



OFFICE OF RISK MANAGEMENT

WORKER'S COMPENSATION POLICIES AND RESPONSIBILITIES

PAGE 1 OF 2

When submitting a Report of Injury form to the Office of Risk Management, you are indicating that you have sustained an injury for which you feel is work related. Upon acceptance of this claim*, you will be entitled to worker's compensation benefits, which include medical treatment directly related to injury and applicable wage loss benefits. Please note the policies and your responsibilities below:

REPORT FOR AN OCCUPATIONAL MEDICAL EXAMINATION

If you have not already done so, obtain an Authorization Form for Medical Treatment from your supervisor and report to one of the University-authorized occupational clinics as noted:

- University Health Center, Clinic 4K (UHC-4K)
4201 St. Antoine, Detroit, MI (between Detroit Receiving Hospital and Scott Hall)

- Henry Ford Health Medical Center, Harbortown
3370 East Jefferson, Detroit, MI 48207 (Jefferson Avenue just West of Belle Isle)

The clinic will provide a medical and occupational assessment in relation to your worker's compensation claim.

If you were treated at an emergency room, you must present to the associated occupational clinic the next business day. (i.e., DRH-ER will visit UHC 4K; HFH-ER will visit Henry Ford Center, Harbortown)

REPORT TO SUPERVISOR/DEPARTMENT AFTER EACH MEDICAL ASSESSMENT

After each medical appointment, immediately report to your supervisor/department to submit the work status slip (this is the document given to you upon discharge from the clinic). This will keep your department aware of your current work restrictions or work status (full duty/off duty). Await instruction from your department regarding your work status (i.e., can the department work you within your restrictions, etc.). If you are given a full duty status or restrictions for which the department can work you within, you are to commence work immediately after discharge from the clinic.

MAINTAIN MEDICAL COMPLIANCE

Maintain your scheduled medical and therapy visits on your assigned date and time. Failure to maintain compliance may cease or delay your benefits.

MAINTAIN CONTACT AVAILABILITY

You shall make yourself available for phone calls from clinic, your department, Risk Management and, if applicable, specialist/therapist. Phone messages should be returned immediately to any party involved within your worker's compensation claim. Ensure you have provided your current phone number to all parties. To avoid any problems, make sure all contact information is current and up to date.

You shall also make yourself available to return to work if you are called in by the University.

WORKER'S COMPENSATION POLICIES AND RESPONSIBILITIES

PAGE 2 OF 2

PRIOR AUTHORIZATIONS

All medical treatment **must** have prior authorization from the Office of Risk Management. Providers should contact the Office of Risk Management at 313-577-3112. The provider will receive written authorization if medical services are authorized. If prior authorization is not obtained, you will be responsible for the invoice. If the invoice for unauthorized services is not paid, your credit record could be affected.

After the first 10 days of medical treatment, you do have the right to seek medical attention from a provider of your choice. However, you are still required to follow-up at UHC 4K. The employer has the right to utilize the medical they choose in order to ascertain medical treatment and occupational work status.

If you choose to seek medical attention from your own physician, you must submit the provider's complete name, address, fax and phone numbers to the Office of Risk Management. The provider shall contact Risk Management for **prior** authorization, and then present a dictated, typed medical report to Risk Management for review. Services must be in relation to work-related condition in order to be compensable under worker's compensation.

PRESCRIPTION REIMBURSEMENT

Prescriptions from initial medical visits are reimbursed if you forward the original receipt and prescription tag that indicates the type of medication, date purchased, and patient's name, etc. Requests for reimbursement shall be submitted to the Office of Risk Management.

If you continue to receive prescriptions for your injury from an authorized provider directly in relation to your work injury, you will receive a prescription card from the University's new prescription program, EHIM. This card can be presented to most pharmacies. Additional information will be included upon receipt of the card.

INVOICES

The Office of Risk Management's address, 5700 Cass Avenue, Suite 4622, Detroit, MI 48202 should be given to the authorized healthcare providers for which you are treating for billing purposes. As the provider should have obtained prior authorization, they should have the billing address in their records. However, If you receive an invoice or credit agency notice for authorized medical services, please forward to the Office of Risk Management for review. Please note that the University may require additional information for review from the physician/facility, so there may be a delay in the payment.

FAILURE TO FOLLOW POLICY

Failure to follow the worker's compensation policies noted above and in the WSU APPM, Section 10.2.9, can result in denial or delay of benefits, and/or department-issued reprimand.

***As the employee has the right to file for worker's compensation, your employer, Wayne State University, has the right to investigate and dispute any claim, or portion(s) of claim, for**

which the University is not voluntarily accepting under worker's compensation.

March 2011