PURPOSE OF POLICY:

The Chancellor and his Executive Leadership Team have set safety as a top priority for UMass Boston. Safety is a shared responsibility. Together we must maintain a healthy and safe campus and foster a culture of safety throughout the university. Individual campus departments—including Human Resources, the Department of Public Safety, Environmental Health and Safety, Facilities Management, Customer Service, University Health Services, and the Office of Emergency Management and Business Continuity—all concern themselves with various aspects of health, safety, and security of our campus. Cross-campus committees also actively focus on elements of workplace and laboratory safety.

Despite these many, sustained, and coordinated efforts, work-related injuries may occur on our campus. This policy and its associated procedures are intended to clarify and standardize the workers' compensation process for all employees by coordinating the requirements of the federal and state statutes, rules and regulations, Board of Trustee Policy and best practices. Chapter 152 of the Massachusetts General Laws establishes guidelines and provisions for workers’ compensation and the continuation of compensation coverage and payment of medical bills when employees are injured on the job and unable to work. Human Resources (HR) oversees and manages this process.

APPLICABLE TO: All employees of all departments at UMass Boston.

Highlights of Policy:

- The University strives to provide a safe environment for the campus community.
- All work related incidents that may result in an injury or illness should be reported immediately to the employee’s supervisor, regardless of severity.
- Employee/supervisor should notify HR within 24 hours of an incident.
• Employee/supervisor should regularly communicate and document updates to HR.
• The following documents are part of this policy:
  - The Supervisor’s Guide to UMass Boston’s Workers’ Compensation Procedure
  - The Employee’s Guide to UMass Boston’s Workers’ Compensation Procedure

**POLICY:**

Workers' Compensation is a type of insurance that is provided by state law to employees who are injured on the job or who contract a work-related illness (hereafter referred to as “incident”). There is no cost to the employee for this insurance coverage.

Workers' Compensation is a “No-Fault System,” which means employees do not have to prove blame in order to collect wage and medical benefits. However, the burden is on the employee to prove that the injury or illness is work-related.

Anyone who is currently being paid on the University of Massachusetts Boston payroll is an employee and so is covered by Workers’ Compensation Insurance regardless of whether the work location is on or off campus. Coverage applies to: benefitted and non-benefitted faculty and staff, and graduate and undergraduate student employees who are on the payroll.

Workers’ Compensation is not available to non-employees such as: contingent workers, independent contractors, students who are not UMass Boston student employees, and visitors to campus. If such a person has an incident while on campus, report this to Customer Service at (617) 287-4000 and contact the Senior Insurance Analyst at UMass Systems Office of the Treasurer at http://media.umassp.edu/massedu/treasurer/Procedures%20for%20reporting%20a%20claim.pdf

Human Resources (HR) assists supervisors and injured employees with workers’ compensation issues, incidents, and claims processing. HR serves as a liaison between the state Workers' Compensation Unit (HRD/WCS), the Department of Industrial Accidents (DIA), and University employees.

The Commonwealth Human Resources Division (HRD) is the University’s Workers’ Compensation (WCS) insurance provider. HRD is responsible for developing and administering policies and procedures for all state employees. It also reviews injury reports, decides which claims are compensable, and has a Utilization Review Board that reviews/authorizes medical care and treatment protocols.  www.mass.gov/hrd
The Commonwealth Department of Industrial Accidents (DIA) represents the interests of employees who have been injured on the job. It settles disputes between the state insurer and employees.  www.mass.gov/dia

PROCEDURE:

There are two procedural documents that are part of this policy:

   The Supervisor’s Guide to UMass Boston’s Workers’ Compensation Procedure


These documents give step-by-step guidance to follow when an employee an incident on the job. Timeliness of communication and forms submittal is key to a smooth process and the best outcome for the employee. Both guides have a checklist for efficient response to an incident. The supervisor’s checklist is included below:

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**Supervisor’s Checklist for Workers’ Compensation**

- Call 911 if Emergency OR
- Call 7-7799 (DPS) if Non-Emergency AND
- Call 7-4000 (Customer Service) to report incident and inform department head.

In the event of an employee work related incident, the following steps must be taken by the supervisor/department head:

1. **Arrange for any immediate medical attention** that may be required.

2. **Inform employee that within 24 hours** following emergency medical treatment or before seeking future medical treatment the employee or his/her health care provider must call the state insurer’s Utilization Review Agent for approval of treatment:  (800) 266-7991

3. **Give the employee The Employee’s Guide to UMass Boston’s Workers’ Compensation Process** and the Employee Incident Report. **Inform** the employee that within 24 hours of the incident, the Employee Incident Report must be completed by the employee and submitted to the supervisor who will sign receipt of this form, provide a copy to his/her department head, and forward the original form to Human Resources (HR).
4. Go to [www.umb.edu/hr](http://www.umb.edu/hr) to obtain employee’s forms and give to employee to complete only if employee is unable to obtain these forms themselves (or call HR at (617) 287-5150 to obtain the forms). The employee should return these forms directly to HR, if applicable:

- Employee Incident Report
- Physician’s Report
- Authorization for Release of Medical Information
- Concurrent Employment Review Form
- Employee Timesheet Authorization Form*

Upon receiving the Physician’s Report, HR will send a Medical Release/Return to Work form along with the employee’s job description, to the treating health care provider to determine whether there are any work restrictions and to confirm when the employee will be able to return to his/her position and perform the essential functions without restrictions.

*Police refer to Teamster’s contract.

5. **Complete, sign, and forward to HR within 48 hours** of the incident,

- Supervisor’s Accident Investigation Form and, if possible,
- Witness Report of Injury/Accident Form

Confirm that the employee has sent his/her forms to HR as well.

6. **Notify HR if the employee is out more than 5 days.** HR completes the MA Form 101.

- The employee is instructed to contact his/her supervisor/department as per normal departmental policy by calling in sick each day until he/she is able to return to work, or provides HR with medical documentation of the probable timeframe of absence, or is approved for a workers’ compensation leave of absence.

7. **Continue to report** the employee out each pay period as indicated by the employee on the Timesheet Authorization Form until the Workers’ Compensation claim has been approved or denied.

- The Family and Medical Leave Act (FMLA) runs concurrent with this leave of absence and with workers’ compensation leave of absence.

8. Once the workers’ compensation claim has been approved:

- **Refer to** Employee’s Timesheet Authorization Form for correct time reporting.
• **Notify the department** administrative staff to send a Personnel Action Form (PA) to HR to update the employee’s leave status.
  - If the employee wishes to use accrued leave to supplement his/her workers’ compensation payments, then a **Leave With Pay PA should be completed**, using PLA/WKC as action/reason codes.
  - If the employee opts not to use accrued leave, then a **Leave Without Pay PA should be completed**, using LOA/WKC action/reason codes.

9. **Consult with HR** for proper time reporting if workers’ compensation is denied.

  - Employee submits to HR the Medical Release/Return to Work Form indicating s/he is able to return to work and perform the essential functions of their job without restrictions.

10. **Receives notice from HR** that all necessary documentation has been received, the employee is able to return to his/her position and perform the essential functions of their job without restrictions. HR provides the supervisor with a return to work date.

11. **Notify the department administrative staff** to send a Personnel Action Form (PA) to HR to update the employee’s active status, using RFL/RFL for action/reason codes.

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**Oversight Department**: Human Resources

**Responsible Party within Department**: Benefits Manager

**Monitoring**: Department Heads should monitor this policy to insure that the Department is following the UMass Boston/Commonwealth policy on Workers’ Compensation.

HR will monitor the timeframes to ensure compliance with this policy.

