (except Wednesday – 9:15 a.m. to 5 p.m.)

9) Can I choose the doctor who will treat me for my injury?

Because you, as a CSU employee, meet the requirements of LC §4600(d), you may pre-designate your personal physician to treat you for a work-related injury/illness as long as your personal physician meets all of the following criteria:

The physician –

- Is your primary care physician
- Is licensed per the Business and Professions Code;
- Previously provided treatment to you;
- Retains your medical records and history; and
- Agrees to be your “pre-designated” physician (and signs the Pre-Designation of Personal Physician form).

If you have not “pre-designated” your personal physician prior to the date of your injury/illness, you must seek medical treatment from a **Designated Medical Facility** (see *Question 18*).

If you **have** pre-designated, you may change your treating physician 30 days after report of the injury.

As established previously, the CSU, as your employer, must provide all new employees with a Pre-Designation of Personal Physician form (*form attached*) upon hire or by the end of the first pay period.

10) How can I return to work as soon as possible?

You may not return to work at all without a medical release. When you leave a designated medical facility, you will be given a Medical Referral Form (*STUDENT HEALTH CENTER*), Work Status Report (*ENLOE OCCUPATIONAL HEALTH*), or Discharge Summary (*ENLOE EMERGENCY ROOM*). If you receive treatment from your pre-designated personal physician, you will need to have your physician complete our Work Status Form (or other medical release) which includes any work restrictions that may apply, including reduced work schedule.

The treating physician may decide that you are unable to return to your regular duties, but may authorize either reduced hours, or modified work. Once these restrictions have been defined, it is up to your supervisor to decide if a transitional employment assignment is available. That is, whether there is work available for you to do within the medical restrictions provided by the attending physician. You will be required to meet with your supervisor to review the work restrictions and determine the feasibility of job modifications. If the physician releases you to return to work on a part-time basis, the hours not worked will be covered by workers' compensation benefits. An employee who fails to accept a transitional employment assignment is subject to loss of workers' compensation benefits.

It is the policy of CSUC to return employees who have sustained injuries or illnesses to full duty or a transitional employment assignment as soon as their medical conditions permit. Under no circumstances should an injured employee be placed in a job where the medical condition would be aggravated or endanger fellow employees or State property.

11) Should I maintain contact with my supervisor during my time off from work?

It is extremely important for you to maintain contact with your supervisor throughout your disability period. If your supervisor is not able to answer your questions regarding your workers' compensation benefits, please contact the Benefits and Workers' Compensation Unit.

12) What if I become dissatisfied with my treatment?

If you are unhappy with the medical treatment you are receiving, you can take one of the following steps:

- Contact your TPA claims examiner and explain why you are dissatisfied. The TPA claims examiner can try to resolve the problem with the physician.
- If 30 days have elapsed since the injury was reported to the TPA, you may contact your TPA claims examiner to request a change of physician.

13) **Who administers the workers' compensation claims?**

A third-party administrator (TPA) manages workers' compensation claims on behalf of the CSU system. The TPA determines eligibility, authorizes medical treatment, and provides medical or wage compensation benefits to which the injured worker is entitled. The cost of these benefits is then billed to the CSU system "Risk Pool". The CSU's current TPA is:

SEDGWICK Claims Management Services

Post Office Box 3170
Rancho Cordova, CA 95741-3170
Phone: (916) 851-8024
Fax: (916) 851-8089

14) **What are my benefits and rights?**

Within one day after an employee files a claim form, the law required the employer to authorize medical treatment as required and limited by the law, until the claim is accepted or rejected, up to a limit of \$10,000 in total medical expenditures. All medical treatment is provided in accordance with the medical treatment utilization schedule.

Under certain circumstances, it may take up to 90-days from the filing of your claim form before a determination can be made by our third party administrator as to whether your disability is or is not work related. During this period, you will be allowed to use sick leave, vacation, and CTO leave credits as long as they are available. When these are exhausted, you may apply for Non-Industrial Disability Insurance and catastrophic leave. When it is determined the disability is job related and you are eligible for workers' compensation benefits, appropriate adjustments will be made to your leave account.

