1.0 **General Information** - Effective January 1, 2014, all medical case management services currently being provided by CorVel and Optacomp, shall be coordinated through AmeriSys. All medical treatment must be authorized by AmeriSys prior to an employee receiving treatment with the exception of medical emergencies.

2.0 **Definitions**

A. Accident/Injury – An unexpected or unusual event or result that happens suddenly. Excluded is a mental or nervous injury due to stress, fright, or excitement only. Accident also do not include a disease which results from fear or dislike of an individual because of the individual’s race, color, religion, sex national origin, age, or handicap is not an injury by accident arising out of employment. If a preexisting disease or anomaly is accelerated or aggravated by an accident arising out of and in the course of employment, only acceleration of death or acceleration or aggravation of the preexisting condition reasonably attributable to the accident is compensable. An injury or disease caused by exposure to a toxic substance, including, but not limited to, fungus or mold, is not an injury by accident arising out of employment unless there is clear and convincing evidence established that exposure to the specific substance involved, at the level to which the employee was exposed, can cause the injury or disease sustained by the employee.

B. Authorized Treatment – Medical services received by the injured employee which were approved in advance by the managed care provider.

C. Average Weekly Wage – The amount of the employee’s gross earnings (before taxes) during the thirteen (13) weeks before an injury. Wages also include the value of fringe benefits (such as the employer’s University’s contribution for health and life insurances); unless the benefits are provided throughout the period the employee is entitled to disability benefits.
D. Compensable - An accident or injury that has been determined by the insurance carrier to have arisen out of the course and scope of employment and the injured or ill employee is eligible to receive workers’ compensation benefits.

E. Compensation, Compensation Benefits, and Indemnity Benefits – Monies paid to an injured employee for part of lost wages if the injury or illness disables the employee for more than seven (7) calendar days and the employee is unable to earn the same wages in the same or any other job as the employee earned at the time of the injury.

F. Date of Maximum Medical Improvement (MMI) – Means the date after which further recovery from, or lasting improvement to, an injury or disease can no longer reasonably be anticipated, based upon reasonable medical probability.

G. Disability – Means incapacity because of the injury to earn in the same or any other employment the wages which the employee was receiving at the time of the injury.

H. Disability Leave – The first seven (7) calendar days or a maximum of forty (40) work hours, if taken intermittently, that employee is carried in full pay status (without being required to use accrued leave credits) if he/she sustains an injury on-the-job. AN EMPLOYEE MUST HAVE A STATEMENT FROM A PHYSICIAN THAT HE/SHE IS UNABLE TO WORK IN ORDER TO BE ELIGIBLE FOR DISABILITY LEAVE. After the forty (40) hours of disability leave expires, absences from work for medical treatment must be covered by earned leave or without pay.

I. Emergency - Medical services provided after the sudden or unexpected onset of a medical condition manifesting itself by acute symptoms, including injury caused by an accident, which are severe enough that lack of immediate medical attention would result in: (1) the patient's life or health being placed in serious jeopardy, (2) vital body functions being seriously impaired, (3) serious or permanent dysfunction of a bodily organ or part resulting, or (4) circumstances resulting in any employee receiving hospital and medical services that are furnished by an appropriate source other than a participating provider because the employee was unable, due to shock or unconsciousness, to receive medical care as specified in this directive.

J. First Aid Accidents – Accidents or incidents that do not require medical treatment.

K. Light Duty – A work assignment that is generally less physically demanding than the employee’s normal duties. Light duty, as a modified work status, is recognized, only if prescribe by the treating physician.

L. Manage Care Provider – AmeriSys, the workers’ compensation provider.

M. Participating Provider - Physicians, hospitals, pharmacies, and other health care professionals or facilities which have contractually agreed to provide covered services to employees in accordance with the Managed Care Plan.
N. Permanent Impairment rating – Means any anatomic or functional abnormality or loss determined as a percentage of the body as a whole, existing after the date of maximum medical improvement, which results from the injury.

