

Workers' Compensation

Claim Packet

HUMAN RESOURCES
OCCUPATIONAL
RISK MANAGEMENT

Contents

Instructions for Supervisors 3

References & Requirements 4-5

- Third-Party Administrator (TPA)
- Medical Provider Billing
- Information Medical Treatment
- Family Medical Leave (FMLA)
- Salary Continuation
- Returning to Work & Transitional Duty

Authorization for Disclosure of Protected Health Information 6-7

Municipal Employee Salary Continuation Election Form 8-9

Notice Regarding Communicable Diseases (First Responders) 10

Notice of Injured Employee Rights and Responsibilities 11-12

AspenRx First Fill Flyer 13

Instructions for Supervisors

Step 1

Following submission of a workers' compensation claim via the intake portal or via the Occupational Risk Management Hotline (832-393-7233, Option 1), both you and the injured employee will receive a copy of the completed 'Claim Intake Form' and this 'Workers' Compensation Claim Packet' via your city email addresses.

Step 2

If emergency medical attention is required, please accompany the injured employee and/or direct safe transportation to the nearest urgent care facility (during business hours) or to the nearest hospital emergency room (outside of business hours). **This is a requirement of Executive Order (E.O.) 1-33!**

Step 3

The injured employee must review and consider completing the 'Authorization for Disclosure of Protected Health Information' form:

- If the injured employee declines to sign the form, then the supervisor should note refusal on the document in the space provided and advise the employee of the following: **"While this document is optional, its completion and submission will often expedite claim investigation and determination. Failure to complete it could potentially cause delays in claim handling."**
- Regardless of the injured employee's election, the completed or refused form should be emailed to **hrwcf@houstontx.gov.**

Step 4 (Municipal employees only)

The employee must review and complete the 'Injury Compensation Election: Salary Continuation Program' form.

- The completed form must be submitted to **hrwcf@houstontx.gov** within the time frame indicated on the form before Salary Continuation may be paid.

Step 5 (For injured employees losing time from work)

Verify the correct Worker's Compensation Payroll codes are recorded on the injured employee's timecard for time missed from work as supported by a Form DWC-73 (Texas Workers' Compensation Work Status Report). Contact the assigned Workers' Compensation Coordinator (WCC) for guidance with time coding, as necessary:

- **WCIL (Full-Time Employees)** – Used to record time missed from work due to a work-related injury as supported by a work status report (Form DWC-73).
- **WCPP (Part-Time Employees)** – Used to record time missed from work due to a work-related injury as supported by a work status report (Form DWC-73).
- **WCTD** – Used to record time worked while employee is working a Transitional Duty assignment (restricted work) due to a work-related injury as supported by a work status report (Form DWC-73).
- **WCDR** – Used after an employee returns to work to record time missed from work for medical appointments to treat their work-related injury. The employee must provide evidence of the appointment by providing a work status report (Form DWC-73).

References and Requirements

Third-Party Administrator (TPA)

1. The city's third-party administrator (TPA), TRISTAR, adjudicates workers' compensation claims in accordance with regulatory requirements. The TPA also administers medical and income benefits for accepted (compensable) claims.
2. The TPA Claims Examiner is the primary contact for claim-related questions and concerns. The Examiner will contact injured employees within 24 business hours from their notice and at various stages of the claim.
3. Questions concerning medical and income benefits—except for Salary Continuation benefits—should be directed to the TPA at (832) 710-4444.

Medical Treatment

1. In case of emergency, call 911.
2. During business hours, an injured employee may seek treatment at the nearest urgent care facility. A list of provider options is available on the HR-Occupational Risk Management (HR-ORM) website.
3. Outside of business hours, an injured employee may seek treatment at the nearest hospital emergency room.
4. Employees should present their City of Houston badge and inform the facility that they were injured on the job.
5. If necessary, a provider may call to verify employment by contacting the HR-Occupational Risk Management Hotline at (832) 393-7233, Option 4.
6. Following initial care, injured employees may seek treatment from their preferred medical provider as long as the provider agrees to bill workers' compensation and follow applicable regulatory guidelines.
7. **Note**: In most cases, income benefits are available to injured employees who lose time from work resulting from an occupational injury. A Work Status Report (Form DWC-73) is required to determine eligibility for income benefits. The Form DWC-73 must be forwarded to the Examiner (COH@tristargroup.net) and to the supervisor. Questions concerning medical and income benefits—except for Salary Continuation benefits—should be directed to the TPA Examiner at (832) 710-4444.