**Authority**:  
MGL, Chapter 152  
The Reform Act Relative to Fair & Effective Compensation of Injured Workers of 1992  
Human Resources Division (HRD)  
Division of Industrial Accidents (DIA)  
Best Practices
Related Documents:

Forms:  
Employee Incident Report (HRS-01)  
Physician’s Report (HRD)  
Authorization for Release of Medical Information (HRS-02)  
Concurrent Employment Review Form (HRD)  
Medical Release/Return to Work Form (HRS-03)  
Employee Timesheet Authorization Form (HRS-04)  
Supervisor’s Accident Investigation Form (HRS-05)  
Witness Report of Injury/Accident Form (HRS-06)  
Employer’s First Report of Injury or Fatality (DIA)  
Application for Reduction of Monthly Premium Form (GIC Form 11)  
Personnel Action Form
The Supervisor’s Guide
To UMass Boston’s
Workers’ Compensation Procedure

If supervisor is aware that an employee has been injured on the job or who contract a work-related illness (hereafter referred to as “incident”):

- Call 911 if Emergency

  OR

- Call 7-7799 (Public Safety Dispatch) if Non-Emergency

  AND

- Call 7-4000 (Customer Service) who will record incident and inform Facilities, Environmental Health & Safety, and HR

  AND

- Go to umb.edu/hr to obtain the employee forms

Return forms to:

University of Massachusetts Boston
Department of Human Resources
Quinn Building, 3rd Floor
100 Morrissey Blvd. Boston, MA 02125
Barbarajean.Conneely@umb.edu (617) 287-5158
Linda.McDonough@umb.edu (617) 287-5168

Fax: (617) 287-5179
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Supervisor’s Checklist for Workers’ Compensation

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In the event of an employee work related incident, the following steps must be taken by the supervisor/department head:

1. **Arrange for any immediate medical attention** that may be required.

2. **Inform employee that within 24 hours** following emergency medical treatment or before seeking future medical treatment the employee or his/her health care provider must call the state insurer’s Utilization Review Agent for approval of treatment: (800) 266-7991

3. **Give** the employee The Employee’s Guide to UMass Boston’s Workers’ Compensation Process and the Employee Incident Report. **Inform** the employee that within 24 hours of the incident, the Employee Incident Report must be completed by the employee and submitted to the supervisor who will sign receipt of this form, provide a copy to his/her department head, and forward the original form to Human Resources (HR).

4. **Go to www.umb.edu/hr** to obtain employee’s forms and give to employee to complete only if employee is unable to obtain these forms themselves (or call HR at (617) 287-5150 to obtain the forms). The employee should return these forms directly to HR, if applicable:
   - Employee Incident Report
   - Physician’s Report
   - Authorization for Release of Medical Information
   - Concurrent Employment Review Form
   - Employee Timesheet Authorization Form*

Upon receiving the Physician’s Report, HR will send a Medical Release/Return to Work form along with the employee’s job description, to the treating health care provider to determine whether there are any work restrictions and to confirm when the employee will be able to return to his/her position and perform the essential functions without restrictions.

*Police refer to Teamster’s contract.

5. **Complete, sign, and forward to HR within 48 hours** of the incident,
   - Supervisor’s Accident Investigation Form and, if possible,
   - Witness Report of Injury/Accident Form

Confirm that the employee has sent his/her forms to HR as well.

6. **Notify HR if the employee is out more than 5 days.** HR completes the MA Form 101.
   - The employee is instructed to contact his/her supervisor/department as per normal departmental policy by calling in sick each day until he/she is able to return to work, or provides HR with medical
documentation of the probable timeframe of absence, or is approved for a workers’ compensation leave of absence.

7. **Continue to report** the employee out each pay period as indicated by the employee on the Timesheet Authorization Form until the Workers’ Compensation claim has been approved or denied.
   - The Family and Medical Leave Act (FMLA) runs concurrent with this leave of absence and with workers’ compensation leave of absence.

8. Once the workers’ compensation claim has been approved:

   - **Refer to** Employee’s Timesheet Authorization Form for correct time reporting.
   - **Notify the department** administrative staff to send a Personnel Action Form (PA) to HR to update the employee’s leave status.
     - If the employee wishes to use accrued leave to supplement his/her workers’ compensation payments, then a **Leave With Pay PA should be completed**, using PLA/WKC as action/reason codes.
     - If the employee opts not to use accrued leave, then a **Leave Without Pay PA should be completed**, using LOA/WKC action/reason codes.

9. **Consult with HR** for proper time reporting if workers’ compensation is denied.

   - Employee submits to HR the Medical Release/Return to Work Form indicating s/he is able to return to work and perform the essential functions of their job without restrictions.

10. **Receives notice from HR** that all necessary documentation has been received, the employee is able to return to his/her position and perform the essential functions of their job without restrictions. HR provides the supervisor with a return to work date.

11. **Notify the department administrative staff** to send a Personnel Action Form (PA) to HR to update the employee’s active status, using RFL/RFL for action/reason codes.

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**FOR QUESTIONS OR MORE INFORMATION PLEASE CONTACT:**

**Barbara Jean Conneely, Benefits Manager:** (617) 287-5158  
Or BarbaraJean.conneely@umb.edu

**Linda McDonough, Benefits Coordinator:** (617) 287-5168  
Or Linda.McDonough@umb.edu

**Department of Human Resources:**  
(617) 287-5150 or www.umb.edu/hr
What is Workers’ Compensation?

Workers’ Compensation is a type of insurance that is provided by state law to employees who are injured on the job or who contract a work-related illness. Workers’ Compensation is a “No-Fault System,” which means employees do not have to prove blame in order to collect wage and medical benefits. However, the burden is on the employee to prove that a disability is work-related. Chapter 152 of the Massachusetts General Laws establishes guidelines and provisions for the continuation of compensation coverage and payment of medical bills when employees are injured on the job and unable to work.

Scope of Coverage

Anyone who is currently being paid on the University of Massachusetts Boston payroll is an employee and so is covered by Workers’ Compensation Insurance regardless of whether the work location is on or off campus. Coverage applies to: benefitted and non-benefitted faculty and staff, and graduate and undergraduate student employees.

Workers’ Compensation is not available to non-employees such as: contingent workers, independent contractors, students who are not UMass Boston student employees, and visitors to campus. If such person is injured, becomes ill, or has an incident while on campus, please report this to Customer Service at (617) 287-4000 and contact Senior Insurance Analyst at UMass Systems’ Office of the Treasurer at www.umassp.edu/massedu/treasurer/procedures.

How Workers’ Compensation is Administered

HR: University of Massachusetts Boston - The Benefits Section of Human Resources (HR) assists supervisors and injured employees with worker’s compensation issues, incidents, and claims processing. HR also serves as a liaison between the state Workers’ Compensation Unit (HRD/WCS), the Department of Industrial Accidents (DIA), and University employees. Human Resources (HR) is located in Quinn Administration Building 3rd Floor, and our phone number is (617) 287-5158.

HRD/WCS: State Insurer - The Commonwealth’s Human Resources Division (HRD) is the University’s Workers’ Compensation (WCS) insurance provider. The state’s WC Section is responsible for developing and administering policies and procedures for all employees who work for the state. It also reviews injury reports, decides which claims are compensable, and has a Utilization Review Board that reviews/authorizes medical care and treatment protocols.

DIA: Massachusetts Department of Industrial Accidents (DIA) - The DIA represents the interests of employees who have been injured on the job. It settles disputes between the state insurer and employees. Employees may seek recourse through a four-step process: Conciliation, Conference with DIA Board, Hearing with an Administrative Judge, and Hearing before a Reviewing Board.
Reporting a Work-Related Injury or Illness

If an employee is injured on the job or suffers a work-related illness, the supervisor should be notified as soon as possible. Every work-related injury or work-related illness must be reported, regardless of whether it might seem relatively minor or insignificant. The employee or the witness should report the nature of the injury and the circumstances surrounding the incident.

Seeking Medical Treatment

- IN AN EMERGENCY, SEEK IMMEDIATE MEDICAL ATTENTION AT THE EMERGENCY ROOM

If an employee needs medical attention for a work-related injury or illness, s/he may seek treatment from his/her own health care provider.

The employee or his/her health care provider must call the HRD/WCS Utilization Review Agent for pre-approval of treatment or within 24 hours after seeking emergency treatment. The phone number is: (800) 266-7991

Within 24 hours following emergency medical treatment or before seeking future medical treatment the employee or his/her medical provider must call the HRD/WCS Utilization Review Agent for approval each time treatment is sought: (800) 266-7991

First visit/immediate treatment is always covered by Workers’ Compensation. However, each and every follow up treatment or visit(s) must receive prior approval to ensure proper payment.

