



**Effective July 1, 2016:      **Workers' Compensation Changes for  
Tennessee State Employees****

**Incentive I:**

\$1000 will be charged to the department if an injury/illness requiring medical treatment is not reported in a timely way. After an employee first calls CorVel to report the incident and arrange medical treatment, a Supervisor has only seven days to complete the report.

Why is the state doing this? In the long run moving the process along more quickly does lower costs, but the most important thing to remember is that until a claim is completed by the supervisor, the injured employee cannot be assigned to an adjuster and will not have anyone able to approve and arrange medical referrals. The sooner the report is completed, the better for the employee.

**Incentive II:**

When an injured employee receives a return-to-work note from the work comp doctor with identified temporary work restrictions, the department must arrange transitional duty to temporarily accommodate those restrictions, or pay 50% of the employee's lost time pay instead.

Why is the state doing this? Research has shown that employees who are encouraged to return to work, and offered some kind of light or transitional duty while they fully recover, come back to work at full duty sooner. The state saves on lost time costs, and the department is back up to full staffing earlier – better for everyone!

## Reporting an "Incident Only":

The Tennessee Division of Claims (the agency which runs our Workers' Compensation program) is now requiring that ALL personal injury incidents be reported via the CorVel call-in system. "All" means all. Even if the incident does not result in medical treatment, the employee and/or supervisor must notify the state. Additionally, any event involving a hazard (i.e. wet or slick floors, broken pavement, etc.) should also be reported.

Why is the DOC doing this? The state is gathering information about all the state agencies' "near-misses", but there are additional reasons why it is in the best interests of UT employees to report these incidents as well:

- An employee may not realize the extent of the injury, or understand how early intervention may help. The triage nurse will determine if care is needed, whether it is from a medical professional or simply self-care.
- Reporting an incident also helps in determining compensability if the employee later feels he/she needs medical treatment.
- Reporting a "possible" injury while it is fresh in everyone's mind, even if the employee does not feel the need for medical treatment right away, means that we get the best possible information about the situation. It is easier to give details about an accident right after it happens than to try to remember the details weeks or maybe months later.
- Campus safety is enhanced by early identification of potential hazards.

UT Knoxville Risk Management:

<http://riskmanagement.tennessee.edu/>

State of Tennessee's worker's compensation website:

<http://treasury.tn.gov/wc/index.html>



# **WORKERS' COMPENSATION INSTRUCTIONS / PROCEDURES**

**I HAVE RECEIVED AND READ THIS NOTICE REGARDING WORKERS'  
COMPENSATION PROCEDURES AND BENEFITS.**

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**PRINT NAME**

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**EMPLOYEE SIGNATURE**

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**DATE**

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**Campus WC Representative**

**Please sign this page and return. Keep the other information for your  
future reference.**

## What should I do if I'm injured or become ill on the job?

### 1. Notify your supervisor immediately.

- Tell your supervisor exactly what happened, how it happened, witnesses to the incident, and whether you were injured as a result of the incident. If you witness a work-related incident where a fellow employee is injured and cannot notify his or her supervisor, you should notify the supervisor for him or her. This may be as simple as calling the supervisor to report that an incident occurred resulting in injury or sending an e-mail reporting the incident to the supervisor.

- You and your supervisor must complete the one-page UT form, *Report of On-the-Job Injury or Illness*, which can be found in the "Forms" folder at this web site:

<http://riskmanagement.tennessee.edu/>

- You should call 911 for all emergencies that result in serious bodily injury, and/or seek treatment at the nearest emergency room.

### 2. You and your supervisor shall call the State's Work Comp carrier, CorVel Corp.

- CorVel can be reached at the *Workplace Injury & First Notice of Loss Call Center*, **1-866-245-8588, option #1**, immediately after the occurrence of an incident.
- By calling the *Workplace Injury & First Notice of Loss Call Center* you (the injured employee) will speak with a 24/7 registered nurse to evaluate the nature of your injury and determine immediate care or treatment options. Your supervisor will verify to the registered nurse that you are reporting a work-place injury.
- If no medical treatment is required, the registered nurse will document the call for you and your supervisor and enter an incident report into the Workers' Comp reporting system (CareMC). The UT form, "Report of On-the-Job Injury or Illness", must be completed, signed, and forwarded to your campus Workers' Comp representative, but no other action with CorVel is necessary.
- If the registered nurse recommends for you to seek immediate medical treatment, the nurse will direct you to the nearest State-approved medical provider. Your supervisor will be responsible for either completing the reporting process of the claim with CorVel, or notifying the campus WC rep that treatment was necessary.
- The 24/7 registered nurse will provide to you verbally an approved panel of physicians. (An approved panel of physicians for your location may also be posted with your

campus WC representative.) You must choose a provider who is authorized in the State workers' compensation network. This will be the only physician authorized to treat you for your compensable injury. The State will not pay any medical expenses you incur from a physician other than your treating WC physician or a network physician you are referred to by your WC physician.

- Follow-up doctor and/or specialist appointments must be arranged by CorVel, and may **NOT** be arranged by the injured employee or the employee's supervisor. **NOTE: This does not apply in situations requiring immediate emergency room treatment for serious or life-threatening injuries.**
- If you are seen in an emergency room or minor medical clinic and you were told to follow-up with a specialist or your own "primary care or regular doctor", you must contact your campus Workers' Comp representative before going for follow-up treatment. Your WC representative will request a panel of doctors from CorVel for you, along with a form you will need to sign regarding your choice of doctor. All doctors must be on the State's approved physicians list before the follow-up treatment.