Medical Provider Billing Information

1. Billing information may be requested by a medical facility prior to initial treatment. Please be prepared to provide the information below to the medical provider at the time of service and/or following the appointment when/if a bill is received.

Medical Bills (except Ambulance)	HFD Ambulance Transport Bills
TRISTAR Risk Management, Inc. P.O. Box 2805 Clinton, IA 52733-2805 **For Bill Status, call IMO:** (713) 339-1268	**Digitech: EMS Billing Services** **Fax**: (914) 741-1325 **Email**: hous@digitechcomputer.com **For Bill Status, call:** (English) (877) 659-0481 (Spanish) (877) 659-0482

References and Requirements

Family Medical Leave (FML)

1. In accordance with Administrative Procedure (A.P.) 3-2, an employee with a covered medical condition may meet the eligibility criteria for Family Medical Leave (FMLA).
2. If an employee is eligible for FMLA, then absences related to the occupational injury will be counted toward an employee's annual FMLA allowance (480 hours).
3. The Human Resources, Workers' Compensation Case Management Section will report all claims with lost time to the Human Resources, FMLA Coordinator.

Salary Continuation

1. Injured full-time employees with an accepted claim may be eligible for salary continuation wage replacement benefits in accordance with the city's Workability Guidelines, E.O. 1-33.
2. Temporary, part-time, seasonal and probationary employees with less than one-year of full-time service to the City are not eligible for salary continuation.
3. Time missed from work must be substantiated by a treating provider on a work status report (Form DWC-73).
4. **REQUIRED:** While on Workers' Compensation Injury Leave, the injured employee must contact their supervisor, weekly, and their Workers' Compensation Coordinator and the assigned TPA Claims Examiner after every visit with their provider.
5. Refer to the City's Workability Guidelines for more information about salary continuation benefits and eligibility requirements.

Returning to Work & Transitional Duty (Light Duty)

1. The injured employee must have a Form DWC-73 with a release to work without restrictions or a release to modified duty with restrictions before returning to work.
2. If released to return to work with restrictions, the employee must first contact the HR-Occupational Risk Management Hotline at (832) 393-7233, Option 4, for a bona fide offer of transitional duty employment.
3. The Form DWC-73 also must be forwarded to the Examiner **(COH@tristargroup.net)** and to the supervisor.
4. The work status report (Form DWC-73) from the physician should contain specific language regarding modified duty restrictions.
5. The Workers' Compensation Coordinator will verify the availability of a transitional duty assignment with the employee's home department.
6. If a transitional duty assignment is not available in the employee's home department, the employee may be assigned transitional duty in another department.
7. If a transitional duty assignment cannot be accommodated in the home department or another department, then the Workers' Compensation Coordinator will develop a course of action based on the employee's status.

Authorization for Disclosure of Protected Health Information

☐ **Employee Declined to Sign**
Check if Applicable
(Fields outlined in red are required)

Claim #	*Date of Injury*

I, _____ [Print Your Name], authorize the disclosure of my protected health information (PHI) as described herein. I understand that this authorization is voluntary and made to confirm my direction. I understand that, if the person(s) or organization(s) that I authorize to receive my protected health information are not subject to federal and state health information privacy laws*, subsequent disclosure by such person(s) or organization(s) may not be protected by those laws.

1. I authorize the following person(s) and/or organization(s) **to disclose** my protected health information (*as specified below*):

   All healthcare providers who have provided healthcare services to me. All insurance carriers and/or Third-Party administrators with whom I have filed claims

2. I authorize the following person(s) and/or organization(s) **to receive** my PHI as disclosed by the person(s) and/or organization(s) below:

   City of Houston, Texas
   c/o TRISTAR Risk Management, Inc.
   P.O. Box 2805 Clinton,
   IA 52733-2805

3. Specific description of the protected health information that I authorize for disclosure (*authorization to disclose psychotherapy notes must be separate*):

   All records regarding my health, including medical histories, consultations, examinations, prescriptions, diagnosis, tests, reports or treatments.

