

HAMILTON COUNTY WORKERS' COMPENSATION HANDBOOK



Prepared by: Hamilton County Human Resources
Risk Management/Workers' Compensation Division
Last Updated: 12/2013

INTRODUCTION

TO WORKERS' COMPENSATION...

Workers' Compensation is a no fault insurance system that provides for the payment of medical services, lost wages and other benefits when an employee: suffers an injury, develops an occupational illness, and/or dies from an incident arising out of or in the course of employment.

There is no cost to Hamilton County employees for workers' compensation coverage and employees receive benefits if their claim meets the requirements of coverage established by Ohio Revised Code. The Ohio Bureau of Workers' Compensation (Bureau) is a state agency administrating the workers' compensation program. Hamilton County, as the employer, is an employer under the state program. The Industrial Commission of Ohio, another state agency, and the Court of Common Pleas are the legal bodies responsible for dispute resolution related to workers' compensation.

A work related incident physically and financially affects the employee; therefore, Hamilton County advocates an interactive partnership to promote a healing process focused on realistic recuperation leading to successful return to work. The Hamilton County Workers' Compensation Specialist, the employee's Department Head, Supervisor, and Departmental/ Agency Workers' Compensation Liaison, work with the employee and their Physician of Record through the Managed Care Organization (MCO), and the Bureau to help the injured worker get the care needed to recover from their injuries and return to work.

Fraud is a hidden cost of workers' compensation that affects everyone. The responsibility for identifying and preventing fraud is shared amongst Hamilton County, the MCO, the Bureau and employees. Hamilton County forwards all reports of suspected fraudulent activity to the proper authorities.

Work related motor vehicle accidents might cause employee injuries. If an accident results in an employee suffering an injury or death, workers' compensation insurance may be available.

For the purpose of this handbook, each of these individuals participates in the process of reporting work-related incidents:

- Employees,
- Supervisors and/or Department Heads,
- Departmental/ Agency Workers' Compensation Liaisons, and
- The Hamilton County Workers' Compensation Specialist.

In addition, these individuals or organizations may participate in an incident that becomes a workers' compensation claim.

- The Managed Care Organization (MCO),
- The Ohio Bureau of Workers' Compensation (Bureau),
- The Physician of Record (POR),
- The Third Party Administrator (TPA),
- The Industrial Commission of Ohio (IC), and
- The Ohio Attorney General's Office (AG).

As they relate to this handbook these expectations are interactive and therefore necessary for successful timely incident resolution.

This handbook is not meant to be an exhaustive guide to workers' compensation procedures. The Workers' Compensation program was established and is governed by Ohio Revised Code beginning with § 4123.01. Ohio Revised Code and Hamilton County Policy prevail when differences occur with this handbook.

For assistance, please contact the Hamilton County Workers' Compensation Specialist at 513.946.4703.

EMPLOYEE RIGHTS & RESPONSIBILITIES...

INITIAL ACTION STEPS

Employee procedure for reporting a work related incident.

Regardless of the apparent seriousness of the injury, and regardless of whether or not medical treatment is sought, procedures in this paragraph shall be followed for ALL incidents and forms must be completed for ALL incidents without exception.

The employee shall:

1. Immediately, verbally report to the acting supervisor on duty at the time of the incident details of the incident.
2. Complete Box 1 only, (Injured Worker and Injury/Disease/Death Info.) on Bureau form 1101, First Report of an Injury, Occupational Disease or Death, FROI-1, (Hamilton County form, HamCoo44).

3. Sign and date the FROI-1.
4. Complete Bureau form C-101, (Hamilton County form, HamCoo47), Authorization to Release Medical Information form
5. Sign and date the C-101, (Hamilton County form, HamCoo47).
6. Complete Bureau form C-55 equivalent, (Hamilton County form, HamCoo48), Hamilton County Salary Continuation Employee Election of Compensation form.
7. Sign and date the C-55e, (Hamilton County form, HamCoo48).
8. Within 24 hours of the incident, maintain a copy of the FROI-1 then submit to the acting supervisor on duty at the time of the incident the completed, signed originals of the:
 - FROI-1, (Hamilton County form, HamCoo44),
 - C-101, (Hamilton County form, HamCoo47), and
 - C-55e, (Hamilton County form, HamCoo48).

In addition to the above provisions, the following additional requirements apply in cases involving an injury involving a “needlestick” or “sharp.” Should an employee sustain an injury from a “sharp” or needle stick while performing the employee’s job duties, the employee shall:

- Report the occurrence to the Human Resources Department , Risk Management Division within five business days of the occurrence;
- Complete the Needlestick/Sharp Incident Report (SH-12) and return to the attention of the following:

Hamilton County Workers’ Compensation Specialist
Human Resources Department
138 East Court Street, Room 707
Cincinnati, Ohio, 45202

or Interdepartmental mail at CAB-707-90.

To assist in interpreting this provision, a “sharp” may be defined as any object used in or encountered when providing health care services that can be reasonably anticipated to penetrate the skin or any other part of the body and result in an exposure incident, including objects such as needle devices, scalpels, lancets, and broken glass.

If an employee is employed as a correctional officer in a county correctional institution or a peace officer, then the above reporting requirement and submission of form (SH-12) does NOT apply. All other provisions, however, remain applicable.

MEDICAL TREATMENT

Employee procedure for seeking medical treatment after a work related incident.

The employee is encouraged to seek treatment from any TriHealth Occupational Medicine Center. A list of facilities is located in this document. By filing a claim for workers' compensation benefits, the injured worker gives release to the Bureau or anyone working for the Bureau to access information related to the claim.

The employee shall:

1. Submit to the medical provider a copy of the FROI-1, (Hamilton County form, HamCoo44) and the Hamilton County/Managed Care Organization Workers' Compensation Identification Card. This ID card provides detailed contact information, including billing information and is available from the Departmental/Agency Workers' Compensation Liaison or can be printed from this link.
2. Have the treating provider during the initial visit complete, sign and date Bureau form MEDCO-14, Physicians Report of Work Ability, (Hamilton County form, HamCoo49), indicating a return to work date, identifying any restrictions that may apply, and the date of the next appointment if one is advised. This form can be obtained from the Departmental/Agency Workers' Compensation Liaison, or obtained from the treating medical provider.
3. Request the treating provider complete box two (Treatment Info) of the FROI-1, (Hamilton County form, HamCoo44), and fax the form along with supporting medical documentation to the Managed Care Organization for processing.
4. Obtain from the treating provider, during all related follow-up visits, an newly completed, signed and dated MEDCO-14, (Hamilton County form HamCoo49), indicating a return to work date, identifying any restrictions that may apply, and the date of the next appointment, until the employee is released to full-duty status. This form can be obtained from the Departmental/Agency Workers' Compensation Liaison, or be obtained from the treating medical provider.
5. Provide the supervisor with a completed MEDCO-14 (Hamilton County form HamCoo49), within 24 hours of initial medical treatment.
6. Provide the supervisor with a completed MEDCO-14 (Hamilton County form HamCoo49), within 24 hours of each and all follow-up medical appointments. This form may be obtained from the Departmental/Agency Workers' Compensation Liaison, or may be requested from the treating medical provider.
7. Maintain ongoing contact with his/her supervisor and/or department head, medical provider, and Managed Care Organization.

