

## Frequently Asked Questions about Workers' Compensation

### **What is Workers' Compensation?**

It is compensation provided by your employer for a personal injury caused by an accident arising out of and in the course of employment. Employees who sustain compensable injuries from an accident injury or occupational disease may be entitled to: Reasonable and necessary medical treatment expenses to treat the job related injury or illness; disability compensation to replace part of the wages lost due to a disability; and survivors benefits if death results.

### **What if I have an accident at work?**

All accidents should be reported to your supervisor at the very earliest possible time so the injured worker can seek medical attention and the University can investigate the accident to prevent reoccurrence. Failure to notify your supervisor within 10 days of the accident could jeopardize you receiving workers' compensation.

### **Where do I go for medical care?**

Your authorized provider is Lawrence Memorial Hospital, if you are at the Lawrence campus. If you are not from the Lawrence campus or are working out of town and a work injury occurs, please seek treatment from the nearest facility. Should you seek medical care from a provider that is not approved by the State Self Insurance Fund, you may receive unauthorized medical payments limited to \$500.

### **What if I go to LMH Emergency Room and it is later determined by Workers' Compensation that the workplace injury did not arise out of and in the course of employment, i.e. not compensable?**

Medical treatment payments will only be provided by Workers' Compensation if the injury/illness is determined to have arisen out of and in the course of employment. If an employee goes to LHM and it is subsequently determined the injury/illness is not compensable under Workers' Compensation the employee will be responsible for incurred cost not covered by his/her insurance.

**If I don't go to LMH and go to my doctor will Workers' Compensation cover the initial visit and treatment?** If a workplace injury/illness is determined by Workers' Compensation to have arisen out of and during the course of employment they will authorize medical payments of up to \$500. HR/EO will work with Workers' Compensation to receive a determination of compensability as rapidly as possible.

### **What happens to the doctor bill if the claim is found not to be compensable?**

The employee will need to pay for the visit or submit the bill to their medical insurance provider. The employee will receive a denial letter from the SSIF that can be sent to the medical insurance provider.

### **What if the injury requires emergency treatment?**

Life or limb-threatening emergency situations require immediate medical attention from the closest medical facility, in Lawrence, LMH. Injuries such as broken bones, profuse bleeding, head injuries, wounds that require stitches, chemicals in the eye(s), etc. are some examples of emergency situations.

### **Do I use my own leave time for doctor's visits (LMH) and subsequent doctor's or physical therapy sessions?**

Yes, you will report sick leave for the visit to the doctor and subsequent follow up doctor or therapy sessions that do not fall within the time you are off from work on temporary total disability. In general, you are not eligible for weekly compensation (temporary total disability) for the first 7 days of work missed unless you are totally disabled from work for 21 consecutive days.

\* If the employee wishes to rearrange their work schedule in the work week in which they are injured to "make up" the time spent at the doctor's visit or therapy, and the supervisor approves that rearranging of the work schedule in advance, this alternative to use of sick leave is appropriate.

### **How and when do I get paid if I am off work?**

You may be compensated at the rate of 2/3 of your gross average weekly wage, subject to a weekly maximum, if a physician restricts you from all work or if your employer cannot accommodate physician directed restrictions. This compensation is termed Temporary Total Disability, or "TTD". In general, you are not eligible for weekly compensation for the first 7 days unless you are totally disabled from work 21 consecutive days. The State Self Insurance Fund will issue you a separate check in the same time frame (biweekly) as State employees receive regular pay. Your agency will be advised of the SSIF paid compensation and will make necessary adjustments to your time and leave balances. If you receive SSIF compensation, please check with Human Resources about sick leave, vacation leave or FMLA considerations. Generally, you will use forty hours of your leave for the first week you are off on your claim, unless you miss three consecutive weeks of work during the life of the claim.

### **Will I be taxed on SSIF payments?**

Workers' compensation wage loss payments are not subject to state or federal income tax.

### **Do I have to use vacation leave or sick leave if I am drawing "TTD"?**

No, however, most employees do supplement "TTD" with leave so as to make up pay for any shortage (since TTD is two-thirds pay to a certain level).

### **Am I eligible for shared leave consideration if I have a work related injury?**

No. Shared leave is not intended to cover employees who are receiving workers' compensation. (K.A.R. 1-9-23).

### **How soon can I try to return to work?**

Your supervisor, department, Human Resources and a claim representative from the State Self Insurance Fund will begin the process of getting you back to work as soon as possible. The treating physician will determine if you have physical restrictions. You, your supervisor, Human Resources and the representative can then review any restrictions to decide if you can return to duty. If the agency can accommodate restrictions, you will be expected to return to work. As your restrictions are adjusted, your accommodations will be evaluated until you are back to regular duty.

### **What if I have questions about this process?**

You can ask Human Resources at (785) 864-4946 or the claim representative (or adjuster) at (785) 296-2364. Located in Topeka, the claim representative will advise you and will see that you receive the necessary information and compensation. Another source is in the Division of Workers' Compensation in Topeka, which has claim advisors who can provide you with consultation on a toll free number, 1-800-332-0353. Also, mediation or a hearing before an administrative law judge in the county where the accident occurred is available. Your claim representative or advisor can explain the administrative hearing process to you.

### **How do I get prescriptions filled?**

If the doctor prescribes a drug(s) to treat a work related injury, you should take the First Fill Letter given to you by your departmental Personnel Related Staff (PRS) to a participating pharmacy (Walmart, Walgreens or CVS. Other participating pharmacies can be found at [http://www.corvel.com/provider\\_lookup/findProvider/findSearchParams.aspx?SearchType=CorCare%20RX.](http://www.corvel.com/provider_lookup/findProvider/findSearchParams.aspx?SearchType=CorCare%20RX))

**What is a First Fill Letter?**

The First Fill Letter authorizes a participating pharmacy to fill and bill the charges of your prescription(s) to the State Self Insurance Fund/CorVel.

The First Fill Letter is only good for 24 hours after receipt and only for the first prescription(s) following the injury. The letter only can be used for prescription medications related to the work-related injury and cannot be used for obtaining unrelated medications.

**What if my claim for Workers Compensation is denied?**

If your claim is denied, you will receive a statement in the mail indicating that your claim is denied and you would then submit any bills related to the denied claim to your health plan provider.

**What if my claim for Workers Compensation is approved?**

If your claim is approved, the prescription(s) will be approved and you will receive a CorCare RX prescription drug card in 3 to 4 business days. You can only use the CorCare RX Prescription Drug Card for prescriptions for the work-related injury. The Prescription Drug Card is valid for up to six months or until your doctor releases you from care. If medical treatment extends beyond a six month period, your prescription(s) may be transferred to a long term program which will be handled by the State Self Insurance Fund.

**Can I use the same CorCare RX Prescription Drug Card for Multiple Workers Compensation Claims?**

No. A CorCare RX Prescription Drug Card will be issued for each new date of injury. Employees with two injury dates requiring medications will be issued two CorCare RX cards.

**Related Documents**

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- [Workers' Compensation Form](#)
- [Workers' Compensation Instructions](#)
- [Workers' Compensation Policy](#)
- [Workers' Compensation Poster](#)
- [Workers' Comp Injured Worker's First Fill Prescription Information Sheet](#)