Completing the Paperwork

Employee Incident Report

The injured employee must complete an Employee Incident Report within 24 hours of the time when an incident occurs to establish an official record of the injury/illness. This form must be completed by the employee and submitted to the supervisor who will acknowledge receipt of the form. The supervisor will forward the original to HR and send a copy of the form to their department head.

Employee Incident Report

Additional employee forms that must be completed and returned to HR are:

- Physician’s Report Form,
- Authorization of Medical Information Form,
- Concurrent Employment Review Form, and
- Employee Timesheet Authorization Form
All above forms must be mailed/faxed/scanned to: Human Resources, Attn: Benefits Section, Quinn Administration Building 3rd Fl., UMass Boston, 100 Morrissey Blvd., Boston, MA 02125. The Fax number is 617.287.5179. The forms may be scanned and emailed to: barbarajean.conneely@umb.edu.

If you have any questions concerning any of these forms, please call the Benefits Section, (617) 287-5158 or (617) 287-5168.

**Physician’s Report Form**

The health care provider completes this form and returns it to HR as soon as possible. HR will forward the completed form to the state’s HRD/WCS on behalf of the employee. Since the state has a limited amount of time to reach a decision on a claim, it’s important for the medical provider to complete this form as soon as possible, or the claim may be denied due to lack of information.

☞ Physician’s Report (HRD).

**Authorization for the Release of Medical Information**

The injured employee must sign an Authorization for Release of Medical Information Form. This form authorizes hospitals and health care providers to release any and all information relating to the injury to persons and/or institutions involved in the Workers’ Compensation process. The state’s HRD/WCS will not pay medical bills related to the injury unless it has received this authorization form.

If the employee is seriously injured and/or not immediately available to sign the form, the supervisor should mail the Authorization to the employee’s home.

☞ Authorization for Release of Medical Information (HRS-02).

**Concurrent Employment Review Form**

All injured workers must complete the Concurrent Employment Review Form. The purpose of the Concurrent Employment Review is to ensure that they receive the appropriate compensation which is based on the loss of all earnings.

A. If the employee does not have another job outside of the University, write “None” on the line asking for the other employer’s name and sign the bottom of the form.

B. If the employee receives wages from one or more other employers outside the University, state law requires the employee to report all outside earnings and to indicate whether s/he will continue working for the other employer(s).

☞ Concurrent Employment Review Form (HRD).
The Reform Act Relative to Fair & Effective Compensation of Injured Workers of 1992, toughened criminal sanctions for perpetrators of insurance fraud in the Workers’ Compensation system. Section 11D of C. 152 M.G.L. “...failure to report any earnings may subject the employee to civil or criminal penalties...”

**Timesheet Authorization Form**

The employee will submit the Timesheet Authorization Form to HR to ensure proper use of the employee’s accrued paid time off.

☞ *Employees Timesheet Authorization Form (HRS-03).*

**Where to Send Medical Bills**

The state Workers’ Compensation (HRD/WCS) Unit is the insurer of employee workers’ compensation claim and is also the Utilization Review Agent (URA) for medical treatment related to employee claims. HR will provide the employee file number to be used in filing the claim. If employee seeks medical attention or treatment for a work-related injury/illness, instruct the employee’s health care provider to send bills directly to:

**Human Resources Division/Benefits Section**
One Ashburton Place, Third Floor
Boston, MA 02108
617.727.3437 ☎

**Supervisor Investigates Incident**

**Within 48 hours of the injury**, the supervisor completes, signs, and forwards to Human Resources:
- *Employee Incident Report* which employee completed,
- *Supervisor’s Accident Investigation Form* and wherever possible,
- *Witness Report of Injury/Accident Form*
- *Confirm that the employee has sent his/her forms to HR as well.*

**Absence from Work for 1-5 Days**

The employee must contact his/her supervisor/department as per the normal departmental policy by calling in sick each day until s/he:

- Returns to work based on medical clearance and HR approval

*(See Returning To Work, Page 13), or*
• Provides medical documentation to HR of the probable timeframe of his/her absence, or
• Is approved for Workers’ Compensation leave of absence.

The employee must keep his/her supervisor/department updated as the Workers’ Compensation process evolves and re-evaluations occur.

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**Absence from Work for 6 or More Calendar Days**

If the employee becomes disabled and is unable to work for a period of six or more calendar days, s/he must continue to notify his/her supervisor. The employee is also encouraged to notify HR to ensure proper documentation is being gathered in a timely manner.

HR will fill out a **Form 101-First Report of Injury (DIA)**. Form 101 must be submitted to the HRD/WCS within seven (7) business days after the 5th calendar day of disability. HR completes the University wage information, and forwards Form 101 directly to HRD/WCS. Within 14 calendar days of receiving Form 101, the HRD/WCS must begin paying the employee for lost wages or send a denial letter explaining why the claim was not accepted.

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**Wages & Disability Benefits**

**Calculating Workers’ Compensation**

Wages from any job the employee may hold outside the University will be considered by the state WC Unit Adjuster when calculating an Average Weekly Wage (AWW) and his/her Compensation Rate. If the employee continues working at his/her outside job following an accident, illness, or incident on the job, the employee would be paid Section 35 Benefits (partial incapacity) not Section 34 Benefits (total incapacity) under Massachusetts General Laws (M.G.L.) Chapter 152. The state HRD/WCS reviews concurrent employment to insure the employee receives the appropriate compensation based on the loss of all earnings. If the employee returns to work at any of his/her jobs, adjustments must be made to the compensation rate and the payment section.

**How Disability Income is Determined**

Most benefits are based on the average weekly wage (including overtime, tips, etc.) for the 52 weeks prior to the date of injury. If the employee has not been in their current job for that long, the insurer will use the actual wages of a co-worker who had been in the same job as the employee’s for at least 52 weeks. [Source: DIA Guide to Massachusetts Workers Compensation System]

**Temporary & Partial Disability Benefits**

**Temporary Total Disability Benefits**

The employee may qualify for total temporary disability income benefits if his/her injury/illness leaves him/her unable to work, considering age, training, and experience, for six or more calendar days. The employee can receive these benefits for up to 56 weeks as long as s/he is not earning any income. The
first five (5) calendar days of disability are not compensated unless the employee is disabled for twenty-one (21) calendar days or more. Temporary Total Disability Benefits equal 60 percent of the employee’s average weekly wage based on gross earnings over the 52 weeks prior to the injury, up to a maximum amount.

Partial Disability Benefits

If the employee is able to do some work, but has lost part of his/her earning capacity due to injury or illness, the employee may qualify for partial benefits for a maximum of 260 weeks. For certain types of severe disability, the benefits may extend to 520 weeks.

Partial disability payments equal 60 percent of the difference between their average weekly wages (AWW) prior to the injury and the weekly wages they are now capable of earning. The maximum compensation under this section of the law is limited to 75 percent of what the employee would receive if s/he were getting total temporary benefits.

Notification of Claim Approval or Denial

The state’s HRD/WCS will reach a decision on the compensability of the workers’ compensation claim within fourteen (14) calendar days after receiving Form 101 - Employer’s Notice of Injury Report (DIA). The state’s HRD/WCS will notify the employee of their decision by sending a certified letter to his/her home.

If the claim is approved, the state’s HRD/WCS must begin paying the employee for lost wages. If the claim is disapproved, the employee will receive an explanation for the denial and information on how to appeal the decision. The Department of Industrial Accidents (DIA) is also notified whenever workers’ compensation claims are denied.

HR receives a copy of the claim decision letter, and subsequently notifies the employee’s department as to whether the claim was approved or denied.

Workers’ Compensation Payments (Note: payments are not direct deposit)

Workers’ Compensation checks are issued on a bi-weekly basis and are sent directly from the state’s HRD/WCS to the employee’s home. No state and/or federal taxes or payroll deductions of any type are withheld from disability checks.

The first two Workers’ Compensation checks are sent to HR. After the checks have arrived, the employee will be asked to come to the HR office to endorse them. HR will refund the checks back into the department’s account and make adjustments to the employee’s sick time balance (crediting back up to 60% of the sick time used during his/her absence), state retirement, and FICA deductions.