8. Be responsible for providing updated and/or expected return to work dates or restricted duty information immediately upon receipt of such information throughout the life of the claim.

RETURN TO WORK

The options listed in this section are available to provide injured workers with a safe return to work. These options are not a progression from injury to return to work. They are used when medically necessary and not by all employees who suffer a work related injury or occupational disease.

In some cases, the Bureau may terminate compensation benefits if the injured worker refuses accommodations offered in writing.

No Restrictions (full duty):

The employee with no restrictions must return to work on the date indicated on the release signed by the physician unless that date is one the department is not open for business. In that case, then the employee must return on the next business day.

Modified Duty (restricted duty):

Modified Duty (restricted duty) allows an injured worker to return to work, or remain at work, performing physically appropriate modified (restricted) duties in relationship to his or her functional capabilities.

Employee procedure for participation in Modified Duty (restricted duty):

1. The employee must submit to his/her supervisor a completed MEDCO-14 (Hamilton County form HamCoo49), within 24 hours of initial medical treatment, indicating a return to work date, identifying all restrictions that apply, and the date of the scheduled follow-up appointment.
2. The employee must submit to his/her supervisor a completed MEDCO-14 (Hamilton County form HamCoo49), within 24 hours of each and all follow-up medical appointments, indicating a return to work date, identifying all restrictions that apply, and the date of the scheduled follow-up appointment(s) until released to full-duty.
3. Once released to full duty the employee must provide a completed MEDCO-14 (Hamilton County form HamCoo49) upon returning to work. The employee must return to work on the date indicated on the release signed by the physician unless that date is one the department is not open for business. In that case, then the employee must return on the next business day. The employee must also provide to the department completed fitness for duty forms when requested.

VOCATIONAL SERVICES

Employees, physicians, or Department Heads may request consideration of these services by contacting either the Managed Care Organization or the Hamilton County Workers' Compensation Specialist.

Remain At Work (RAW):

Remain at work (RAW) is a vocational service for an injured worker with a claim that involves modified duty. Services could include a rehabilitation case manager and other treatments directed at keeping the injured worker on the job and preventing the claim from becoming lost time.

Job Modification(JM):

Job modification (JM) is another modified duty service. It is the removal or alteration of physical barriers that may prohibit an injured worker from performing the essential functions of the job. Job modifications are developed and implemented keeping in mind the injured worker's limitations, restrictions, functional capacity, and physical capabilities.

Vocational Rehabilitation (Voc Rehab):

Vocational rehabilitation (Voc Rehab) is for claims that involve lost time. Depending on the extent of the injury or other employment issues, it may not always be possible to return the injured worker to the same position they held at the time of the injury. Vocational Rehabilitation follows this hierarchy when attempting to return an injured worker to work:

- Same Job, Same Employer,
- Different Job, Same Employer,
- Same Job, Different Employer,
- Different Job, Different Employer.

Transitional Work (TW):

Transitional Work (TW) is an interim step in the physical recovery of an employee who suffers a work-related injury, occupational disease or occupational illness. Employees who may be off work or have temporary restrictions for medical reasons are eligible for participation in TW on a case-by-case basis.

- The injury must be documented on a Bureau form 1101, First Report of an Injury, Occupational Disease or Death, FROI-1, (Hamilton County form, HamCoo44).
- TW uses job tasks and functions that an individual with work restrictions may safely perform. TW emphasizes real work activities as the principal means in the worker's physical recovery and return to full duty.

- TW assignments are temporary and are intended NOT to become permanent work accommodations as described under the Americans with Disabilities Act (ADA).
- All TW assignments are coordinated in conjunction with the employee's job classification. There is no temporary or permanent change in classification.

The employee may continue in the TW program for up to twelve weeks, as long as the employee is making medical progress toward recovery and returning to full regular duty. TW may be extended beyond the original twelve weeks only under the advice of the medical provider and the approval of the employee's authority having jurisdiction and the Hamilton County Workers' Compensation Specialist.

Upon release to participate in the program by the employees treating physician on the claim and if transitional work is available in accordance with medical restrictions noted by the treating physician, TW assignments should be offered.

- A TW Participation Agreement informing the employee of TW should be sent by the Hamilton County Workers' Compensation Specialist.
- The TW Participation Agreement should be signed by the employee and within 7 days of receipt returned to the Workers' Compensation Specialist for processing.
- Any employee who refuses to participate in Hamilton County's TW Program after having been offered a valid TW assignment may be deemed ineligible to collect ongoing monetary benefits by the Bureau of Workers' Compensation.

The employee will be paid full wages while participating in TW. The employee's eligibility for any pay increase while on a TW assignment will be the same as for any employee performing regular job duties in the same position. The employee participating in TW must abide by all established work rules.

Employee absences from work during TW assignments will be handled in accordance with the absentee policies of the Hamilton County Board of County Commissioners or agency absentee policies as applicable.

To participate in TW the employee's restrictions must be temporary and not permanent. Any employee, who sustains a work-related injury or illness and cannot return to their regular duty as documented by their Physician of Record, may participate in the TW program. If restrictions become permanent, the situation will be reviewed by the employee's authority having jurisdiction and the Hamilton County Workers' Compensation Specialist to determine the ability of the employee's agency to accommodate these restrictions.

TW assignments will be evaluated by the Department Manager/Supervisor routinely (every two weeks where possible) and re-addressed with the employee's on-site therapist.

COMPENSATION

Employee eligibility for compensation.

An employee who is injured during the course of employment and who must leave work before completing his/her designated work period shall be paid at the regular rate for the balance of time remaining in the workday, without a charge to accumulated leave balances.

Employees must decide how they want to receive wages should they lose additional workdays because of a recognized work-related incident.

Each employee shall indicate their choice of applying to use accumulated Hamilton County sick leave or Temporary Total Disability compensation from the Bureau by completing, and submitting, the C-55 equivalent, (Hamilton County form, HamCoo48) within 24 hours of the incident to the acting supervisor on duty at the time of the incident.

Sick leave is governed by BOCC Policy Section 4.1, or other relevant department policies. Temporary Total Disability compensation is governed by the Bureau based on meeting the following criteria:

1. If the injured worker has an allowed workers' compensation claim,
2. If the injured worker is certified by the attending physician to be unable to work,
3. If the injured worker is not working or receiving wages or sick leave, and
4. If the injured worker has missed eight (8) or more calendar days (excluding the date of injury) from work due to an injury or occupational disease as defined in Ohio Revised Code 4123.01(C) (F).