_____[Initial Here] **I further specifically authorize the disclosure of psychotherapy notes.**

4. This information may be used by the carrier to evaluate, adjust, describe, or report matters about my health to persons entitled to receive this information.
5. I understand that I have the right to revoke this authorization in writing to the health care
6. provider disclosing the records. The revocation will not apply to disclosures made in reliance upon the authorization before it is received by the health care provider, Privacy Rule, 45 C.F.R. § 164.508(c)(2).
7. I understand that treatment and payment for my treatment are not conditioned on my agreement to this authorization.
8. I understand that the release of protected health information to a non-covered entity may invalidate its protection.

Continued on next page

Continued from previous page

Authorization for Disclosure of Protected Health Information

9. I understand that my express consent is required to release any healthcare information relating to testing, diagnosis and/or treatment for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health or drug and/or alcohol use. If I have been tested, diagnosed or treated for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health or drug and/or alcohol use, you are specifically authorized to release all healthcare information related to such diagnosis, testing or treatment.
10. This authorization expires one year from the date of this authorization, or on the date that my workers' compensation claim is administratively closed, whichever occurs first.

I have had the opportunity to read and consider the contents of this authorization. I confirm that this authorization is a true and correct statement of my intention to permit the disclosure of my Personal Health Information as described in this authorization.

Employee Signature	*Date*

Name		
Address		
Phone Number	*Last 4 digits of SSN*	*Date of Birth*

**Protected health information ("PHI") is health information that is created or received by a health care provider, health plan, or health care clearinghouse which relates to:*

1) the past, present or future physical or mental health of an individual;
2) the provision of health care to an individual; or
3) the past, present, or future payment for the provision of health care to an individual.

*To be protected, the information must be such that it identifies the individual or provides a reasonable basis to believe that the information can identify the individual. 45 C.F.R. 164.508 **These laws apply to health plans, health care providers, and health care clearinghouses.*

SECTION INTENTIONALLY LEFT BLANK

Injury Compensation Election:
Salary Continuation Program
(For Municipal Employees Election Only)

Classified members receive 'Line of Duty Injury Leave Pay' in accordance with Chapter §143.073 of the Texas Local Government Code and are paid in as provided by Chapter §504.051 of the Texas Labor Code.

If you are injured in the course and scope of employment, you may be eligible for weekly temporary income benefits as provided by the Texas Workers' Compensation Act. These benefits accrue (are earned) on the **8th day** of disability (lost time) and are not subject to federal withholding taxes.

In addition to the benefits provided by state law, the City of Houston offers injured employees receiving weekly workers' compensation benefits the option of participating in a salary continuation program (Option A) or the election to receive only the non-taxable temporary income benefits that are required by Law. (Option B).

Check Only One Option:

☐ **OPTION A – SALARY CONTINUATION**
(Form must be signed and returned to HR within 48 business hours from the date the claim was reported unless the injured employee is catastrophically injured)

By choosing this option I understand that:

1. I certify that I am a full-time employee who has completed at least one year of service to the city.
2. Depending on my department, I will receive salary continuation as provided by Executive Order 1-33 for such time as I am eligible for weekly workers' compensation temporary income benefits (TIBs), but not to exceed eight (8) weeks if I am off work as ordered by my physician, or if I am working a transitional duty assignment at reduced hours or wages, then for a period not to exceed fifteen (15) weeks, and
3. I agree that, if the city's contracted TPA reduces my TIBs compensation rate for liens allowed by Section §408.203 of the Texas Labor Code, such as court-ordered child support, then the amount of this reduction may also impact my salary continuation payment rate, and
4. I acknowledge that I am aware that any lost time related to my workers' compensation claim, regardless of the compensability decision, may be counted toward my family medical leave (FML) accrual allowance, and
5. By electing Salary Continuation, I authorize the City to recuperate Salary Continuation overpayments via payroll deduction or to request repayment when an overpayment results from my return to work, termination, indefinite suspension, resignation, medical separation, retirement, or certification of Maximum Medical Improvement, except for when recoupment is exempted by Executive Order 1-33 or another statute, and
6. I further understand that by choosing this option, all regular payroll deductions will continue, including federal withholding, and
7. Any lost time resulting from my workers' compensation claim will be counted against my allotted family medical leave (FML) hours, if I am eligible, and
8. I acknowledge that I am aware that I will forfeit eligibility for salary continuation if I do not seek treatment from a physician who is approved to treat workers' compensation, and
9. I acknowledge that I will forfeit eligibility for salary continuation by not abiding by the policies contained in Executive Order 1-33.