The state’s HRD/WCS can pay on a claim for up to 180 calendar days without prejudice, during which time payments can be stopped or modified after giving a ten (10) calendar days’ notice to the injured employee and the DIA.
When Benefits May be Stopped or Reduced

After the 180-day pay-without-prejudice period has passed, the state’s HRD/WCS can stop or reduce payment only for reasons specified by the Workers’ Compensation Act and regulations. If the state’s HRD/WCS contests a claim or stops or reduces payment once it’s been initiated, the employee can file an Employee Claim - Form 110 to commence the dispute resolution process at the Department of Industrial Accidents (DIA) after 30 calendar days have passed from the alleged onset of disability. **If the employee needs a copy of Form 110, please contact HR (617) 287-5158 and (617) 287-5168.**

The employee’s benefits may be stopped or reduced for any of several reasons. Some of the more common reasons are:

- ordered by an arbitrator, administrative judge, reviewing board, or higher court;
- employee returned to work (the insurer must resume benefits if within 28 calendar days employee leaves work again due to the same injury);
- the insurer has been given a medical report by the treating health care provider or an impartial medical examiner stating that the employee is capable of returning to work, and their employer has reported that a suitable position is available;
- employee is requested to attend an evaluation by a DIA vocational rehabilitation review officer and employee refuses to attend, or refuses to cooperate with the provision of vocational rehabilitation services;
- employee imprisoned after conviction for either a misdemeanor or felony.

Accruing Sick Leave & Vacation Credits

Benefited employees who are on leave due to an industrial accident earn sick leave and vacation credits during their recuperation period. An employee will only be credited with this accrued sick and vacation hours AND will be only eligible to use this accrued time if and when s/he returns to work.

Continuation of GIC Insurances

Employees who are on a leave without pay for an entire calendar month or more may continue receiving their basic health insurance, life insurance and long-term disability insurance coverage(s) by paying the full cost of the premium directly to the Group Insurance Commission (GIC).

If the employee takes a leave of absence because of injury or illness, **s/he can apply to the GIC for a reduction in the monthly premium amount by filling out the GIC Form 11.** Their health care provider is also required to complete a portion of the form.

☞ Application for Reduction of Monthly Premium Form 11 (GIC).

Medical Reports Related to Employee’s Injury
If the employee receives further evaluation related to his/her injury, s/he will submit reports to: Human Resources, Benefits Section, Quinn Administration Building, 3rd Floor, University of Massachusetts, Boston, 100 Morrissey Blvd., Boston MA 02125.

**Appeal Process - When a Claim is Denied**

If the state’s HRD/WCS denies initial liability, the employee will receive a certified letter giving the reasons why the workers’ compensation claim was contested. The state’s HRD/WCS must inform the employee of his/her right to challenge the decision by filing an appeal with the Department of Industrial Accidents (DIA). HRD/WCS also sends a copy of the denial letter to HR, in turn, HR notifies the department of the state’s decision.

The employee may wish to consult with his/her department head about the possibility of taking a Medical Leave Without Pay or a Personal Leave Without Pay.

**Claim denials can be appealed to the DIA. The appeal process involves four steps:**

1. **Conciliation** - An informal meeting between the employee, the insurer, and a conciliator from the DIA. This meeting, called conciliation, normally takes place within 12 business days of the DIA receiving the request. There is an attempt to reach a voluntary agreement between the employee and the insurer. No decision can be ordered at this proceeding. If a voluntary agreement cannot be reached, the status of the employee’s claim would remain the same as before, and the case could be referred to one of the DIA judges for a conference. Or the employee and the insurer could agree to voluntary arbitration.

2. **Voluntary Arbitration** - Any time prior to five days before a conference, the employee and the insurer can agree to refer the disputed case to an independent arbitrator. HR takes no further action on this claim. The employee presents his/her case to the arbitrator, HRD/WCS does the same, and the arbitrator will then issue a decision that is binding on both parties.

3. **Conference** - The conference is an informal proceeding before an administrative judge. The judge learns about the case from presentations by the parties and the submission of documents such as medical reports, wage statements and affidavits from witnesses. Witnesses are not called; the employee tells the judge what the witnesses would have said. Testimony is not sworn. At the conference the employee would need to show that s/he is disabled, the disability was work-related, and that any disputed medical bills were for necessary treatment. After the conference, usually within 7 business days, the judge issues an order telling the insurer to pay the employee’s benefits or ruling that they are not liable for payments to the employee. The conference order can be appealed by either party. This appeal must be filed with the DIA within 14 calendar days of the issuance of the order. If either party does appeal the conference order, a formal hearing before the same judge will be scheduled.

4. **Hearing** - The hearing is a formal proceeding held before the same administrative judge who presided at the conference. Rules of evidence will apply and sworn testimony is taken. Witnesses are called and cross-examined by the opposing party. The judge may continue to gather information after the hearing. The guideline for issuance of a decision is 28 calendar days, but this is only a guideline and it may take longer to get a decision. The decision at a hearing can be appealed to the Reviewing Board by either party. The appeal to the Reviewing Board (Form 112) must be filed within 30 calendar days of the issuance of the hearing decision.

September 24, 2013
The Reviewing Board

The Reviewing Board is made up of six judges, three of whom will examine the hearing transcripts. They may ask for written briefs or oral arguments from either party. This panel can reverse or uphold the decision of the administrative judge.

Further Appeals

Review Board decisions can be appealed to the Massachusetts Court of Appeals.

Department of Industrial Accidents Locations

The DIA has offices located in Boston, Fall River, Lawrence, Worcester and Springfield. For additional information about the Appeal Process, contact the DIA, (413) 784-1133.

Returning to Work

The decision to return to work and the determination of how much work the employee can do, what limitations there are, if any, etc., should be made in consultation with the employee’s health care provider and HR to discuss work schedule options that may reasonably accommodate a gradual increase in time and/or return to full duty.

Notification to HR and the Supervisor

Until the Workers’ Compensation claim has been approved or denied, the supervisor continues to report the employee out each pay period as indicated by the employee on the Timesheet Authorization Form

Once the Workers’ Compensation claim has been approved, refer to Employee’s Timesheet Authorization Form for correct time reporting.

- The department sends a Personnel Action Form (PA) to HR to adjust the employee’s leave status.
  - If the employee wishes to use accrued leave to supplement his/her workers’ compensation payments, then a Leave With Pay PA should be completed, using PLA/WKC as action/reason codes.
  - If the employee opts not to use accrued leave then a Leave Without Pay PA should be completed, using LOA/WKC action/reason codes.
  - If workers’ compensation is denied, the department consults with HR for proper reporting.
The employee submits to HR the health care provider’s note indicating s/he is able to return to work and perform the essential functions of his/her job without restrictions.

- HR may contact the employee’s health care provider asking for verification that S/he is able to perform all essential job duties as required by their job description.
- If the employee needs accommodation due to restrictions, HR will discuss with employee, the supervisor and the department, whether these restrictions can be accommodated.

☞ Medical Release/Return to Work Form (HRS-03)

HR informs the department that all necessary documentation has been received, the employee is able to return to his/her position and perform the essential functions of his/her job without restrictions, and provides the department with a return to work date.

The department sends HR a PA returning the employee to active duty status, using RFL/RFL for action/reason codes. Human Resources will notify the state’s HRD/WCS to discontinue or adjust disability checks.

☞ Personnel Action Form.

Resumption of a Claim after Returning To Work

A resumption of a claim is filed if the employee becomes incapacitated from a prior work related injury and is deemed disabled by a physician. Example: An employee returns to work after being out on Leave Without Pay due to an industrial accident. Within a period of time, if the employee discovers that s/he is physically incapable of resuming the work, the employee may re-file for workers’ compensation.

Within 28 Calendar Days of Disability

If the resumption of the workers’ compensation claim is filed within 28 calendar days of returning to work, the employee must give HR and HRD/WCS notification by certified letter within twenty-one (21) calendar days of leaving work that the disability resulting from the injury, renders the employee incapable of performing work. If the employee fails to give notice via certified letter, within twenty-one calendar days of leaving work, the resumption of the workers’ compensation claim should be filed in accordance with the procedure described on the next page.

