REPORTING YOUR CLAIM

If you are injured or become ill because of your job, you may be entitled to workers’ compensation (WC) benefits. You should immediately tell your supervisor and seek medical treatment. Your supervisor or department will file a WC claim on your behalf with the State’s WC Third Party Administrator (TPA), or provide you with the necessary information to file.

Within 24 hours of your claim being filed, the TPA should contact you regarding your claim. The TPA claims examiner will answer any questions you may have, and likely ask you for personal information that will help determine any wage loss benefits to which you may be entitled.

MEDICAL CARE

During the first 28 days your department has the right to choose who will provide your medical treatment. After 28 days you have the right to choose any treating provider qualified to treat your injury or illness. The TPA will pay all reasonable and necessary medical care for your work related injury or illness. If you seek medical treatment before a claim is filed, tell your doctor that you suspect your injury or illness is work related. Your health insurance carrier should not be used to cover work related injuries or illnesses.

WHEN BENEFITS ARE DUE

If you have a work related injury or illness that lasts 7 calendar days or less, your (WC) benefit is limited to related medical expenses. Wage loss payment is not made. You may use sick or annual leave credits in accordance with state policy or your collective bargaining agreement to cover these days.

If you have an injury or illness that lasts more than 7 calendar days, but less than 14, your covered (WC) benefit includes medical expenses, as well as wage loss benefits beginning on the 8th day.

If you have an injury or illness that lasts 14 days or longer your covered benefit includes related medical expenses and wage loss benefits from the date of injury.

Your first (WC) check will be sent to the State. After repaying 2/3 of the sick or annual leave you used prior to receiving your first (WC) check, and re-crediting your leave bank(s), the State will send you the balance. Future checks will be mailed directly to you. If you want to continue to use leave credits to remain in full-pay status to bring you to 100% pay during your absence, you should contact your human resource office.
**WAGE LOSS BENEFITS**

Your wage loss benefit payments are based on your average weekly wages, including overtime, from the average of your highest 39 weeks of pay of the 52 weeks immediately prior to the date of the injury. The benefit is subject to a weekly maximum established by the Workers’ Compensation Agency (WCA). More detailed information is available by calling the WCA at 1-888-396-5041 or http://www.michigan.gov/wca.

**SUPPLEMENTAL WAGE BENEFITS**

Civil Service authorizes disability wage supplements up to 50 weeks, or with subsequent approval from the Office of the State Employer, up to a maximum of 100 weeks. This supplement will bring you to 2/3 of your regular wage at the time of injury.

Based on various assault statutes or certain collective bargaining agreements, some eligible employees may qualify for a supplement that will bring them up to 100% of their weekly net wage at the time of injury. For further information, see the civil service rules and regulations or your collective bargaining agreement.

**EMPLOYMENT AND BENEFIT STATUS**

If you are unable to RTW at the end of 50 or up to 100 weeks, as permitted by the assault statutes and civil service rule, the supplement will end. Depending on your medical leave rights under civil service rules and regulations, or collective bargaining agreement, you may be placed on a medical leave of absence or medical layoff, or separated from employment.

The TPA will continue to pay your wage loss benefits, any reasonable and necessary medical expenses, as long as you continue to be disabled.

**INDEPENDENT MEDICAL EXAMS (IME)**

If the TPA has some question about the medical information or treatment of your work related injury or illness, the TPA may schedule an IME. You are required to participate with any reasonably scheduled IME or your (WC) benefits may be suspended.

**RETURN TO WORK**

The role of the treating provider is to prescribe appropriate medical care, and treatment along with deciding when you can return to work (RTW). When determining you are able to return to work, your treating provider should identify to your department what duties you are able to perform and recommend any work related restrictions. The department will evaluate this recommendation and determine if there is suitable work available within your restrictions. If not, a transitional assignment or other temporary work may be possible, or a permanent accommodation may be appropriate.

**CLAIM and BENEFIT DECISIONS**

Within 14 days, from the date your claim is filed, the TPA will notify you of the decision to approve or deny your claim. If a decision is made to dispute your claim, you may be asked to provide further medical or supportive information. The State’s TPA follows the guidelines set forth in the Workers’ Compensation Act of 1969 to make decisions on the compensability of a claim.

If you believe you are not receiving the benefits to which you are entitled, you should discuss this with your employer or the State’s TPA. If you have already done that, or you are not satisfied with the discussion, you may file a formal application for mediation or hearing. You can obtain the appropriate forms or more information by contacting the Workers’ Compensation Agency (WCA) at 1-888-396-5041. Additional information may also be found at: www.michigan.gov/wca.

This publication is available in an alternate format by request to Employee Health Management (517) 373-7400 or accessed and reproduced from the OSE website www.michigan.gov/ose,About Us, EHM.

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