Temporary Total Disability compensation is issued according to Ohio Revised Code by the Bureau:

- Beginning on the eighth (8th) calendar day following the injury.
- The first seven days are not compensable until after fourteen (14) consecutive days of work have been missed. Ohio Revised Code 4123.55.
- Reimbursement is based upon wages earned for the twelve-month period before the date of injury.
- The first twelve (12) weeks of Temporary Total is based upon 72% of "full weekly wages."
- The remaining weeks of Temporary Total are based upon 66 2/3% of "average weekly wages." Ohio Revised Code Section 4123.56.

- Employees are prohibited from using sick leave in conjunction with receiving Ohio Bureau of Workers' Compensation (Temporary Total) for the same work days lost.

According to Bureau policy, each C-55 equivalent, (Hamilton County form, HamCoo48) beginning with the first period of disability is valid for a period not to exceed 45 days. Thereafter, every 40 days (from the expiration date of the previous C-55e), a new C-55 e, (Hamilton County form, HamCoo48) form must be completed if the employee chooses to use Hamilton County sick leave.

No additional C-55e, (Hamilton County form, HamCoo48), is required when the employee chooses to use Temporary Total Disability Compensation from the Bureau. If Temporary Total Disability Compensation is chosen, no option for a change in election to sick leave compensation can be made for the duration of the claim.

When an employee does not return the C-55 e, (Hamilton County form, HamCoo48), returns it incomplete, or returns it after the designated filing deadlines established by the Bureau, the employee defaults to use of Temporary Total Disability Compensation and cannot choose to use paid sick leave for the duration of the claim.

Compensation paid using sick time cannot be restored.

Time off for an employee's own serious medical condition may qualify for Family Medical Leave. Time off under workers' compensation may also qualify for Family Medical Leave.

When an injured worker is requesting Temporary Total Compensation, the physician of record must complete their specific sections of Bureau form C-84, Request for Temporary Total Compensation, and sign it to indicate the injured worker is unable to work. The injured worker must complete Part I, then the C-84 is sent to the Bureau for processing. A new C-84 must be completed for each new period of disability.

MOTOR VEHICLE ACCIDENT

Employee procedure when involved in a motor vehicle accident.

Should an employee be injured in a motor vehicle accident while performing his/her job duties, if able, the employee will:

1. Not move the damaged County vehicle unless it presents a safety concern, or until instructed by a law enforcement officer.
2. Activate the vehicle four-way flashers and safely establish other means of alerting others to the accident.
3. Seek a place of safe refuge.

4. Call 911 to obtain law enforcement assistance. The local law enforcement agency shall investigate and report on any motor vehicle accident involving a Hamilton County employee while he/she is performing his/her job duties.
5. Contact his/her supervisors so they may respond to the accident according to department motor vehicle accident procedures.
6. If applicable, present the “yellow card” found in the vehicle’s glove box to the law enforcement officer. Provide the other party with the following information: Motor vehicle owner, Board of County Commissioners of Hamilton County Ohio, c/o Risk Manager, Room 707, 138 East Court Street, Cincinnati, OH 45202.
7. Follow the procedure outlined above for filing a workers’ compensation claim if a physical injury is sustained.

FORM SUMMARY

Forms identified in the EMPLOYEE section are:

1. Bureau form 1101, First Report of an Injury, Occupational Disease or Death, FROI-1, (Hamilton County form, HamCoo44).
2. Bureau form, C-101, Authorization to Release Medical Information form, (Hamilton County form, HamCoo47).
3. Bureau form, C-55 equivalent (C-55e), Salary Continuation, (Hamilton County form, HamCoo48).
4. Bureau form MEDCO-14, Physicians Report of Work Ability, (Hamilton County form, HamCoo49).
5. Bureau form C-84, Request for Temporary Total Compensation, obtained from the Bureau or the physician of record.

SUPERVISOR DEPARTMENT HEAD RESPONSIBILITIES...

INITIAL ACTION STEPS

Supervisor/Department Head procedure upon notice of a work related incident.

The Supervisor/Department Head shall:

1. Contact the employee as soon as possible, but within 24 hours of the incident to discuss the incident, identifying plausible causes and possible ways to prevent reoccurrence.

2. Note any policy violations that may have occurred and their consequences.
3. Ensure all witnesses complete the Statement of Witness to the Incident Form, (Hamilton County form HamCoo46).
4. Conduct an incident form review and complete the Supervisor Investigation Form, (Hamilton County form HamCoo45).
5. Return to the Departmental/Agency Workers' Compensation Liaison, ensuring arrival within seventy-two (72) hours of the occurrence, the completed, signed, and dated ORIGINALS of the following forms:
 - Bureau form FROI-1, First Report of an Injury, Occupational Disease or Death, (Hamilton County form HamCoo44), BOX 1 ONLY completed by the employee,
 - Supervisor, Investigation Form, (Hamilton County form HamCoo45), completed by the acting supervisor on duty at the time of the incident,
 - Bureau form C-101, (Hamilton County form, HamCoo47), Authorization to Release Medical Information form, completed by the employee,
 - Bureau form C-55e, (Hamilton County form, HamCoo48, Hamilton County Salary Continuation Employee Election of Compensation form), completed by the employee, and
 - Witness Verification Form(s), (Hamilton County form HamCoo46), to be completed by all witnesses to the incident.
 - If the injury resulted from a needlestick or other "sharp", Form SH-12 to be completed by the employee or supervisor within five days of the accident.

MEDICAL TREATMENT

Supervisor/Department Head procedure if an employee seeks medical attention because of a work related incident.

The Supervisor/Department Head shall:

1. Direct the employee to the Managed Care Organization for assistance in seeking appropriate medical case management.
2. Expect medical treatment to result in the employee providing a Bureau form MEDCO-14, Physician's Report of Work Ability, (Hamilton County form HamCoo49), or equivalent signed instrument documenting:
 - A return to work date, identifying specific days missed due to the work related injury, any restrictions that may apply, and the date of the next appointment if one is advised.

- **NOTE:** Without this document, the employee cannot return to the worksite.
3. Expect within twenty four (24) hours of seeking related follow-up medical treatment, that the employee will provide an up-dated completed, signed and dated MEDCO-14 (Hamilton County form HamCoo49), indicating a return to work date, identifying any restrictions that may apply, and the date of the next appointment.
 - **NOTE:** Without this document, the employee cannot continue working.
 4. Expect a properly completed MEDCO-14 (Hamilton County form HamCoo49) until the employee is returned to work full duty or restrictions are declared permanent by the treating physician.

Within forty-eight (48) hours of obtaining these forms, return to the Departmental/Agency Workers' Compensation Liaison the following:

1. Initial medical visits:
MEDCO-14 (Hamilton County form HamCoo49) from employee.
2. Each follow-up medical visit:
MEDCO-14 (Hamilton County form HamCoo49) for medical visits from employee.