O. Primary Care Physician (Medical Care Coordinator) - The participating physician whose practice is limited to general practice, family practice, or internal medicine, who is designated as such by the Managed Care Provider and is responsible for providing initial and primary care to employees.

P. AmeriSys (1-800-455-2079) - Current managed Care Company which has contracted with the State of Florida to administer the medical portion of the workers’ compensation benefits.

Q. Temporary Disability – The employee is temporarily unable to perform his/her full duty work responsibilities.

R. Reasonable Accommodation - Any modification or adjustment to a job, an employment practice, or the work environment that makes it possible for an individual with a temporary or permanent disability to perform the essential functions of the job.

S. Wage Loss - Wages an employee loses when an injury or illness incurred in the course and scope of employment that disables the employee for more than seven (7) calendar days.

T. Work Status - Time an employee performs on-the-job duties during regular office hours or approved after-hours activities when on officially approved University business.

U. Workers’ Compensation Program - An insurance plan provided by the State of Florida which pays all reasonable necessary and approved medical expenses for employees, students and volunteers due to an on-the-job injury or occupational disease. Also provides payment for part of wages an employee (salaried employees only) might lose if disabled more than seven (7) days. The employee is covered from the first day on the job.

3.0 Individuals Covered.

A. All Florida A&M University employees, including Faculty, Administrative and Professional (A&P), including Executive Service and University Support Personnel System (USPS) employees are covered by workers’ compensation insurance. Other Personal Services (OPS) employees receiving payment from Florida A&M University are also covered by workers’ compensation insurance (medical only) so long as they are performing work within the course and scope of their employment.

B. Students - May be covered by workers’ compensation insurance (medical only), but must be working for the University at the time of the injury to be covered by workers’ compensation. The immediate supervisor must verify their employment via the payroll system. Otherwise, injured students who are not University employees must avail themselves of the Student Clinic, or whatever personal health care insurance they may have.
C. Volunteers – Departments are responsible for filing out and for filing the appropriate paperwork in the Office of Human Resources documenting a person’s volunteer status. If an officially documented volunteer is injured during the course of their volunteer activities for the University, it is the responsibility of the person in authority to verify the nature of the volunteer’s assignment, the location of the injury, the volunteer hours, etc., and, using the First Report of Injury form.

D. General public visitors to the campus, including the parents of students, who are injured while on campus, are not covered by workers’ compensation insurance.

4.0 Procedures

A. Reporting Injuries On Campus

1. If an employee sustains an work-related injury while performing his/her duties or injured while engaged in University business, he/she should report the accident/injury immediately to his/her supervisor or department representative. All accidents/injuries should be reported directly to AmeriSys at 1-800-455-2079.

2. If the injury is life threatening, then the supervisor or department representative is authorized to take the injured worker to the hospital, or contact Emergency Medical Services (EMS) by dialing 911. The immediate supervisor or the department representative should immediately contact AmeriSys and provide them with the injured worker’s name and date of birth. AmeriSys will coordinate all medical treatment at the medical facility. Once the emergency has been handled, AmeriSys will contact the immediate supervisor or department representative for additional information on the injured employee.

3. If an employee is injured and requires non-urgent medical attention, the employee must immediately report the accident to the supervisor or department representative which will immediately report the injury to AmeriSys. The claim will be assigned to an AmeriSys nurse to get the injured worker medical treatment and to manage their medical claim.

B. Reporting Injuries Off-Campus

1. If an employee sustains an accident while traveling on University business, he/she should seek treatment as deemed appropriate for the injury. This could range from self-treatment initially to treatment by emergency medical personnel or other medical professionals. If the injury is not life-threatening, the manage care provider AmeriSys should be contacted at 1-800-455-2079 for instructions to treat the injury.

2. The employee’s supervisor or department representative should be contacted via telephone as soon as possible following the injury. Documentation should be available to ensure that the employee’s travel is authorized as University business.
In the event an employee sustains a work related injury where no medical treatment is required, he/she should notify their supervisor or department representative to complete the FAMU First Report of Injury or Illness Form and forward it to the Office of Human Resources.