If the TPA accepts your claim, the TPA will pay all approved medical care that is reasonable, necessary, and supported by evidence-based treatment guidelines. This care may include doctors, hospital services, physical therapy, lab tests, x-rays, medicines, and related reasonable transportation expenses. There are limits on the number of chiropractic, occupational therapy, and physical therapy visits.

The TPA pays for all authorized treatment, so you should not receive any bills. The law states that you are not responsible for co-payments or balance-due bills after the TPA has paid the provider. If you receive any bills or a medical provider/pharmacy demands payment up-front, contact your TPA claims representative right away to direct you elsewhere.

Workers' compensation also provides wage loss benefit options if you cannot work due to the injury or illness. If your injury or illness results in a permanent impairment that decreases your ability to compete in the open labor market, you will receive permanent disability (PD) benefits. In the event of a work-related death, any qualified surviving dependents will receive death benefit payments.

The TPA is required to review your medical treatment requests from your physician through a Utilization Review (UR) process. This review process involves doctors and other health consultants reviewing your treatment needs based on the medical information provided by your physician to the TPA. There are time limits to approve, modify, delay, or deny treatment requests from your physician.

15) **Is there a waiting period before I begin to receive benefits for lost work time (beyond my date of injury)?**

Yes, there is a 3-calendar day waiting period. You must report usage of your own leave credits (or report "docked time") for lost work time during the 3-calendar day waiting period. However, if you are hospitalized or if you are disabled more than 14 calendar days, the waiting period will be waived and any leave credit hours reported during the waiting period will be returned to your leave credit balance(s).

16) **Are all absences covered by workers' compensation benefits?**

No. If your absence(s) is not supported by a signed physician's statement, it is not covered by Workers' Compensation benefits. ***LOST WORK TIME DUE TO DOCTOR APPOINTMENTS AND THERAPY APPOINTMENTS ARE NOT COVERED BY WC BENEFITS.*** Absences not covered by WC must be reported on your monthly Absence and Additional Time Worked Report (Std. 634). To cover these absences, you must report usage of your own leave credits or report "docked hours" under the appropriate "Absence Without Pay" section of the Std. 634 form.

17) **What are my workers' compensation wage loss benefit options?**

Option 1: Temporary Disability (TD)

*(This option is available to all CSU, Chico employees. **However, this is the only option available for student employees.**)*

Minimum of \$126 per week or actual weekly wage up to a maximum of \$602 (as of 1/1/03), \$728 (as of 1/1/04), \$840 (as of 1/1/2005) and \$840 or State Average Weekly Wage*, whichever is greater (as of 1/1/06). [SAWW is the average wage that employers pay employees covered by unemployment insurance.] You will receive TD payments every two weeks during the time you qualify for this benefit. Generally, TD stops when you return to work, or when the treating physician releases you for work or says that your injury has reached a point of maximum improvement. TD payments will not be extended beyond 104 compensable weeks within two years after the initial TD payment. Exempt are certain injuries that typically take longer to heal; they are subject to a cap of 240 weeks within a five-year period.

Option 2: Temporary Disability with Supplementation of Applicable Vacation & Sick Leave Credits

(This option is available to all CSU, Chico Employees with available leave credits.)

Same as Option 1, except that accumulated sick leave and vacation credits will be used to supplement TD, allowing you to continue receiving your full net pay until your vacation and leave credits are exhausted.

Option 3: Industrial Disability Leave (IDL)

(This option is available to all active PERS and STRS members.)

Payments begin after a 3-day waiting period of physician-authorized absence from work for employees qualified for IDL. The 3 days are reimbursed if you are hospitalized or if you are disabled for all duties beyond 14 days. For the first 22 days, you would receive the total adjusted IDL gross [IDL gross is calculated by subtracting federal and state withholding (based on marital and exemption status in effect on the date of the disability) and/or Social Security and Medicare withholding from the gross salary. Retirement contributions are then

deducted from this amount.]. If your disability continues, you would be paid at the rate of 2/3 of the adjusted IDL gross less voluntary deductions, if gross is sufficient, (unless the employee requests they be cancelled) for a total of 365 days within a 2 year period.