Keep the Departmental/Agency Workers' Compensation Liaison updated on the initial:

1. Last full day worked prior to the incident,
2. Number of work days lost following the incident,
3. Return to work date following the incident, and/or
4. Number of restricted duty days following the incident,
5. Availability of modified duty at job site.

FATALITY OR MULTIPLE INJURY INCIDENT

If the incident results in a fatality or three (3) or more employees admitted to the hospital, the Supervisor/Department Head shall report the incident to the Hamilton County Workers' Compensation Specialist no later than eight (8) hours after the occurrence, as mandated by Ohio Administrative Code (OAC) 4167-06-10.

The Supervisor/Department Head will also conduct an investigation and incident form review, complete the supervisor investigation form and return forms to the Hamilton County Workers' Compensation Specialist within twenty-four (24) hours of incident or death.

RETURN TO WORK

No Restrictions (full duty):

If the physician of record releases the employee to return to work full duty with no restrictions, the employee is expected to return to work on the date indicated on the MEDCO-14 (Hamilton County form HamCoo49) unless that date is a date the department is not open for business. In that case, the employee is expected to return to work on the next business day.

Modified Duty (restricted duty):

Modified Duty (restricted duty) is developed and implemented through a cooperative effort involving restrictions provided by the physician of record, based on the injured employee's functional capabilities.

Supervisor/Department Head procedures when an employee participates in Modified Duty (restricted duty):

1. Submit to the Departmental Workers' Compensation Liaison the completed MEDCO-14 (Hamilton County form HamCoo49) received from the injured worker, within 72 hours of initial medical treatment, indicating a return to work date, identifying all restrictions that apply, and the date of the scheduled follow-up appointment.
2. Submit to the Departmental Workers' Compensation Liaison the completed MEDCO-14 (Hamilton County form HamCoo49) received from the injured worker, within 36 hours of each and all follow-up medical appointments, indicating a return to work date, identifying all restrictions that apply, and the date of the scheduled follow-up appointment(s) until released to full-duty.
3. Once released to full duty the employee must provide a completed MEDCO-14 (Hamilton County form HamCoo49) upon returning to work. The employee must return to work on the date indicated on the release signed by the physician unless that date is one the department is not open for business. In that case, then the employee must return on the next business day. The employee must also provide to the department completed fitness for duty forms when requested.

VOCATIONAL SERVICES

Department Heads/Supervisors may request consideration of these services by contacting the MCO or the Hamilton County Workers' Compensation Specialist.

Remain At Work (RAW):

Remain at work (RAW) does not involve lost time claims, but is directed at keeping working employees on the job and the claim from becoming lost time. Ergonomic studies are an example of remain at work services.

Job Modification (JM):

Job modification (JM) removes the physical barriers that may prohibit an employee from

performing the essential functions of their job. Licensed case managers who assess the employee on-the-job develop modifications.

Vocational Rehabilitation (Voc Rehab):

Vocational rehabilitation is for lost time claims and while the goal is always to return the employee to the worksite, sometimes it may not be possible to do so. Once an employee receives a release to return to work through Vocational Services, the Supervisor &/or Department Head will:

- Comply with the clinical recommendations of the physician and/or therapist as to the employee's functional limitations and abilities.
- Monitor the employee's activities and the work environment to assure compliance with work restrictions.
- Monitor the employee's progress during the Vocational Work program and provide feedback regarding task performance to the Workers' Compensation Liaison as requested.
- Communicate the goals and objectives of the Vocational Work program to appropriate departmental co-workers to ensure cooperation with the program.

Transitional Work (TW):

Transitional work is a progressive, individualized, time-limited program focused on returning the worker with physical restrictions to the original employment site. Transitional work allows the injured worker to perform productive work at the workplace under the direction of rehabilitation professionals.

Supervisor &/or Department Head procedure when an employee is participating in Vocational Services:

1. Collaborate with the employee and the Hamilton County Workers' Compensation Specialist in the development of the employee's return-to-work plan.
2. Contact the employee to offer the Vocational Work assignment.
3. Comply with the clinical recommendations of the physician and/or therapist as to the employee's functional limitations and abilities.
4. Explain the physical work restrictions to the employee before the employee begins the TW assignment.
5. Monitor the employee's activities and the work environment to assure compliance with work restrictions.

6. Monitor the employee's progress during the TW program and provide feedback regarding task performance to the Workers' Compensation Specialist.
7. Communicate the goals and objectives of the TW program to appropriate departmental co-workers to ensure cooperation with the program.

COMPENSATION

Employees must decide how they want to receive wages should they lose workdays because of a recognized work-related incident by completing the C-55 equivalent, (Hamilton County form, HamCoo48), Hamilton County Salary Continuation Employee Election of Compensation form, within 24 hours of the incident.

The Department Head/Supervisor will return to the Departmental/Agency Workers' Compensation Liaison, ensuring arrival within seventy-two (72) hours of the occurrence, the completed, signed, and dated original Bureau form C-55 equivalent, (Hamilton County form, HamCoo48), Hamilton County Salary Continuation Employee Election of Compensation form, completed by the employee.

The employee is no longer eligible for salary continuation and cannot choose to use paid sick leave for the duration of the claim when an employee chooses to use Temporary Total Disability Compensation from the Bureau.

The employee defaults to use of Temporary Total Disability Compensation and cannot choose to use paid sick leave for the duration of the claim by:

1. Not returning the C-55e, (Hamilton County form, HamCoo48),
2. Returning the C-55e, (Hamilton County form, HamCoo48), incomplete, or
3. Returning the C-55e, (Hamilton County form, HamCoo48), after the designated filing deadline established by the Bureau.

FORM SUMMARY

Forms identified in the SUPERVISOR AND/OR DEPARTMENT HEAD section are:

1. Hamilton County form, Statement of Witness to the Incident Form, (Hamilton County form, HamCoo46).
2. Hamilton County form, Supervisor Investigation Form, (Hamilton County form, HamCoo45).
3. Bureau form MEDCO-14, Physicians Report of Work Ability, (Hamilton County form, HamCoo49).
4. Bureau form, C-55 equivalent, CC-55e, Salary Continuation, (Hamilton County form, HamCoo48).

5. Bureau form 1101, First Report of an Injury, Occupational Disease or Death, FROI-1, (Hamilton County form, HamCoo44).
6. Bureau form, C-101, Authorization to Release Medical Information form, Hamilton County form, (Hamilton County form, HamCoo47).

DEPARTMENTAL/AGENCY WORKERS' COMPENSATION LIAISON ROLE...

INITIAL ACTION STEPS

The Departmental/Agency Workers' Compensation Liaison coordinates information between the department, employee, the Managed Care Organization, and the Hamilton County Workers' Compensation Specialist.