Upon receiving the certified letter, HR and the state’s HRD/WCS adjuster will verify the information contained therein. HR is required to provide the adjuster with: dates of lost time, the average weekly wage, and a copy of the latest medical report if one is available. If there were an opportunity for the employee to be placed on restricted duty during the recuperative period, this information would also be given to the state’s HRD/WCS adjuster.
The Worker’s Compensation adjuster reviews all documentation. If the resumption claim is filed in accordance with Massachusetts General Laws ch. 152, sec. 8 (2), the workers’ compensation benefits will be re-instated. Department of Industrial Accident (DIA) Form 107 is used by the state Worker’s Compensation adjuster to approve the claim for payment. If the claim is reinstated, the employee will receive an approval letter from the state's HRD/WCS along with a copy of Form 107.

If the claim is denied, the employee will receive a denial letter and a copy of Form 104. Resumption denials can be appealed to the Department of Industrial Accidents (DIA). For information about the Appeal Process, contact the DIA, (413) 784-1133.

After 28 Calendar Days of Disability

If the resumption of a workers’ compensation claim is initiated after 28 calendar days of returning to work, the employee must essentially file in the same manner as if this were a new claim. Call HR, (617) 287-5158 for assistance in resuming a claim.

It will be necessary for the employee to sign a new Authorization for Release of Medical Records form and have his/her doctor complete a Physician’s Report. Any other information the employee wishes to provide in relation to the injury may also be submitted to HR.

HR completes a Resumption Form and forwards all necessary forms/information to HRD/WCS within 48 hours of being notified about the claim resumption.

The state WC adjuster reviews the documentation and determines whether the claim should be approved or denied. DIA Form 107 is used by the adjuster to approve the claim for payment. If the resumption of the workers’ compensation claim is approved, the state WC Unit will send the employee an approval letter and a copy of Form 107.

If the claim is denied, the employee will receive a denial letter and a copy of DIA Form 104. Resumption denials can be appealed to the Department of Industrial Accidents (DIA). For information about the Appeal Process, contact the DIA, (413) 784-1133.

Other Disability Benefits

Permanent and Total Disability Benefits

Employees who are totally and permanently incapable of doing any kind of work as a result of a work-related injury or illness, and who have exhausted the appropriate temporary disability benefits, qualify for permanent disability benefits. The amount of the benefit is equal to two-thirds (2/3) of the average weekly wage (or a minimum of 20% of the state average weekly wage) based on the 52 weeks prior to the employee’s injury, up to a maximum of the state average weekly wage.

Permanent Loss of Function and Disfigurement Benefits

Under Chapter 152, section 36 of the Massachusetts General Laws, employees who sustain a permanent loss of certain specific bodily functions or surgical scars on the face, neck, or hands, may be eligible to receive a one-time lump sum payment. This benefit is in addition to other payments for lost wages, medical bills, etc. Persons injured prior to 12/24/91 have slightly different benefits. Employees who are...
seeking this type of benefit should contact the Department of Industrial Accidents (DIA) at the Springfield office (413) 784-1133 for more information and to request an application form. The DIA can also be reached at the Boston office by calling (617) 727-4994.

**Lump Sum Settlements**

A lump sum settlement is a one-time payment made to a disabled employee in place of weekly compensation checks and certain other benefits. Please visit [www.mass.gov/dia](http://www.mass.gov/dia) for more information.

After a lump settlement has been negotiated between the employee and the insurer, Human Resources takes the employee off **Paid Leave of Absence Due to Industrial Accident**. The former employee may request return of his/her retirement contributions to the Massachusetts State Employees’ Retirement System upon his/her resignation from the University if it coincides with a lump sum settlement.

**Death Benefits**

Reasonable burial expenses up to $4000 will be paid in cases where the injury results in death. Surviving spouses can receive weekly benefits equal to two-thirds of the deceased worker’s average weekly wage up to a maximum of the state average weekly wage. Surviving spouses become eligible for yearly cost of living increases two years after the date of the injury. If the spouse remarries, $60 a week is paid to each eligible child. The total weekly amount paid to dependent children cannot exceed the amount the spouse had been receiving.
Telephone Numbers and Addresses

**University of Massachusetts Boston Human Resources (HR)**
(provides forms and guidance)

Benefits Section - Human Resources  
Quinn Administrative Bldg. 3rd Floor, 100 Morrissey Blvd.  
Boston, MA 02125  
Telephone: (617) 287-5150  
Facsimile: (617) 287-5179  
Barbarajean.conneely@umb.edu (617) 287-5158  
Linda.mcdonough@umb.edu (617) 287-5168  
Website: umb.edu/hr

**State Workers’ Compensation Utilization Review Agent (URA)**
(pre-approves medical treatment)

Human Resources Division  
One Ashburton Place, 3rd Floor  
Boston, MA 02108  
Telephone: (800) 266-7991  
Facsimile: (617) 727-7816

**State Human Resources Division/Workers’ Compensation Section (HRD/WCS)**
(reviews injury reports and decides which claims are compensable)

Human Resources Division  
One Ashburton Place, 3rd Floor  
Boston, MA 02108  
Telephone: (617) 72-3437

**Massachusetts Department of Industrial Accidents (DIA)**
(resolves disputes over claims)

600 Washington Street, 7th Floor  
Boston, MA 02111  
Telephone: (617) 727-4900  
Web Site: http://www.state.ma.us/dia/

**Massachusetts State Board of Retirement**
(provides information on types of retirement options)

One Winter Street  
Boston, MA 02114  
Telephone: (800) 392-6014, (617) 367-7770  
Website: http://www.state.ma.us/treasury/srb.htm
The Employee’s Guide
to UMass Boston’s
Workers’ Compensation Procedure

In the event you have a work related incident, the following steps must be taken:

NOTIFY YOUR SUPERVISOR AS SOON AS POSSIBLE

• GO DIRECTLY TO EMERGENCY ROOM IF NECESSARY

• Call 911 (from UMB phone) if Emergency
  OR
• Call 7-7799 (Public Safety Dispatch) if Non-Emergency
  AND
• Go to umb.edu/hr to obtain the Employee Forms
  AND
• Call 7-4000 (Customer Service) to record incident and inform Facilities, Environmental Health & Safety, HR

Return Forms To:
Department of Human Resources
100 Morrissey Blvd. Boston, MA 02125
Barbarajean.conneely@umb.edu (617) 287-5158
Linda.McDonough@umb.edu (617) 287-5168
Fax: (617) 287-5179

September 24, 2013
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In the event you the employee have a work related incident, the following steps must be taken by you:

1. **Immediately report** any work-related incident to your supervisor.
   - In case of an emergency, go directly to the Emergency Room

2. **Go to umb.edu/hr** to complete all forms **with 24 hours of incident**
   (or call HR at (617) 287-5150 to obtain a copy of these forms) and return completed forms to HR:
   - *Employee Incident Report (HRS-01)*
   - *Physician’s Report (HRD)* (if sought medical treatment)
     - Your treating health care provider may fax this directly to HR at (617) 287-5179

If you are out more than 5 days, you will also need to complete and return to HR:
   - *Authorization for Release of Medical Information (HRS-02)*
   - *Concurrent Employment Review Form (HRD)*
   - *Employee Timesheet Authorization Form (HRS-04)*
   - *Medical Release/Return to Work Form (HRS-03)*
     - Please be advised that Family and Medical Leave Act (FMLA) leave will run concurrent with any workers’ compensation leave.
     - The first five (5) days of disability are not compensated by worker’s compensation unless you are disabled for twenty-one (21) days or more.

3. **Within 24 hours following emergency medical treatment or before seeking future medical treatment** you or your medical provider must call the state insurer’s Utilization Review Agent for approval **each time treatment is sought**: **(800) 266-7991**
   - First visit/immediate treatment is always covered by Workers’ Compensation. However, each and every follow up treatment or visit must receive prior approval to ensure proper payment.
   - Following this procedure will ensure that all related medical bills will be paid in a timely manner.
4. Contact your supervisor/department as per your normal departmental policy by calling in sick each day until you:
   - Return to work based on fulfilling #6 below, or
   - Provide medical documentation to HR of the probable timeframe of your absence, or
   - Are approved for Workers’ Compensation leave of absence.