Option 4: Industrial Disability Leave (IDL) with Supplementation of Sick Leave Credits

(AVAILABLE TO ALL ACTIVE PERS AND STRS MEMBERS WITH AVAILABLE LEAVE CREDITS)

Same as Option 3, except that accumulated sick leave will be used to supplement IDL after the first 22 days, allowing you to continue receiving your full net pay until your sick leave credits are exhausted

18) How will my Temporary Disability (TD), Industrial Disability Leave (IDL) or Sick Leave Supplementation benefits be paid?

TD checks are issued by the third-party administrator and will be mailed to your home mailing address.

Authorization for IDL is issued by the third-party administrator. Because pay for IDL and Sick Leave Supplementation does not always issue from the State Controller's Office on a timely basis, and to ensure that funds are available on payday, the Payroll Office will **cancel your direct deposit for the duration of the disability period** and request a salary advance, if necessary. Depending on the timing, your pay will either issue in the form of a "salary advance" (*based on an approximation of net pay*) or as a "pay warrant" from the State Controller's Office. Because we cannot determine ahead of time what form your pay will take, you may wish to make prior arrangements with your department regarding the disbursement of your pay.

When you return to work status, you will need to go to the Payroll Office to reinstate Direct Deposit of your pay warrant.

19) How is permanent disability (PD) calculated and paid?

Your examining physician will report on any permanent impairment that may be considered a permanent disability. Under workers' compensation law, a permanent disability rating involves the use of a specialized formula. This formula considers your age and occupation at the time of your injury or illness, plus any permanent impairment(s) that the examining physician may indicate. The permanent disability rating yields a specific dollar amount. The exact amount depends on the date of injury, the percentage of disability, and your average weekly earnings at the time of injury. Once permanent disability payments begin, you receive payments every two weeks at your permanent disability rate. *[The third-party administrator will mail your PD payments to your home mailing address.]*

20) When does permanent disability (PD) start and stop?

Generally, if we accept your claim and your treating physician has determined that you have permanent disability, payments begin within 14 days after the termination of temporary disability. If we know the extent of your permanent disability, we will continue the payments every two weeks until we have paid the full benefit. If we do not know the extent of your permanent disability, payments will continue every two weeks until we have paid a reasonable estimate of your permanent disability indemnity due.

21) What if I have a recurrence and require further medical care?

If you need additional medical care for your injury after your original treatment has ended, you have one full year after your last treatment to notify the third-part administrator claims examiner of your request for additional medical care.

22) What if I have to change my line of work because of a workers' compensation injury?

If your injury results in permanent disability, and you are unable to return to work within 60 days after the last payment for temporary disability, and the employer does not offer modified or alternative work, a non-transferable voucher for education-related costs is payable to a state-approved school. The voucher can range from \$4,000 to \$10,000 depending on the level of your permanent disability. This benefit is called a Supplemental Job Displacement Benefit (SJDB).

23) What are my protections against discrimination for filing a workers' compensation claim?

It is illegal for an employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state. If you believe you have experienced discrimination because of your injury, you should discuss your rights with an Information Assistance Officer at the State Division of Workers' Compensation or with an attorney.

24) What if I have not received the benefits I think I should have?

If you have not received the benefits you think you should have, ask for an explanation from the third-party administrator claims examiner. Misunderstandings and errors sometimes do occur, but you can resolve most of them by talking with your claims examiner.

If you are not satisfied with your claims examiner's answers, you have several options. You have the right to consult with and be represented by an attorney. You can consult with the Information and Assistance Officer at the State Division of Workers' Compensation. You can also file an Application for Adjudication of Claim with the Workers' Compensation Appeals Board (WCAB) to resolve your claim formally. The Information and Assistance Officer can help you file the Application for Adjudication of Claim.

State Division of Workers' Compensation— Information and Assistance Officers

Redding Office – (530) 225-2047

Sacramento Office – (916) 263-2741

(Recorded information only: (800) 735-7401)