To facilitate the reporting requirements of a work related incident, the Departmental/ Agency Workers' Compensation Liaison will make available upon request to all employees in their respective departments the following workers' compensation forms:

- Bureau form 1101, First Report of an Injury, Occupational Disease or Death, FROI-1, (Hamilton County form, HamCoo44),
- Hamilton County form, Supervisor Investigation Form, (Hamilton County form, HamCoo45),
- Hamilton County form, Statement of Witness to the Incident form, (Hamilton County form, HamCoo46),
- Bureau form C-101, Authorization to Release Medical Information form, (Hamilton County form, HamCoo47),
- Bureau form C-55e, Salary Continuation, (Hamilton County form, HamCoo48).

To facilitate the reporting requirements of a work related incident, the Departmental/ Agency Workers' Compensation Liaison will return to the Hamilton County Workers' Compensation Specialist, ensuring arrival within ninety-six (96) hours of the incident, the appropriately completed, signed, and dated ORIGINALS of the following forms:

- Bureau form FROI-1, First Report of an Injury, Occupational Disease or Death, (Hamilton County form, HamCoo44), BOX 1 ONLY completed by the employee (employee retains a copy of this form),
- Supervisor Investigation Form, (Hamilton County form, HamCoo45), completed by the acting supervisor on duty at the time of the incident,

- Statement of Witness to the Incident form, (Hamilton County form, HamCoo46) completed by each witness to the incident ,
- Authorization to Release Medical Information form, (Hamilton County form, HamCoo47) completed by the employee,
- Hamilton County Salary Continuation Employee Election of Compensation form, (Hamilton County form, HamCoo48) completed by the employee.

MEDICAL TREATMENT

To facilitate the reporting requirements of a work related incident requiring medical treatment, the Departmental/Agency Workers' Compensation Liaison will provide the following documents:

- Bureau form FROI-1, First Report of an Injury, Occupational Disease or Death, (Hamilton County form, HamCoo44),
- Supervisor Investigation Form, (Hamilton County form, HamCoo45),
- Statement of Witness to the Incident form, (Hamilton County form, HamCoo46),
- Authorization to Release Medical Information form, (Hamilton County form, HamCoo47),
- Hamilton County Salary Continuation Employee Election of Compensation form, (Hamilton County form, HamCoo48); and

Further, the Departmental/Agency Workers' Compensation Liaison will make available upon request to all employees in their respective departments:

- The Hamilton County/Managed Care Organization Workers' Compensation Identification Card, and
- Bureau form MEDCO-14, Physicians Report of Work Ability, (Hamilton County form, HamCoo49), and

The Departmental/Agency Workers' Compensation Liaison will post the Hamilton County workers' compensation poster in a conspicuous location as a quick reference of steps to follow if an on the job injury occurs and medical treatment requires an employee to locate the closest Occupational Medicine Center.

RETURN TO WORK

The Departmental/Agency Workers' Compensation Liaison will provide updates to the Hamilton County Workers' Compensation Specialist regarding injured workers:

- Last full day worked prior to the incident,

- Number of work days lost following the incident,
- Restricted duty return to work dates,
- Number of restricted duty days,
- Full duty return to work date.

The Departmental/Workers' Compensation Liaison shall:

1. Return to the Hamilton County Workers' Compensation Specialist ensuring arrival within seventy-two (72) hours of the employee returning to work the Initial MEDCO-14, (Hamilton County form, HamCoo49), (obtained from the employee by way of the supervisor).
2. Return to the Hamilton County Workers' Compensation Specialist ensuring arrival within seventy-two (72) hours of the employee returning to work MEDCO-14, (Hamilton County form, HamCoo49), for each and all follow-up medical visits (obtained from the employee by way of the supervisor).

The Departmental/Agency Workers' Compensation Liaison will notify the Hamilton County Workers' Compensation Specialist within 24 hours of becoming aware of any claim related issue reported by an injured worker or Supervisor &/or Department Head, such as:

- Difficulty performing the functions of the job after being released to full duty.
- Difficulty performing the Physician of Record prescribed restricted duty functions.
- An issue with a vocational rehabilitation plan.

COMPENSATION

To consider workers' compensation benefits, the Bureau must have proof of injured workers' wages during the period one year prior to the date of injury. The Departmental/ Agency Workers' Compensation Liaison will assist by ensuring that Bureau form C-94A Wage Statement is completed when requested.

The C-94A Wage Statement shall be completed and returned to the Hamilton County Workers' Compensation Specialist within seven (7) days of the request.

Employees are to decide how they want to receive wages should they lose workdays because of a recognized work-related incident by completing the Bureau form, C-55 equivalent, Salary Continuation, (Hamilton County form, HamCoo48) within 24 hours of the incident.

The Departmental/Agency Workers' Compensation Liaison will assist the processing of employees' compensation requests by forwarding completed form, CC-55e, Salary

Continuation Form, (Hamilton County forms, HamCoo48) to the Hamilton County Workers' Compensation Specialist within ninety-six (96) hours of the request.

According to Bureau policy, each CC-55e, Salary Continuation Form, (Hamilton County form, HamCoo48), is valid for a period not to exceed 45 days; thereafter, every 40 days from the period of expiration of the previous C-55e, (Hamilton County form, HamCoo48), a new form must be completed if the employee chooses to use Hamilton County sick leave. Upon notification from the Hamilton County Workers' Compensation Specialist, the Departmental/Agency Workers' Compensation Liaison will:

- Notify the injured worker that a new C-55e, (Hamilton County form, HamCoo48), is due.
- Make arrangements to obtain a signature on the updated C-55e, (Hamilton County form, HamCoo48).
- Send the updated, signed, dated C-55e, (Hamilton County form, HamCoo48), to the Hamilton County Workers' Compensation Specialist assuring arrival within thirty-five (35) days of the renewal notification.

No additional C-55e, (Hamilton County form, HamCoo48), is required after the employee chooses to use Temporary Total Disability Compensation from the Bureau. When an employee does not return the C-55e, (Hamilton County form, HamCoo48), returns it incomplete, or returns it after the designated filing deadlines established by the Bureau, the employee defaults to use of Temporary Total Disability Compensation and cannot choose to use paid sick leave for the duration of the claim.

FORM SUMMARY

Forms identified in the Departmental/Agency Liaison section are:

1. Bureau form 1101, First Report of an Injury, Occupational Disease or Death, FROI-1, (Hamilton County form, HamCoo44).
2. Hamilton County form, Supervisor Investigation Form, (HamCoo45).
3. Hamilton County form, Statement of Witness to the Incident Form, (HamCoo46).
4. Bureau form, C-101, Authorization to Release Medical Information form (Hamilton County form, HamCoo47).
5. Bureau form, C-55 equivalent (C-55e), Salary Continuation form (Hamilton County form, HamCoo48).
6. Bureau form MEDCO-14, Physicians Report of Work Ability form (Hamilton County form, HamCoo49).

HAMILTON COUNTY

WORKERS' COMPENSATION SPECIALIST ...

