



OFFICE OF RISK MANAGEMENT

WORKER’S COMPENSATION POLICIES AND RESPONSIBILITIES

All University employees have the right to report work-related injury and illnesses free from retaliation and all employees are covered by the Michigan Workers Disability Compensation Act, which provides for medical and wage loss payments when an injury or illness arises out of and in the course of employment. Failure to follow the procedures outlined below may jeopardize an employee’s entitlement to benefits under the law, or cause a delay in benefits. The University reserves the right to determine liability for alleged occupational injuries and illnesses. Liability is determined following completion of a Report of Injury, an evaluation by a WSU authorized occupational clinic, and receipt of associated medical reports.

An evaluation by a WSU authorized occupational clinic is required in all instances of occupational injury or illness even if no treatment is necessary. The designated-authorized occupational clinics and ER facilities are:

- NON-EMERGENCY ISSUES: University Health Center (UHC)-4K  
Henry Ford Medical Center - Harbortown
- EMERGENCY ISSUES: Detroit Receiving Hospital – ER  
Henry Ford Hospital-Detroit-ER

**PROCEDURE**

**Responsibility**

**Action**

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| Employee | <ol style="list-style-type: none"> <li>1. Report the injury/illness to supervisor and/or director as reasonably possible after becoming aware of an injury or illness, but in no event later than leaving the campus work site or 8 hours after becoming aware of the injury or illness, whichever is earlier. <b>Obtain authorization form from supervisor/director, unless emergency services required.</b></li> <li>2. Seek medical attention at a WSU authorized occupational clinic (no appointment necessary) during business hours, or designated authorized hospital-ER for emergency or after-hours care. If an ER visit is sought, report to the associated occupational clinic the next business morning (no appointment necessary). (i.e., DRH-ER = UHC 4K; HF Hospital-ER = HF Clinic)</li> <li>3. Complete Report of Injury form with supervisor or director immediately after initial medical visit. Employees report immediately to their department <u>after each medical visit</u> to keep their supervisor and/or director abreast of their injury/work status</li> </ol> |
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and to receive work instruction. Present Work Status/Discharge form to department for review.

4. Verify with supervisor/director that the Report of Injury form was submitted to the Office of Risk Management.
5. Forward invoices directly related to the work injury to the Office of Risk Management for review.
6. Ensure compliance with all medical treatment and future appointments related to the injury as deemed necessary by occupational physician and authorized specialists.

Supervisor/Director

1. For off-campus emergency situations: Follow the local community emergency procedures (i.e., call 911, etc.)
2. On Campus emergency situations: Contact WSU Police Department (7-2222) to report the incident. If immediate treatment is necessary or the employee is not ambulatory to receive transportation, WSU Police Department will determine the type of transportation required, if necessary.
3. Instruct employee to report to a WSU authorized occupational clinic (or ER) upon notification of an injury regardless of how insignificant the injury appears at the time. **Provide employee with signed Authorization form that permits employee to visit clinic.**
4. Assist employee with completion of the Report of Injury after initial medical treatment has been rendered. Supervisor or director shall sign and date the Report of Injury form at that time and ensure the Report of Injury form is presented to Risk Management immediately upon completion, within 24 hours.
5. Review restrictions and determine if the department can work the employee within the restrictions provided by the occupational clinic. Advise employee and the Office of Risk Management of work status. Continue to keep Risk Management aware of employee's work status throughout the claim (i.e., off duty, working with restrictions, return to work, etc.)
6. Complete a Supervisor's Injury Investigation Interview and forward to the Office of Risk Management within 48 hours of the injury.

Office of Risk Management

1. Review Report of Injury and medical documents to determine compensability under Worker's Compensation.
2. Review and remit payment of properly submitted invoices for authorized medical services per Healthcare Rules.

When submitting a Report of Injury form to the Office of Risk Management, you are indicating that you have sustained an injury/illness 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  
3300 East Jefferson, Suite 100 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.

## **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 28 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 the occupational clinic. The employer has the right to utilize the medical of their choice in order to ascertain medical treatment and occupational work status. Medical treatment will not be covered prior to 28 days of treatment if you treat with a facility other than those listed on the Wayne State University injury policy.

If, after 28 days, 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.

**The '28-Day Rule': The State of Michigan Worker's Compensation Act mandates that the employer has the right to send the injured employee to a physician of the employer's choice for the first 28 days of inception of medical care.**

## **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 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 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.**

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