5. Keep your supervisor/department updated as your Workers’ Compensation process evolves and re-evaluations occur.

6. Prior to returning to work, you must submit to HR a Medical Release/Return to Work Form (HRS-03) fill out by your health care provider indicating you are able to return to work and perform the essential duties of your job without restrictions.
   - HR may contact your health care provider asking for verification that you are able to perform all essential job duties as required by your job description.
   - If you need accommodation due to restrictions, contact HR which will discuss with your department whether these restriction(s) can be accommodated.

7. Inform your supervisor of your expected return date.
   - Please note that you cannot return to work until notified by HR that the University has all of the necessary documentation and has cleared you to return to work.

FOR QUESTIONS OR MORE INFORMATION PLEASE CONTACT:

BarbaraJean Conneely, Benefits Manager: (617) 287-5158
barbarajean.conneely@umb.edu

Linda McDonough, Benefits Coordinator: (617) 287-5168
linda.mcdonough@umb.edu

Department of Human Resources
100 Morrissey Blvd. Boston, MA 02125
(617) 287-5150
FAX: (617) 287-5179
www.umb.edu/hr
What is Workers’ Compensation?

Workers’ Compensation is a type of insurance that is provided by state law to employees who are injured on the job or who contract a work-related illness. Workers’ Compensation is a “No-Fault System,” which means employees do not have to prove blame in order to collect wage and medical benefits. However, the burden is on the employee to prove that a disability is work-related. Chapter 152 of the Massachusetts General Laws establishes guidelines and provisions for the continuation of compensation coverage and payment of medical bills when employees are injured on the job and unable to work.

Scope of Coverage

Anyone who is currently being paid on the University of Massachusetts Boston payroll is an employee and so is covered by Workers’ Compensation Insurance regardless of whether the work location is on or off campus. Coverage applies to: benefitted and non-benefitted faculty and staff, graduate student employees, and student employees.

Worker’s Compensation is not available to non-employees such as: contingent workers, independent contractors, students who are not UMass Boston student employees, and visitors to campus. If such a person is injured, becomes, ill, or has an incident while on campus, please report this to Customer Service at 617.287.4000 and contact Matt Wamback at UMass Systems Office of the Treasurer at www.umassp.edu/massedu/treasurer/procedures.

How Workers’ Compensation is Administered

HR: University of Massachusetts Boston - The Benefits Section of Human Resources (HR) assists supervisors and injured employees with worker’s compensation issues, incidents, and claims processing. HR also serves as a liaison between the state Workers’ Compensation Unit (HRD/WCS), the Department of Industrial Accidents (DIA), and University employees. Human Resources is located in the Quinn Administration Building 3rd Floor, and our phone number is (617) 287-5158 or (617) 287-5168.

HRD/WCS: State Insurer - The Commonwealth’s Human Resources Division (HRD) is the University’s Workers’ Compensation (WCS) insurance provider. The state’s WC Section is responsible for developing and administering policies and procedures for all employees or the state. It also reviews injury reports, decides which claims are compensable, and has a Utilization Review Board that reviews/authorizes medical care and treatment protocols.

DIA: Massachusetts Department of Industrial Accidents (DIA) - The DIA represents the interests of employees who have been injured on the job. It settles disputes between the state insurer and employees. Employees may seek recourse through a four-step process: Conciliation, Conference with DIA Board, Hearing with an Administrative Judge, and Hearing before a Reviewing Board.
Reporting a Work-Related Injury or Illness

If you are injured on the job or suffer a work-related illness, your supervisor should be notified as soon as possible. Every work-related injury or work-related illness must be reported, regardless of whether it might seem relatively minor or insignificant. You should report the nature of the injury and the circumstances surrounding the incident.

 Seeking Medical Treatment

• IN AN EMERGENCY, SEEK MEDICAL ATTENTION AT THE EMERGENCY ROOM

If you need medical attention for a work-related injury or illness, you may seek treatment from your own health care provider. The University’s workers’ compensation insurance carrier will pay for any initial cost(s) associated with your approved workers’ compensation claim.

You or your health care provider must call the HRD/WCS Utilization Review Agent for pre-approval of treatment or within 24 hours after seeking emergency treatment. The phone number is: (800) 266-7991

Within 24 hours following emergency medical treatment or before seeking future medical treatment you or your health care provider must call the HRD/WCS Utilization Review Agent for approval each time treatment is sought: (800) 266-7991

First visits/immediate treatment are always covered by Workers’ Compensation. However, each and every follow up treatment or visit must receive prior approval to ensure proper payment.

(Following this procedure will ensure that all related medical bills will be paid in a timely manner.)

Completing the Paperwork

Employee Incident Report

You must complete an Employee Incident Report within 24 hours of the time when an incident occurs to establish an official record of your injury/illness. This form must be completed by you and submitted to your supervisor who will acknowledge receipt of the form. Your supervisor will forward the original to HR and send a copy of the form to their department head.

Employee Incident Report (HRS-01).

The following employee forms must be completed and returned to HR:

• Physician’s Report Form (HRD),
• Authorization of Medical Information Form (HRS-02),
• Concurrent Employment Review Form (HRD), and
• Employee Timesheet Authorization Form (HRS-04)
• Medical Release/Return to Work Form (HRS-03).

All above forms must be mailed/faxed/scanned to: Human Resources, Attn: Benefits Section, 3rd Fl. Quinn Administration Building, UMass Boston, 100 Morrissey Blvd., Boston, MA 02125. The Fax number is (617) 287-5179. You may scan and email the forms to: barbarajean.conneely@umb.edu.

If you have any questions concerning any of these forms, please call the Benefits Section of the HR office at (617) 287-5158 or (617) 287-5168.

Employee Incident Report

You, the injured employee, must complete an Employee Incident Report within 24 hours of the time when an incident occurs to establish an official record of your injury/illness.

☞ Employee Incident Report Form (HRS-01).

Physician’s Report Form

Have your health care provider fill out this form and return it to HR as soon as possible. HR will forward the completed form to the state’s HRD/WCS on your behalf. Since the state has a limited amount of time to reach a decision on your claim, it’s important for your medical provider to complete this form as soon as possible, or your claim may be denied due to lack of information.

☞ Physician’s Report Form (HRD).

Authorization for the Release of Medical Information

☞ You, the injured employee, must sign an Authorization for Release of Medical Information Form. This form authorizes hospitals and health care providers to release any and all information relating to your injury, to persons and/or institutions involved in the Workers’ Compensation process. The state’s HRD/WCS will not pay medical bills related to the injury unless it has received this authorization form.

If you are seriously injured and/or not immediately available to sign the form, your supervisor should mail the Authorization to your home.

☞ Authorization for Release of Medical Information (HRS-02).
**Concurrent Employment Review Form**

All injured workers must complete the Concurrent Employment Review Form. The purpose of the Concurrent Employment Review is to ensure that you receive the appropriate compensation which is based on the loss of *all earnings*.

A. If you do not have another job outside of the University, write “None” on the line asking for the other employer’s name and sign the bottom of the form.

B. If you receive wages from one or more other employers outside the University, state law requires you to report all outside earnings and to indicate whether you will continue working for the other employer(s).

   ≫ Concurrent Employment Review Form (HRD).

The Reform Act Relative to Fair & Effective Compensation of Injured Workers of 1992, toughened criminal sanctions for perpetrators of insurance fraud in the Workers’ Compensation system. Section 11D of C. 152 M.G.L. “...failure to report any earnings may subject the employee to civil or criminal penalties...”

**Timesheet Authorization Form**

You must submit the Timesheet Authorization Form to HR to ensure proper use of your accrued paid time off.

   ≫ Employee Timesheet Authorization Form (HRS-04).

**Where to Send Medical Bills**

The state Workers’ Compensation (HRD/WCS) Unit is the insurer of your workers’ compensation claim and is also the Utilization Review (UR) Agent for medical treatment related to your claim. HR will provide to you your file number to be used in filing your claim. If you seek medical attention or treatment for a work-related injury/illness, instruct your health care provider to send bills directly to:
Absence from Work for 1-5 Days

Contact your supervisor/department as per your normal departmental policy by calling in sick each day until you:

- Return to work based on medical clearance and HR approval
  
  *(See Returning To Work, Page 26), or*
  
- Provide medical documentation to HR of the probable timeframe of your absence, or
  
- Are approved for Workers’ Compensation leave of absence.