Continued on next page

Continued from previous page

Injury Compensation Election: Salary Continuation Program (For Municipal Employees Election Only)

Classified members receive 'Line of Duty Injury Leave Pay' in accordance with Chapter§143.073 of the Texas Local Government Code and are paid in as provided by Chapter §504.051 of the Texas Labor Code.

☐ **OPTION B – WORKERS' COMPENSATION TEMPORARY INCOME BENEFITS ONLY**
(Required for probationary, seasonal and part-time employees)

By choosing this option I understand that:

1. I will receive workers' compensation weekly temporary income benefits (TIBs) only, and
2. The TPA will issue workers' compensation TIBs checks to me, weekly, and they will be mailed to my residence unless I elect electronic payment, and
3. Any lost time resulting from my workers' compensation claim will be counted against my allotted family medical leave (FML) hours, if I am eligible.

*I have read and understand the options available to me. I understand that should I initially choose Option B, the decision is **final** for this claim. However, I may 'Opt Out' of Salary Continuation at any time by contacting my Workers' Compensation Coordinator.*

Employee Signature	*Claim Number*	*Date*

SECTION INTENTIONALLY LEFT BLANK

Division of Worker's Compensation
Notice Regarding Certain Work-Related Communicable Diseases and Eligibility for Worker's Compensation Benefits

TO: LAW ENFORCEMENT OFFICERS, FIRE FIGHTERS, EMERGENCY MEDICAL SERVICE EMPLOYEES, PARAMEDICS, AND CORRECTIONAL OFFICERS

In order to qualify for workers' compensation benefits, an employee who claims a possible work-related exposure to a reportable disease, including HIV infection, must be tested for the disease not later than the 10th day after the exposure and must provide their employer with documentation of the test and a sworn affidavit of the date and circumstances of the exposure. The test result must indicate the absence of the disease. The employee is not required to pay for the test.

Reportable diseases are those communicable diseases and health conditions required to be reported to the Texas Department of State Health Services. Exposure criteria and testing protocol must conform to Texas Department of State Health Services requirements.

TO: ALL STATE EMPLOYEES

To qualify for workers' compensation benefits, a state employee who claims a possible work-related exposure to human immunodeficiency virus (HIV) infection, must be tested for HIV within 10 days after the exposure and must provide their employer with documentation of the test and a written statement of the date and circumstances of the exposure. The test result must indicate the absence of HIV infection. The employee is not required to pay for the test.

For additional information: Talk to your employer or call the Division of Workers' Compensation at 1-800-252-7031. Also, contact the Texas Department of State Health Services (DSHS) to ensure full compliance with the Health and Safety Code and DSHS rules.

SECTION INTENTIONALLY LEFT BLANK

Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the State agency that administers and regulates the workers' compensation system through the Division of Workers' Compensation (DWC).

Many services provided by OIEC and DWC can be completed over the telephone. You can contact OIEC by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Additional information, including office locations, is available on the Internet at: www.oiec.texas.gov. You can contact DWC by calling the toll-free telephone number 1-800-252-7031. Information about DWC is available on the Internet at: www.tdi.texas.gov.

Your Rights in the Texas Workers' Compensation System:

1. You have the right to hire an attorney to help you with your workers' compensation claim. For assistance locating an attorney, contact the State Bar of Texas' lawyer referral service at 1-877-983-9227 or http://www.texasbar.com/. Attorney referral information can also be found on OIEC's website at www.oiec.texas.gov.
2. You have the right to receive assistance from OIEC if you do not have an attorney.
   OIEC Customer Service Representatives and Ombudsmen are available to answer your questions and provide assistance with your workers' compensation claim by calling OIEC or visiting an OIEC office. You must sign a written authorization before an OIEC employee can access information on your claim. Call or visit an OIEC office to fill out the written authorization. Customer Service Representatives and Ombudsmen are trained in the field of workers' compensation and can help you with scheduling a dispute resolution proceeding about your workers' compensation claim. An Ombudsman can also assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot make decisions for you or give legal advice.
3. You may have the right to receive medical and income benefits regardless of who was at fault for your injury, with certain exceptions. Your beneficiaries may be entitled to death and burial benefits.
   Information about the exceptions can be found at www.tdi.texas.gov or by visiting with OIEC staff.
4. You may have the right to receive medical care to treat your workplace injury or illness for as long as it is medically necessary and related to the workplace injury.
   You may have the right to reimbursement of your incurred expenses after traveling to attend a medical appointment or required medical examination if the trip meets qualifying conditions.
5. You may have the right to receive income benefits for your work-related injury.
   There are several types of income benefits and eligibility requirements. Information on the types of income benefits that may be available and the eligibility requirements can be found at www.tdi.texas.gov or by visiting with OIEC staff.

6. You may have the right to dispute resolution regarding income and medical benefits. You may request Medical Dispute Resolution if you disagree with the insurance carrier regarding medical benefits. You may request Indemnity (Income) Dispute Resolution if you disagree with the insurance carrier regarding income benefits. The law provides that your dispute proceedings will be held within 75 miles from your residence. You have the right to choose a treating doctor.
7. If you are in a Workers' Compensation Health Care Network (network), you must choose your doctor from the network's treating doctor list. You may change your treating doctor once without network approval. If you are not in a network, you may initially choose any doctor who is willing to treat your workers' compensation injury; however, changing your treating doctor must be pre-approved by the DWC if you are not in a network. If you are employed by a political subdivision (e.g. city, county, school district,) you must follow its rules for choosing a treating doctor. It is important to follow all the rules in the workers' compensation system. If you do not follow these rules, you may be held responsible for payment of medical bills. OIEC staff can help you to understand these rules.
8. You have the right for your workers' compensation claim information to be kept confidential. In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from DWC.

Your Responsibilities in the Texas Workers' Compensation System

1. You have the responsibility to tell your employer if you have been injured at work while performing the duties of your job. You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.
2. You have the responsibility to know if you are in a Workers' Compensation Health Care Network (network). If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are in a network, you have the responsibility to follow the network rules. If there is something you do not understand, ask your employer or call OIEC. If you would like to file a complaint about a network, call TDI's Customer Help Line at 1-800-252-3439 or file a complaint online at http://www.tdi.texas.gov/consumer/complfrm.html#wc.
3. If you worked for a political subdivision (e.g., city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment. Your employer should be able to provide you with the information you will need in order to determine which health care providers can treat you for your workplace injury.
4. You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.
5. You have the responsibility to send a completed Employee's Claim for Compensation for a Work-Related Injury or Occupational Claim Form (DWC041) to DWC. You have one year to send the form after you were injured or first knew that your illness might be work-related. Send the completed DWC041 form even if you already are receiving benefits. You may lose your right to benefits if you do not timely send the completed claim form to DWC. For a copy of the DWC041 form you may contact DWC or OIEC.
6. You have the responsibility to provide your current address, telephone number, and employer information to DWC and the insurance carrier. DWC can be contacted at 1-800-252-7031.
7. You have the responsibility to tell DWC and the insurance carrier anytime there is a change in your employment status or wages. (Examples of changes include: you stop working because of your injury; you start working; or you are offered a job).
8. Eligible beneficiaries or persons seeking death and burial benefits have the responsibility to send a completed Beneficiary Claim for Death Benefits (DWC-042) to DWC within one year following the employee's date of death.
9. You are prohibited from making frivolous or fraudulent claims or demands.

AspenCompRx

HUMAN RESOURCES
OCCUPATIONAL
RISK MANAGEMENT



First Fill *with Ease*

Medications Your Way.

Ensure that your injured employees have access to the medications they need without a delay.

Our system provides instant access to vital first fill information.

The Pharmacy Solutions Customer Assistance Center can also provide first fill info and answer any questions for the injured employee by phone.

For your convenience, we have an extensive network of retail pharmacies including major chain drug stores.

Receive Your Prescriptions for your Workers' Compensation Claim

Text **HoustonInjury** to **844-957-4550**

Have Questions?
Customer Assistance Available 24/7/365
888-356-3332

AspenCompRx