

FREQUENTLY ASKED QUESTIONS ABOUT WORKERS' COMPENSATION

What is Risk Management's Workers' Compensation Program?

Risk Management's program is an insurance plan provided by the State of Florida, which pays all reasonable and necessary medical care, if a state employee becomes injured or develops an occupational disease because of conditions on the job. The program also provides payment to the state employee for part of the wages he or she loses if the injury or illness disables the employee for more than seven calendar days.

Who is covered by the Risk Management Workers' Compensation Program?

All employees of the State of Florida are covered under the Risk Management's workers' compensation program from their first day on the job. That includes full-time, part-time, and temporary employees whether they are career service employees, select exempt employees, or senior management system employees. Volunteer workers to state agencies are covered for medical benefits. However, coverage is not extended to contracted employees, independent contractors, or vendors who provide services to state agencies. Risk Management will determine whether or not an individual is covered under its workers' compensation program.

How is a work related injury or illness reported and initial medical treatment provided?

In a medical emergency, transport the injured employee to the nearest medical facility or call 911 for emergency assistance. Following the arrangement of emergency medical treatment for the injured employee, call 1-866-786-3351 to report the injury to CorVel Workers' Compensation Services. If injury requires non-emergency treatment, call 1-866-786-3351 immediately and prior to obtaining medical treatment. CorVel will assist you and the injured employee in selecting an appropriate medical provider from within the CorVel CorCare Provider Directory. CorVel provides this service 24 hours a day, seven days a week.

What medical benefits are provided under workers' compensation coverage?

Workers' compensation provides all reasonable and necessary medical care, including surgical, hospital, and dental care resulting from a work-related illness or injury. Also included are items such as drugs, braces, crutches, and other medical supplies when ordered by a doctor to be used by the injured state employee. The Florida Legislature passed a law during the 2001 Legislative Session, to make the use of managed care optional for workers' compensation medical services. The Division of Risk Management has contracted with CorVel Corporation to provide these services. Employees are reimbursed for reasonable travel costs associated with going to and from the doctor, hospital, or other places of treatment. Reimbursement is paid at the rate of \$.29 per mile for travel necessary to and from medical treatment, but not for such trips as visits to the drugstore. Rehabilitation services for injured workers who need help to return to employment may be available if the employee was injured or became ill because of conditions on the job. The employer's obligation to provide these services varies depending on the date of injury. For dates of injury 10/1/89 and forward, the state may voluntarily offer rehabilitation services to an injured state worker, but is not required to do so. The state worker may accept or reject these services. The state worker may request a vocational evaluation from the Division of Workers' Compensation if the worker feels that additional training and education are necessary to return the worker to suitable, gainful employment. The Division of Workers' Compensation may be contacted by calling 1-800-342-1741 or any of the field offices nearest your location, or the request may be made to Risk Management.

How is Risk Management notified of a reported injury or illness?

When an incident is reported to the CorVel Intake Unit, a First Report of Injury (LES From DWC-1) is completed and forwarded to Risk Management.

What can the employing agency do to assist in the process?

In addition to meeting the requirements required by law, we recommend the employing agency also take an active role in the recovery of its employees. It is very important that injured employees know their employer is concerned about their well-being and recovery. Does your agency send get-well cards to injured employees periodically? Do the supervisors call intermittently to voice their concern? It is **critical** that any contact be perceived by the injured employee as the employer showing concern about the progress of the employee's recuperation.

Report changes in employee's work status. The **Employer's Supplemental Report of Injury**, form number DI 4-868, must be filed with Risk Management any time the employee's "work status" changes. This occurs most commonly when:

1. Employee starts to lose time from work after it was originally reported on the First Report of Injury that the employee had returned to work.
2. Employee returns to work after it was originally reported that the employee was not working. (This form, of course, is also used to report the employee's return to work date.)
3. Termination of employee along with supporting documentation.

How are disability benefits determined and paid?

Under the workers' compensation law, the first seven calendar days of an employee's disability is a waiting period. The employee is eligible for disability payments beginning with the eighth day of medical disability, which may be a total or partial disability. The employee is paid for the first seven days only if he/she is medically disabled for more than 21 days. However, under the state employment system, an injured state worker's first seven days of disability are considered to be Disability Leave. This is a benefit that is provided to all state employees (except OPS). Therefore, a state employee is paid for up to the first seven days of disability by being placed on Disability Leave. (OPS employees receive disability payments for the first 7 days, only after 21 days of medical disability). The employee is only entitled to 40 hours of disability leave and may use this time intermittently. The law requires that the first payment of compensation is due to be paid on the fourteenth day after the employer has knowledge of the injury. Thereafter, the injured employee receives bi-weekly payments until he or she returns to work.

Are there special requirements when an employee dies during the course of employment?

If an employee dies during the course of employment as the result of an accident, you must give notice by telephone to the Department of Financial Services, Division of Workers' Compensation, within 24 hours. The phone number is 850-922-8953, Fax number 850-922-0024. Death claims should be reported to CorVel just like any other claim by calling 1-800-929-0107. Please also notify Risk Management at the same time.

Are death benefits paid by workers' compensation?

If a worker dies as a result of an accident within one year or within five years of the accident if there has been continuous disability, death benefits may be owed to the surviving dependents. The amount of benefits will vary according to the number of legal dependents, but will not exceed 66 2/3% of the worker's average weekly wage before injury. The total amount of compensation cannot exceed \$150,000 to be paid out in bi-weekly payments (not in a lump sum). In addition, up to \$7500 in actual funeral expenses can be paid.

What should you do if there is suspected fraud involving workers' compensation?

If you have obtained information, which you feel indicates fraud may be involved in a workers' compensation claim, you should immediately report such information to the Bureau of Workers' Compensation Fraud, Department of Financial Services. If you are within the "850" area code

they may be called at 850/413-3261, or toll free 800/378-0445, or you may reach them by writing to the bureau at 200 East Gaines Street, Tallahassee, Florida 32399-0300. You may also report suspected fraud to Risk Management.