INITIAL ACTION STEPS

The Hamilton County Workers' Compensation Specialist shall manage the County Workers' Compensation program, by working through each Departmental/Agency Workers' Compensation Liaison to obtain information needed to:

1. Keep record of all incidents that occur regardless of the apparent seriousness of the injury and regardless of whether or not medical treatment is sought.
2. Ensure filing of appropriate forms.
3. Certify or reject an employee's claim, based upon guidelines provided by the Ohio Bureau of Workers' Compensation established under Ohio Revised Code; however, recognizing that the Ohio Bureau of Workers' Compensation has initial administrative authority in allowing or disallowing a claim.
4. Provide information to employees on the benefit of and criteria for workers' compensation, including but not limited to:
 - The claims process,
 - Reimbursement ,
 - Vocational rehabilitation,
 - Return to work processes.

MEDICAL TREATMENT

The Hamilton County Workers' Compensation Specialist's procedure for reporting when an employee seeks medical treatment after a work related incident.

The Hamilton County Workers' Compensation Specialist shall:

- Report all injuries requiring medical treatment to the Managed Care Organization, within 24 hours of becoming aware of the medical attention.
- Assist injured workers when seeking appropriate medical care, if care has not been sought already; or in helping to identify a list of Ohio Bureau of Workers' Compensation certified providers.
- Review lost-time claims to determine the employee's appropriateness for participation in return to work programs and/or need for requesting of vocational case management services.

- Report all injuries and occupational diseases resulting in seven days or more of total disability or death to the Ohio Bureau of Workers' Compensation within one week of acquiring knowledge of such injury or death and within one week after acquiring knowledge of, or diagnosis of, or death from the occupational disease as required by section 4123.28 of the ORC.

RETURN TO WORK

The Hamilton County Workers' Compensation Specialist's procedure when employees return to work.

The Hamilton County Workers' Compensation Specialist shall:

- Establish communication with the Managed Care Organization, Department Head/Supervisor, Departmental/Agency Workers' Compensation Liaison, and vocational case manager as needed.
- Obtain and forward all claim documents from the Departmental/Agency Workers' Compensation Liaison within forty-eight (48) hours including those regarding treatment, all follow-up medical appointments, MEDCO-14's, Physicians Report of Work Ability form (Hamilton County form, HamCoo49) fitness for duty forms, and other pertinent documents until released to full-duty.
- Submit a current job description to the Managed Care Organization for review and submission to the Physician of Record if a signed MEDCO-14, (Hamilton County form, HamCoo49), is not obtained from the physician of record within ninety-six (96) hours of treatment.
- If the Physician of Record releases the employee based on his/her current job description the employee will return to full duty with no restrictions.

If a release to return to work is not received from the physician, a second request will be sent to the Physician of Record for a list of restrictions, a declaration of MMI, or approval for inclusion in vocational rehabilitation.

When employees participate in a return to work program, the Hamilton County Workers' Compensation Specialist shall:

- Coordinate the development of an individualized, written Return to Work plan in collaboration with the Physician of Record, employee, and Department Head/Supervisor.
- Monitor the progress of all program participants and conduct case staff meetings with the vocational case manager, Department Head/Supervisor, and other individuals as required.

- Send a letter to employees participating in Transitional Work. A copy of this correspondence will be sent to the Departmental/Agency Workers' Compensation Liaison and submitted to the claim file.
- Schedule and conduct meetings with the Transitional Work Oversight Committee as needed.

When necessary, a vocational case manager will be utilized to coordinate remain-at-work/return-to-work efforts by identifying and coordinating work assignments (based on restrictions noted by Physician of Record).

The Workers' Compensation Specialist will coordinate return to work assignments in conjunction with the Department Manager/Account Manager/Supervisor, and the Vocational Case Manager.

COMPENSATION

The Hamilton County Workers' Compensation Specialist will request from the Departmental/Agency Workers' Compensation Liaison that Bureau form C-94A, Wage Statement, be completed when appropriate.

This document shall be completed by the department and returned to the Hamilton County Workers' Compensation Specialist for processing to the Bureau within seven (7) days of initial request.

Employees must decide how they want to receive wages should they lose workdays because of a recognized work-related incident by completing the C-55e, Salary Continuation form, (Hamilton County form, HamCoo48) within 24 hours of an incident. According to Bureau policy, each C-55e, (Hamilton County form, HamCoo48), beginning with the first period of disability is valid for a period not to exceed 45 days; thereafter, every 40 days from the period of expiration of the previous C-55e, (Hamilton County form, HamCoo48), a new form must be completed if the employee chooses to use Hamilton County sick leave. The Hamilton County Workers' Compensation Specialist will:

- Notify the Departmental/Agency Liaison that a new C-55e, (Hamilton County form, HamCoo48), is due.
- Send the updated, signed, dated C-55e, (Hamilton County form, HamCoo48), received from the employee to the Bureau.

The Workers' Compensation Specialist shall notify the Bureau, the Department, and the employee that the employee is no longer eligible for salary continuation and cannot choose to use paid sick leave for the duration of the claim when:

- An employee chooses to use Temporary Total Disability Compensation from the Bureau.

- The employee defaults to use of Temporary Total Disability Compensation and cannot choose to use paid sick leave for the duration of the claim by:
 - Not returning the C-55e, (Hamilton County form, HamCoo48),
 - Returning the C-55e, (Hamilton County form, HamCoo48) incomplete, or
 - Returning the C-55e, (Hamilton County form, HamCoo48), after the designated filing deadline established by the Bureau.

THE MANAGED CARE ORGANIZATION (MCO)...

INITIAL ACTION STEPS

Through the Health Partnership Program (HPP), the County selects a Managed Care Organization to medically manage its workers' compensation claims. The Managed Care Organization's duties include case management, review of medical bills for payment by the Bureau, provider referral, responding to C-9's, Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease, medical and rehab appeals, and education.

Within 24 hours of receiving the claim, the Managed Care Organization will make contact with the Hamilton County Workers' Compensation Specialist, the employee, and the treating physician. If the Managed Care Organization cannot complete the investigation within that time, the file is clearly documented as to what is needed, how information is to be obtained and expected follow-up date.

During the initial investigation of an injury, the Bureau will work with the Managed Care Organization to ensure that appropriate medical evidence is obtained to determine if a claim is compensable. The coordination of information between the Managed Care Organization, the Bureau, and Hamilton County will help to establish the causal relationship between the employee's work-related injury and employment.

The MCO receives and processes all FROI-1's, (Hamilton County form, HAMCoo47) in a timely manner to ensure all claims are monitored. Claims examiners maintain responsibility for authorization and payment of necessary medical treatment and services in conjunction with MCO and state workers' compensation guidelines.

The MCO shall retain records received from providers to develop electronic billings to the Bureau, and to perform its medical management functions or to substantiate the delivery, value, necessity, and appropriateness of goods and services to injured workers. The MCO must retain all records including hard copy and electronic transactions and files, related to the injured worker's claim.