Keep your supervisor/department updated as your Workers’ Compensation process evolves and re-evaluations occur.

Absence from Work for 5 or More Calendar Days

If you become disabled and are unable to work for a period of five or more calendar days, notify your supervisor. Your supervisor will notify HR of your absence. You as the employee are also encouraged to notify HR to ensure proper documentation is being timely gathered.

HR will fill out a Form 101-First Report of Injury. Form 101 must be submitted to the HRD/WCS within seven (7) business days after the 5th calendar day of disability. HR completes the University wage information, and forwards Form 101 directly to HRD/WCS. Within 14 days of receiving Form 101, the HRD/WCS must begin paying you for lost wages or send a denial letter explaining why the claim was not accepted.

Wages & Disability Benefits

**Calculating Workers’ Compensation**

Wages from any job you may hold outside the University will be considered by the state WC Unit Adjuster when calculating an Average Weekly Wage (AWW) and your Compensation Rate. If you continue working at your outside job following an accident,
illness, or incident on the job, you would be paid Section 35 Benefits (partial incapacity) not Section 34 Benefits (total incapacity) under Massachusetts General Laws (M.G.L.) Chapter 152. The state HRD/WCS reviews concurrent employment to insure you receive the appropriate compensation based on the loss of all earnings. If you return to work at any of your jobs, adjustments must be made to the compensation rate and the payment section.

**How Disability Income is Determined**

Most benefits are based on your average weekly wage (including overtime, tips, etc.) for the 52 weeks prior to your date of injury. If you have not been in your current job for that long, the insurer will use the actual wages of a co-worker who had been in the same job as yours for at least 52 weeks. [Source: DIA Guide to Massachusetts Workers Compensation System]

**Temporary & Partial Disability Benefits**

**Temporary Total Disability Benefits**

You may qualify for total temporary disability income benefits if your injury/illness leaves you unable to work, considering your age, training, and experience, for six or more calendar days. You can receive these benefits for up to 56 weeks as long as you are not earning any income. **The first five (5) days of disability are not compensated unless you are disabled for twenty-one (21) days or more.** Temporary Total Disability Benefits equal 60 percent of your average weekly wage based on gross earnings over the 52 weeks prior to the injury, up to a maximum amount.

**Partial Disability Benefits**

If you are able to do some work, but have lost part of your earning capacity due to injury or illness, you may qualify for partial benefits for a maximum of 260 weeks. For certain types of severe disability, the benefits may extend to 520 weeks.

Partial disability payments equal 60 percent of the difference between your average weekly wage (AWW) prior to the injury and the weekly wages you are now capable of earning. The maximum compensation under this section of the law is limited to 75 percent of what you would receive if you were getting total temporary benefits.

**Notification of Claim Approval or Denial**

The state’s HRD/WCS will reach a decision on the compensability of your workers’ compensation claim within fourteen (14) days after receiving **Form 101 - Employer’s Notice of Injury Report.** The state’s HRD/WCS will notify you of their decision by sending a certified letter to your home.
If the claim is approved, the state’s HRD/WCS must begin paying you for lost wages. If the claim is disapproved, you will receive an explanation for the denial and information on how to appeal the decision. The Department of Industrial Accidents (DIA) is also notified whenever workers’ compensation claims are denied.

HR receives a copy of the claim decision letter, and HR subsequently notifies your department as to whether the claim was approved or denied.

**Workers’ Compensation Payments (Note: payments are not direct deposit)**

Workers’ Compensation checks are issued on a bi-weekly basis and are sent directly from the state’s HRD/WCS to your home. No state and/or federal taxes or payroll deductions of any type are withheld from disability checks.

The first two Workers’ Compensation checks are sent to HR. After the checks have arrived, you will be asked to come to our office to endorse them. HR will refund the checks back into your department’s account and make adjustments to your sick time balance (crediting back up to 60% of the sick time used during your absence), state retirement, and FICA deductions.

The state’s HRD/WCS can pay on a claim for up to 180 calendar days without prejudice, during which time payments can be stopped or modified after giving a seven (7) business day notice to the injured employee and the DIA.

**When Benefits May be Stopped or Reduced**

After the 180-calendar day pay-without-prejudice period has passed, the state’s HRD/WCS can stop or reduce payment only for reasons specified by the Workers’ Compensation Act and regulations. If the state’s HRD/WCS contests a claim or stops or reduces payment once it’s been initiated, the employee can file an Employee Claim - Form 110 to commence the dispute resolution process at the Department of Industrial Accidents (DIA) after 30 calendar days have passed from the alleged onset of disability. **If you need a copy of Form 110, please contact HR.**

Your benefits may be stopped or reduced for any of several reasons. Some of the more common reasons are:

- it is ordered by an arbitrator, administrative judge, reviewing board, or higher court;
- you returned to work (the insurer must resume benefits if within 28 calendar days you leave work again due to the same injury);
- the insurer has been given a medical report by your treating doctor or an impartial medical examiner stating that you are capable of returning to work, and your employer has reported that a suitable position is available for you;
- you are requested to attend an evaluation by a DIA vocational rehabilitation review officer and you refuse to attend, or refuse to cooperate with the provision of vocational rehabilitation services;
- you are imprisoned after conviction for either a misdemeanor or felony.
**Accruing Sick Leave & Vacation Credits**

Benefit employees who are on leave due to an industrial accident, earn sick leave and vacation credits during their recuperation period. You may use this accrued time upon returning to work.

**Continuation of GIC Insurances**

Benefitted employees, who are on a leave without pay for an entire calendar month or more, may continue receiving their basic health insurance, life insurance, and/or long-term disability insurance(s) coverage by paying the full cost of the premium directly to the Group Insurance Commission (GIC).

If you take a leave of absence because of a personal injury or illness, you can apply to the GIC for a reduction in the monthly premium amount by filling out the GIC Form 11. Your health care provider is also required to complete a portion of the form.

*Application for Reduction of Monthly Premium Form 11 (GIC).*

**Medical Reports Related to Your Injury**

If you receive further evaluation related to your injury, please submit reports to: Human Resources, Benefits Section, Quinn Administration Building, University of Massachusetts, Boston, 100 Morrissey Blvd., Boston MA 02125.

**Appeal Process - When a Claim is Denied**

If the state’s HRD/WCS denies initial liability, you will receive a certified letter giving the reasons why the workers’ compensation claim was contested. The state’s HRD/WCS must inform you of your right to challenge the decision by filing an appeal with the Department of Industrial Accidents (DIA). HRD/WCS also sends a copy of the denial letter to HR’s Workers’ Compensation section. We, in turn, notify your department of the state’s decision.

You may wish to consult with your department head about the possibility of taking a Medical Leave without Pay or a Personal Leave without Pay (LOA).

Claim denials can be appealed to the DIA. The appeal process involves four steps:

1. **Conciliation** - An informal meeting between you, the insurer, and a conciliator from the DIA. This meeting, called conciliation, normally takes place within 12 business days of the DIA receiving the request. There is an attempt to reach a voluntary agreement between you and the insurer. No decision can be ordered at this proceeding. If a voluntary agreement cannot be reached, the status of your claim
would remain the same as before, and your case could be referred to one of the DIA judges for a conference. Or you and the insurer could agree to voluntary arbitration.

② **Voluntary Arbitration** - Any time prior to five business days before a conference, you and the insurer can agree to refer your disputed case to an independent arbitrator. HR takes no further action on your claim. You present your case to the arbitrator, the state WC Unit does the same, and the arbitrator will then issue a decision that is binding on both parties.

③ **Conference** - The conference is an informal proceeding before an administrative judge. The judge learns about the case from presentations by the parties and the submission of documents such as medical reports, wage statements and affidavits from witnesses. Witnesses are not called; you just tell the judge what the witnesses would have said. Testimony is not sworn. At the conference you would need to show that you are disabled, the disability was work-related, and that any disputed medical bills were for necessary treatment. After the conference, usually within 7 days, the judge issues an order telling the insurer to pay your benefits or ruling that they are not liable for payments to you.