3. When medical treatment is necessary, your supervisor must arrange to complete the First Notice of Loss (FNOL) reporting process with CorVel.

- Your supervisor can ask the registered nurse to transfer the call to the Notice of Loss Unit, or call the CorVel reporting number again (1-866-245-8588) and select **Option #2**. The FNOL call will require additional employment and personal information. If the supervisor is unable to answer all the questions, the campus WC representative should be notified of the incident prior to the end of the work shift, and the completed UT "Report of On-the-Job Injury" must be submitted to the campus rep at that time.
- After the initial call to the 24/7 registered nurse, the campus WC representative may also call CorVel to complete the FNOL, or may complete it online via CareMC. (If the incident was a non-medical/first aid only incident reported directly to the campus WC representative, and the employee and supervisor did not already call the 24/7 registered nurse, the WC rep may enter the new incident directly into CareMC.)
- When seeking medical treatment, you must notify the treating doctor that you were injured while at work and that you will be filing a claim for workers' compensation benefits with the state.
- If you are given a prescription, **DO NOT** fill the prescription with your personal health insurance provider. Tell the pharmacist the prescription is for a workers' comp injury or illness and provide them with the "Cypress First Fill" pharmacy form (available from your campus WC rep, or online from the UT Risk Management website).

- **DRUG SCREENS (if applicable to your department):** If the employee is in an accident where a drug test is required, **DO NOT** request any drug tests from the workers' comp doctor. All drug tests must be performed by the State's contracted drug testing agency, National Toxicology Specialists (NTS). Only drug tests from NTS are acceptable.

**NOTE TO INJURED EMPLOYEE:** It is your responsibility to keep your supervisor and/or WC/Human Resources department notified on a weekly basis regarding your work status while out of work on workers' comp. Explain what medical care is being prescribed and your current condition.

- You should give copies of all paperwork issued by the treating WC doctor to your supervisor, especially any return-to-work notices, list of physical work restrictions, or scheduled re-check appointments or physical therapy.
- This written documentation must be forwarded to the campus WC representative.
- Per HIPPA regulations, **ONLY** the campus WC/HR department will store medical records related to an employee's on-the-job injury or illness. Medical records and notes shall not be retained in the employee's department, although the department may keep information about work restrictions and return-to-work plans.

**DO NOT PRESENT YOUR PERSONAL HEALTH CARE INSURANCE CARD FOR MEDICAL TREATMENT OR FILLING A PRESCRIPTION FOR AN ON-THE-JOB INJURY. YOUR HEALTH INSURANCE AND YOUR WORKERS' COMPENSATION COVERAGE ARE TWO SEPARATE PLANS THAT DO NOT OVERLAP.**

The State of Tennessee and the State's third party administrator reserve the right to review certain claims for compensability, and may assign a case manager to assist an employee. Certain outpatient procedures must be pre-certified by state processes before occurring. Providers of these services know they must contact the adjuster before diagnostic testing, physical therapy, injections, surgeries, referrals, etc.



**THE UNIVERSITY OF TENNESSEE  
REPORT OF ON-THE-JOB INJURY or ILLNESS**

*To be used for Workers' Compensation claim reporting.*

Initial  
Information

|                              |                          |                                  |                        |
|------------------------------|--------------------------|----------------------------------|------------------------|
| <b>Injured Employee Name</b> | <b>Social Security #</b> | <b>Date and Time of Incident</b> | <b>Date of Report</b>  |
| <b>Position</b>              | <b>Department</b>        | <b>Supervisor's Name</b>         | <b>Supv. Telephone</b> |

**Exact Location of Incident (campus building/room or street address of non-campus location)**

**Description of Incident (work activity employee was engaged in, causes of incident, machinery in use, etc.)**

(Use separate page to continue if needed.)

**Nature of injury or illness (fracture, cut, allergic reaction, etc.)**

**Injured Body Part**

|                     |                  |                |                           |
|---------------------|------------------|----------------|---------------------------|
| <b>Witness name</b> | <b>Telephone</b> | <b>Address</b> | <b>Relationship to UT</b> |
|---------------------|------------------|----------------|---------------------------|

|                     |                  |                |                           |
|---------------------|------------------|----------------|---------------------------|
| <b>Witness name</b> | <b>Telephone</b> | <b>Address</b> | <b>Relationship to UT</b> |
|---------------------|------------------|----------------|---------------------------|

Complete if  
incident  
resulted in  
medical  
treatment

**Medical Treatment Required:**

Yes - First Aid only

Yes - Doctor / Clinic      Where?

**Date of First Treatment**       Yes - Emergency Room      Where?

**Released to return to work:**

At full duty

With restrictions

Not released

Follow-up visit to be scheduled

**Any Other Medical Information / Comments:**

Supervisor  
Comments

**Could incident have been prevented?**  
**Other comments?**

|                           |             |                             |             |
|---------------------------|-------------|-----------------------------|-------------|
| <b>Employee Signature</b> | <b>Date</b> | <b>Supervisor Signature</b> | <b>Date</b> |
|---------------------------|-------------|-----------------------------|-------------|