The supervisor or department representative is responsible for informing their employees that job related injuries or illnesses are NOT permissible to be treated by the employee’s personal care physician.

C. Filing of Necessary Forms

1. FAMU First Report of Injury Form - After employee has been treated for the accident/injury, the University requires the FAMU First Report of Injury or Illness Form be completed by the injured employee and the immediate supervisor and forward to the Office of Human Resources within 24hrs of the time of injury. The form can be obtained from the Human Resources Webpage under the forms section.

2. Wage Statement – This form is completed by the Office of Human Resources when the injured employee is excused (by physician) and absent from work in access of the first seven (7) calendar days following the date of the injury or in excess of the forty (40) hours (if taken intermittently).

D. Post Illness or Injury Procedures

1. Florida A&M University provides forty (40) hours of job disability leave to employees injured in the course and scope of their employment per accident. All employees received this benefit with the exception of Other Personal Services (OPS), Volunteers and Work Study Students. This benefit is given to employees to prevent them from exhausting their personal compensatory leave. Employees may use this benefit intermittently or all at once. However, the employee must provide his/her supervisor or department representative with documentation from an authorized treating medical provider.

2. Immediate supervisors or department representatives are responsible to inform their employees that once the allotment (40 hours) of job disability leave is exhausted, sick or annual leave time will be automatically charged (if available). Once all leave balances are exhausted, there is an option for the employee to use leave without pay in relation to any time off for treatment for job related injury or illness. The employee’s immediate supervisor must authorize “leave without pay.”

3. During university payroll processing week, the department representatives are required to submit the injured employee’s timesheet to the Office of Human Resources along with copies of any supporting medical documentation received from the employee, such as physician’s notes, medical updates, etc. Department representatives shall not enter any worker’s compensation (disability leave) time into the PeopleSoft system.

4. In the event the Office of Human Resources is unable to verify work related injury or illness time off, then the time off will automatically be charged to either sick or annual leave (if available). If there are corrections to be made, the immediate supervisors, after
consultation with the employee, is required to submit a revised timesheet to the Office of Human Resources.

5.0 Return to Work Process

A. The Workers’ Compensation treating physician releases employee to temporary alternate duty

1. The Workers’ Compensation Coordinator provides notification to immediate supervisor and next higher level supervisor to determine if the work restrictions can be accommodated.

2. If the immediate supervisor is able to accommodate the temporary alternate duty restrictions, the employee is able to return to work with accommodations. Work restrictions are readdressed at the follow up appointment with treating physician.

3. If the immediate supervisor cannot accommodate temporary alternate duty, discussion is held to determine alternate ways the employee’s work restrictions can be accommodated. The Workers’ Compensation Coordinator makes every effort to work with departments in providing adequate accommodations for temporary alternate duty when possible.

4. If temporary alternate duty cannot be accommodated, employee does not return to work and Risk Management is notified. The work restrictions are readdressed at the employee’s next office visit with the workers’ compensation treating physician.

B. Physician Does not Allow Employee to Return to Work

1. The Workers’ Compensation Coordinator provides notification to immediate supervisor and appropriate next higher level supervisors of the employee’s work status.

2. The Employee remains in an Out of Work (OWO) Status. The work restrictions are readdressed at the employee’s next office visit with the workers’ compensation treating physician.

C. Physician Releases Employee to Regular Duty

1. The Workers’ Compensation Coordinator provides notification to the immediate supervisor and appropriate higher lever supervisors of the employee’s work status.

2. The employee is returned to full duty without restrictions and required to follow-up with treating physician until employee is official cleared and reached Maximum Medical Improvement (MMI) for injury.

6.0 Training
Workers’ Compensation Training is available for Supervisors, Employees upon request. Training may be provided to a Division or Department, group, or on an individual basis in person or over the phone. Training is provided by contacting the Office of Human Resources - Workers’ Compensation Coordinator (850) 599-3611.