The conference order can be appealed by either party. This appeal must be filed with the DIA within 14 calendar days of the issuance of the order. If either party does appeal the conference order, a formal hearing before the same judge will be scheduled.

④ **Hearing** - The hearing is a formal proceeding held before the same administrative judge who presided at the conference. Rules of evidence will apply and sworn testimony is taken. Witnesses are called and cross-examined by the opposing party. The judge may continue to gather information after the hearing. The guideline for issuance of a decision is 28 calendar days, but this is only a guideline and it may take longer to get a decision. The decision at a hearing can be appealed to the Reviewing Board by either party. The appeal to the Reviewing Board (Form 112) must be filed within 30 calendar days of the issuance of the hearing decision.

*The Reviewing Board*

The Reviewing Board is made up of six judges, three of whom will examine the hearing transcripts. They may ask for written briefs or oral arguments from either party. This panel can reverse or uphold the decision of the administrative judge.

*Further Appeals*

Review Board decisions can be appealed to the Massachusetts Court of Appeals.

*DIA Locations*
The DIA has offices located in Boston, Fall River, Lawrence, Worcester and Springfield. For additional information about the Appeal Process, contact the DIA, (413) 784-1133.

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**Returning to Work**

The decision to return to work and the determination of how much work you can do, what limitations there are, etc., should be made in consultation with your physician. When you are ready to return to work, contact HR to discuss work schedule options that may reasonably accommodate a gradual increase in time and/or return to full duty.

**Notification to HR and Your Supervisor**

- **Prior to returning to work, you must submit to HR the doctor’s note** indicating you are able to return to work and perform the essential duties of your job without restrictions.
  - HR may contact your medical provider asking for verification that you are able to perform all essential job duties as required by your job description.
  - If you need accommodation due to restrictions, contact HR which will discuss with your department whether these restrictions can be accommodated.

- **Inform your supervisor** of your expected return date.
  - Please note that you cannot return to work until notified by HR that the University has all of the necessary documentation and has cleared you to return to work.

Your department prepares a Personnel Action form (P.A.) to reinstate you to active status on the payroll. Human Resources will notify the state’s HRD/WCS to discontinue or adjust disability checks.

**Resumption of a Claim**

A resumption of a claim is filed if you become incapacitated from a prior work related injury and are deemed disabled by a physician. **Example:** An employee returns to work after being out on Leave Without Pay due to an industrial accident. Within a period of time, the employee discovers that S/he is physically incapable of resuming the work and re-files for workers compensation.

**Within 28 Calendar Days of Disability**
If the resumption of your workers compensation claim is filed within 28 calendar days of returning to work, you must give HR and the HRD/WCS notification by certified letter within twenty-one (21) calendar days of leaving work that the disability resulting from the injury renders you incapable of performing work. If you fail to give notice via certified letter, within twenty-one calendar days of leaving work, the resumption of the workers’ compensation claim should be filed in accordance with the procedure described on the next page.

Upon receiving the certified letter, HR and the state’s HRD/WCS adjuster will verify the information contained therein. HR is required to provide the adjuster with: dates of lost time, your average weekly wage, and a copy of the latest medical report if one is available. If there were an opportunity for you to be placed on restricted or light duty during the recuperative period, this information would also be given to the state’s HRD/WCS adjuster.

The Workers’ Compensation adjuster reviews all documentation. If the resumption claim is filed in accordance with Massachusetts General Laws ch. 152, sec. 8 (2), the workers’ compensation benefits will be re-instated. Department of Industrial Accident (DIA) Form 107 is used by the state Workers’ Compensation adjuster to approve the claim for payment. If the claim is reinstated, you will receive an approval letter from the state's HRD/WCS along with a copy of Form 107.

If the claim is denied, you will receive a denial letter and a copy of Form 104. Resumption denials can be appealed to the Department of Industrial Accidents (DIA). For information about the Appeal Process, contact the DIA, (413) 784-1133.

After 28 Calendar Days of Disability

If the resumption of a workers’ compensation claim is initiated after 28 calendar days of returning to work, you must essentially file in the same manner as if this were a new claim. Call HR at (617) 287-5158 for assistance in resuming a claim.

It will be necessary for you to sign a new Authorization for Release of Medical Records form and have your doctor complete a Physician’s Report. Any other information you wish to provide in relation to the injury may also be submitted to Human Resources.

HR completes a Resumption Form and forwards all necessary forms/information to HRD/WCS within 48 hours of being notified about the claim resumption.

The state WC adjuster reviews the documentation and determines whether the claim should be approved or denied. DIA Form 107 is used by the adjuster to approve the claim for payment. If the resumption of your workers’ compensation claim is approved, the state WC Unit will send you an approval letter and a copy of Form 107.

If the claim is denied, you will receive a denial letter and a copy of DIA Form 104. Resumption denials can be appealed to the Department of Industrial Accidents (DIA). For information about the Appeal Process, contact the DIA, (413) 784-1133.
Permanent and Total Disability Benefits

Employees who are totally and permanently incapable of doing any kind of work as a result of a work-related injury or illness, and who have exhausted the appropriate temporary disability benefits, qualify for permanent disability benefits. The amount of the benefit is equal to two-thirds (2/3) of the average weekly wage (or a minimum of 20% of the state average weekly wage) based on the 52 weeks prior to the employee’s injury, up to a maximum of the state average weekly wage.

Permanent Loss of Function and Disfigurement Benefits

Under Chapter 152, section 36 of the Massachusetts General Laws, employees who sustain a permanent loss of certain specific bodily functions or surgical scars on the face, neck, or hands, may be eligible to receive a one-time lump sum payment. This benefit is in addition to other payments for lost wages, medical bills, etc. Employees who are seeking this type of benefit should contact the Department of Industrial Accidents (DIA) at the Springfield office (413) 784-1133 for more information and to request an application form. The DIA can also be reached at the Boston office by calling (617) 727-4994.

Lump Sum Settlements

A lump sum settlement is a one-time payment made to a disabled employee in place of weekly compensation checks and certain other benefits. Please visit www.mass.gov/dia for more information.

After a lump settlement has been negotiated between the employee and the insurer, Human Resources takes the employee off Paid Leave of Absence Due to Industrial Accident. The former employee may request return of his or her retirement contributions to the Massachusetts State Employees’ Retirement System upon his or her resignation from the University if it coincides with a lump sum settlement.

Death Benefits

Reasonable burial expenses up to $4000 will be paid in cases where the injury results in death. Surviving spouses can receive weekly benefits equal to two-thirds of the deceased worker’s average weekly wage up to a maximum of the state average weekly wage. Surviving spouses become eligible for yearly cost of living increases two years after the date of the injury. If the spouse remarries, $60 a week is paid to each eligible child. The total weekly amount paid to dependent children cannot exceed the amount the spouse had been receiving.
University of Massachusetts Human Resources (HR)
(provides forms and guidance)
Benefits Section - Human Resources
Quinn Administrative Bldg. 3rd Floor,
100 Morrissey Blvd. Boston, MA 02125
Telephone: (617) 287-5150
Facsimile: (617) 287-5179
Barbarajean.conneely@umb.edu (617) 287-5158
Linda.mcdonough@umb.edu (617) 287-5168
Website: umb.edu/hr

State Workers’ Compensation Utilization Review Agent (URA)
(pre-approves medical treatment)
Human Resources Division
One Ashburton Place, 3rd Floor
Boston, MA 02108
Telephone: (800) 266-7991
Facsimile: (617) 727-7816

State Human Resources Division/Workers’ Compensation Section (HRD/WCS)
(reviews injury reports and decides which claims are compensable)
Human Resources Division
One Ashburton Place, 3rd Floor
Boston, MA 02108
Telephone: (617) 727-3437

Massachusetts Department of Industrial Accidents (DIA)
(resolves disputes over claims)
600 Washington Street, 7th Floor
Boston, MA 02111
Telephone: (617) 727-4900
Web Site: http://www.state.ma.us/dia/

Massachusetts State Board of Retirement
(provides information on types of retirement options)
One Winter Street
Boston, MA 02108
Telephone: (800) 392-6014, (617) 367-7770
Website: http://www.state.ma.us/treasury/srb.htm