The MCO supervisors keep every file on diary. They review each file after the first 30 days. Active files are then reviewed at least every 90 days and inactive files at least every 180 days. In addition, diaries may be set to monitor specific situations. Case managers maintain a diary

system to keep cases on-track toward successful resolutions. They see active files at least every 30 days and inactive files at least every 90 days. As the file moves to closure, all pertinent information is recorded in the claims system. Return to work information is updated every 30 days through the Workers' Compensation Specialist who contacts the Departmental/Agency Workers' Compensation Liaisons for updates via email.

MEDICAL TREATMENT

The Managed Care Organization will provide a telephonic claim reporting service. Calls are answered by Registered nurses trained to provide medical information and to channel patients into Hamilton County's Preferred Provider Network. These First Reports of injury are electronically transmitted to claims within one hour of their receipt. The claims examiner authorizes appropriate C-9, Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease, and Treatment Plan requests.

RETURN TO WORK

The Managed Care Organization manages the processing of referrals, including scheduling evaluations, coordinating clinical services, and communicating with appropriate individuals regarding the employee's program if applicable.

The Managed Care Organization assists in obtaining physician releases for participation in the Transitional Work Program. They ensure that the provider completes a MEDCO-14, (Hamilton County form, HamCoo49), or similar form provided by the Physician of Record and copies are sent to the Hamilton County Workers' Compensation Specialist.

The Managed Care Organization will utilize the services of Vocational Case Managers to assist the return to work of injured workers when appropriate.

The Vocational Rehabilitation Case Manager may be involved once a claim reaches lost-time status and a need for assistance with the return-to-work process is identified and agreed to by the physician of record, the Managed Care Organization, Hamilton County, and the Ohio Bureau of Workers' Compensation.

The Vocational Rehabilitation Case Manager usually assumes the role of service coordinator, communicating with physicians, therapists, and the Hamilton County Workers' Compensation Specialist to include:

- Coordinating prescribed restorative services such as physical therapy and work conditioning.
- Arranging for a Functional Capacities Evaluation (FCE) to assess current physical abilities.
- Communicating with medical service providers regarding the injured worker's medical progress.
- Assisting the injured worker with the development of a feasible vocational goal.

- Facilitating the injured worker's acquisition of job seeking and interviewing skills to obtain employment when appropriate.

Within the Transitional Work setting, the Vocational Case Manager may:

- Communicate with physicians, therapists, and the Hamilton County Workers' Compensation Specialist regarding injured worker's medical condition and progress.
- Assist with ensuring compliance with treatment plans and program guidelines.
- Coordinate a gradual return to work or assist with the development of a Transitional Work assignment by matching current physical ability with essential job functions or modifications thereof.

THE OHIO BUREAU OF WORKERS' COMPENSATION (BUREAU)...

INITIAL ACTION STEPS

The Ohio Bureau of Workers' Compensation is the administrative branch of the workers' compensation system with the legislative authority to make the initial decision on all allowances, issues, settlements, and/or other matters pertaining to workers' compensation claims. The Bureau ensures all parties to the claim are meeting their responsibilities related to maintaining or restoring employability for the injured worker. The Bureau conducts annual reviews of employer risk and exposure to loss related to work injuries and sets premium rates. The Bureau processes claims, pays medical, and compensation benefits.

A physical injury, or disease, or death, accidental in nature, sustained in the course of employment and arising out of the employment, are all tests that the Bureau considers when determining the compensability of a claim. An injured worker must show by a preponderance of the evidence that the injury arose out of and was in the course of employment, and that there was a direct or proximate causal relationship between the injury, disease, or death, and the condition(s) and/or disability. In considering initial and subsequent claim allowances, the Bureau's customer care team (CCT) must determine whether the claim meets the "tests" for jurisdiction, coverage and compensability. There are statutory requirements mandating the timeframes for claim determinations outlined in Ohio Revised Code 4123.511(A) (1). This law also supports the practice of continuing to investigate the facts of the claim to make the appropriate decision.

Ohio Revised Code 4123.511 allows time for investigation of the claim and gathering of needed and/or missing evidence to determine jurisdiction, coverage and issues of compensability in the claim. If a review of the factual and medical evidence in the file supports an allowance of the claim, the Bureau issues an Order citing the evidence relied on to make the decision.

The Bureau's claims numbers have a two-digit prefix, followed by six digits (e.g., 10-123456). The two-digit prefix corresponds to the year the incident occurred as described on the FROI-1, (Hamilton County form, HamCoo44). The Bureau maintains records of allowed conditions in a claim. Documentation in the claim must clearly endorse the authorization or denial of benefits and services in the claim. Documentation can come from a number of sources and some of it can be evidence. Hearing Officers rely on complete file documentation when weighing the evidence presented for a particular issue.

COMPENSATION

The Bureau may utilize an Initial Allowance Order (order) when granting the initial allowance of a claim and/or issuing payment of medical benefits and/or compensation.

For a medical only claim, this "Order" will address the payment of medical benefits.

For a lost time claim, this "Order" may address both the payment of medical benefits and compensation.

The Bureau will include the established amount of the full weekly wage (FWW)/average weekly wage (AWW) on the Initial Allowance Order for lost time claims.

The Bureau will also include the type of compensation to be paid and the period of the award.

If wage information is not available, wages are set based at the minimum Temporary Total Compensation rate for the year of injury.

When an injured worker is requesting Temporary Total Compensation the physician of record must complete their specific sections of Bureau form C-84, Request for Temporary Total Compensation, and sign it to indicate the injured worker is unable to work. The injured worker must complete Part I, of the C-84, Request for Temporary Total Compensation, then it is sent to the Bureau for processing. A new C-84, Request for Temporary Total Compensation, must be completed for each new period of disability.

THE PHYSICIAN OF RECORD...

INITIAL ACTION STEPS

Upon treatment of the initial injury, the Physician of Record completes box two of the FROI-1, (Hamilton County form HamCoo44) form and a MEDCO-14, (Hamilton County form, HamCoo49), indicating a return to work date, identifying any restrictions that may apply, and the date of the next appointment if one is advised.

The Physician of Record completes a C-9, Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease,

form if employee is to have any treatment for injuries sustained requiring prior-authorization and forwards to the Managed Care Organization.

The Physician of Record will complete a MEDCO-14, (Hamilton County form, HamCoo49), or similar form with each successive visit to determine physical ability.

The provider shall retain records documenting the following minimum information concerning the goods or services provided to injured workers:

- Date the service was provided.
- Description of service, treatment or product provided.
- Record of patient appointments, if appropriate.
- Dates where injured worker canceled or failed to appear for a scheduled examination, treatment, or procedure.
- Treatment plans.
- Subjective and objective complaints, if the provider is the practitioner or Physician of Record.
- Injured worker's progress, if the provider is the practitioner or Physician of Record.
- Wholesale purchase records, if goods, products, or prescriptions are delivered.
- Delivery records, if goods, products, or prescriptions are delivered by way of a third party (ex. Medical suppliers).
- The identity and qualifications of any individual involved in the delivery of health care or billing for services to injured workers on behalf of the provider billing for the services.

Provider's failure to create, maintain, and retain such records shall be sufficient cause for the bureau to deny payment for goods or services, to declare overpaid previous payments made to the provider, or to decertify the provider.

MEDICAL TREATMENT

Providers who undertake treatment of an Ohio injured worker assume an obligation to submit initial and subsequent reports to the MCO on the injured worker's behalf, to provide and complete all forms required by the Bureau and may not charge for completing required forms or submitting necessary documentation.

RETURN TO WORK

The Physician of Record will identify restrictions for work, and authorize the employee to participate in vocational rehabilitation programs including but not limited to, physical

therapy, occupational therapy, work conditioning, work hardening, and Transitional Work programs when appropriate. This may include, but is not limited to:

- Reviewing job analysis and description of the employee's regular job and making recommendations as to the injured worker's ability to return to work.
- Reviewing and approving Transitional Work assignments in conjunction and in collaboration with Hamilton County's Transitional Work Program partners (Workers' Compensation Specialist, Vocational Case Manager, and Department Head/Supervisor).
- Notifying the Vocational Case Manager of any changes in treatment restrictions.
- Routinely Reviewing (once every 1 to 2 weeks) progress reports provided by the therapist to the attending physician during the course of the program.

RECORDING & RECORDS RETENTION

The provider shall retain records documenting the following minimum information concerning the goods or services provided to injured workers:

- Date the service was provided.
- Description of service, treatment or product provided.
- Record of patient appointments, if appropriate.
- Dates where injured worker canceled or failed to appear for a scheduled examination, treatment, or procedure.
- Treatment plans.
- Subjective and objective complaints, if the provider is the practitioner or Physician of Record.
- Injured worker's progress, if the provider is the practitioner or Physician of Record.
- Wholesale purchase records, if goods, products, or prescriptions are delivered.
- Delivery records, if goods, products, or prescriptions are delivered by way of a third party.
- The identity and qualifications of any individual involved in the delivery of health care or billing for services to injured workers on behalf of the provider billing for the services.

The provider's failure to create, maintain, and retain such records shall be sufficient cause for the Bureau to deny payment for goods or services, to declare overpaid previous payments made to the provider, or to decertify the provider.

COMPENSATION

When an injured worker is requesting Temporary Total Compensation the physician of record must complete their specific sections of Bureau form C-84, Request for Temporary Total Compensation, and sign it to indicate the injured worker is unable to work. The injured worker must complete Part I, then the C-84, Request for Temporary Total Compensation, is sent to the Bureau for processing. A new C-84, Request for Temporary Total Compensation, must be completed for each new period of disability.

THE THIRD PARTY ADMINISTRATOR (TPA)...

INITIAL ACTION STEPS

The County may select a Third Party Administrator to act on its behalf on all non-legal matters before the Ohio Bureau of Workers' Compensation and Industrial Commission of Ohio. The Third Party Administrator's duties include filing appeals for hearing with the Industrial Commission, applying for handicap reimbursement on claims, and settling claims.

Additionally, the Third Party Administrator administers and processes claims submitted under the county's workers' compensation program. Some services the Third Party Administrator provides include:

- Examine all claims for accuracy, completeness, and eligibility,
- Confer with the County's designated representative(s) in those cases where a dispute occurs,
- Review claims to determine if awards and reserves are made within the rules and regulations of the governing workers' compensation program,
- Notify the County when a claimant has exceeded the normal period of recovery.

COMPENSATION

The Third Party Administrator assists in the evaluation and recommendation of the compensability of work related claims; however, the Ohio Bureau of Workers' Compensation maintains jurisdiction over the final determination of all claims filed with Ohio Bureau of Workers' Compensation.

The Third Party Administrator contacts the Bureau once a valid Return to Work assignment has been refused as the refusal may affect the employee's eligibility and rights to receive ongoing monetary state benefits including salary continuation and select medical treatment

as defined by the Ohio Bureau of Workers' Compensation and Industrial Commission of Ohio.

ADJUDICATION

The Third Party Administrator represents the employer on all non-legal matters before the Bureau and Industrial Commission.

THE INDUSTRIAL COMMISSION OF OHIO...

INITIAL ACTION STEPS

The Industrial Commission is the adjudicatory branch of the State of Ohio monopolistic workers' compensation system. It establishes adjudicatory policies and retains jurisdiction on claims matters, such as determining levels of disability and resolving disputed claims issues.

The IC is comprised of three hearing levels: District, Staff, and Full Commission.

ADJUDICATION

Administrative appeals.

The right of administrative appeal to decisions made by the Bureau or the Industrial Commission is limited to the claimant, the dependents of a deceased worker, the employer, the administrator or his representative acting on behalf of the state insurance fund and/or the surplus fund.

The above named eligible appellants may appeal decisions of the district hearing officers, regional board of review or staff hearing officers, or Full Commission.

Decisions of district hearing officers are appealable to the regional boards of review. Decisions of the regional boards of review and of the staff hearing officers are appealable to the Full Industrial Commission.

Appeal (also called "Notice of Appeal") should be made on form OIC3000, or as provided by rules of the Industrial Commission. "Notice of Appeal" shall state the names of the claimant and the employer, the claim number, the date of the decision being appealed, and a statement of the fact, which the appellant is appealing.

Appeal applications shall be signed by the party appealing or by the authorized representative on behalf of the party. The same applies to the administrator when filing an appeal. Such applications may be filed with any office of the Bureau, Boards of Review or of the Industrial Commission.

Appellate review and determination of claims being within the exclusive jurisdiction of the Boards of Review and of the Industrial Commission, the conduct of hearings and other incidental matters are governed by the rules of the Industrial Commission.

The Bureau's law section shall act as attorney in appeals filed by the Bureau on behalf of the state insurance fund; it may also act as a representative of the administrator in appeals filed by the Bureau on behalf of the surplus fund. As a party to the proceedings, the Bureau's law section shall be entitled to proper notice of any action taken by the appellate body on appeals filed by the Bureau.

THE OHIO ATTORNEY GENERAL'S OFFICE...

ADJUDICATION

Section 4123.92 of the Ohio Revised Code vests the duty to defend the Bureau in the Ohio Office of Attorney General. Section 4123.92 provides:

Upon the request of the Industrial Commission or the administrator of workers' compensation, the attorney general, or under his direction the prosecuting attorney of any county in cases arising within the county, shall institute and prosecute the necessary actions or proceedings for the enforcement of this chapter, or for the recovery of any money due the state insurance fund, or any penalty, and shall defend in like manner all suits, actions, or proceedings brought against the administrator, the workers' compensation oversight commission, industrial commission, or the members of the oversight commission, or industrial commission in their official capacity.

References...

This Workers' Compensation Handbook is a compilation of information from the Ohio Bureau of Workers' Compensation, the Ohio Industrial Commission, the Managed Care Organization, the Hamilton County BOCC Policy and Procedure Manual and Anderson's Ohio Revised Code.