



I. 4.8.6 Workers' Compensation Insurance (WCI)

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| Chapter 4 - General Personnel | Original Effective Date: November 2000 |
| Section: 4.8 Benefits | Date Last Reviewed: December 2024 |
| Responsible Entity: Executive Vice President for Facilities Planning and Operations | Date Last Revised: May 2021 |

II. Purpose

The purpose of this Policy is to provide guidance on the administration of the Workers' Compensation Insurance (WCI) Program at UT Health San Antonio.

III. Scope

This Policy applies to regular paid employees of UT Health San Antonio, whether full or part time, who have taxes deducted from their paycheck. This policy does not apply to contractors, or volunteers who are unpaid.

IV. Policy

UT Health San Antonio is funded through a self-insured Workers' Compensation Insurance program administered by The University of Texas System in accordance with Chapter 503 of the Texas Labor Code. All costs associated with the program, including benefits to employees and administrative expenses, are paid from these funds.

A. Employee Responsibility in Case of Injury or Exposure to Disease

1. Notify supervisor immediately, no matter how minor the injury or exposure may seem. If necessary, report unsafe working conditions to supervisor or the Environmental Health and Safety Office. If exposed to any human or animal body fluids or other potentially infectious materials, seek treatment immediately.

Failure to report an injury within thirty (30) days of the occurrence of the injury (or the manifestation of the occupational disease) may result in the denial of a claim. If claiming a work-related exposure to HIV infection, the employee must provide the employer with a written statement of the date and circumstances of the exposure and submit additional documentation with ten (10) days indicating absence of HIV infection.

2. Receive a copy of the [Employer's First Report of Injury or Illness and Network Acknowledgement](#) form to sign along with a copy of the [Notice of Network Requirements](#).

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3. If necessary, obtain medical attention. Medical care must be obtained by an Injury Management Organization (IMO) network provider unless immediate emergency treatment is necessary. If injured, contact (210) 567-2955 to help locate the closest provider.
4. Inform the medical provider that injury or exposure is work related. The department will provide the employee with a [Notification of an On-The-Job Injury](#) form to give to a medical provider. Employees should not be billed for medical expenses. If the employee receives any bills, they are to contact the Workers' Compensation Coordinator at (210) 567-2955.
5. If the employee misses work due to an on the job injury, they must keep their supervisor informed of work status by providing a Division of Workers' Compensation Work Status Report (DWC 73) after each doctor visit. The doctor's office must provide the report to the injured employee.
6. Complete the [Workers' Compensation Leave of Absence](#) form to select the type of leave to be used. The form is provided by an employee's department. For purposes of receiving temporary income benefits, an employee may elect to:
 - a. remain on the payroll by using all available sick leave throughout the period of disability;
 - b. use a designated portion of other available leave once all sick leave is exhausted and then be placed on leave without pay status until able to return to work or until final determination has been reached regarding the claim; or
 - c. be placed on leave without pay status immediately and begin receiving temporary income benefits after an initial seven day waiting period.
7. Prior to returning to work provide a DWC 73 report to supervisor. The DWC 73 report must indicate a return to work date and/or any work-related limitations.

B. Department Responsibility in Case of Injury or Exposure to Disease

1. If the injury or exposure is an emergency, arrange for appropriate medical treatment. If employee is incoherent, the supervisor or administrative staff may select an emergency facility. Send a responsible employee to accompany the injured employee.
2. Advise the employee to notify their medical provider that the injury or exposure is work related. If time permits, complete the [Notification of an On-The-Job Injury](#) form for the employee to provide to the medical provider.
3. All work-related injuries or illnesses must be reported. Complete the [Employer's First Report of Injury or Illness and Network Acknowledgement](#) forms and send to Environmental Health and Safety within 24 hours from the time of the injury or exposure. This form is required whether or not there is lost time from work.

Employers who fail to file the report timely without good cause may be assessed fines. Fines shall not exceed \$25,000 per day as per, *Texas Labor Code*, section 415.021.

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4. If the injury/illness involves more than one day of lost time from work, fax a copy of the [Employer's First Report of Injury or Illness and Network Acknowledgement](#) form to (210) 567-2965, then send the original through campus mail. In addition, the [Workers' Compensation Leave of Absence](#) form must be completed by the employee and the department representative.
5. Contact the Office of Human Resources for information regarding placing the employee on leave under the Family Medical Leave Act (FMLA).
6. If the employee is removed from payroll due to the injury/illness, the department must enter a Leave of Absence (LOA) transaction into PeopleSoft.
7. When the employee is medically released by the treating physician and they physically return to work, the [Supplemental Report of Injury](#) form must be sent to Environmental Health and Safety within 24 hours of the return to work date. The transaction showing the return to payroll must be entered into PeopleSoft. Lost time injuries also require the Supplemental Report of Injury form when there are additional days of disability, a return to work after additional days of disability, a change in the employee's time or pay, or a termination/resignation or death. Fax a copy of this form to Environmental Health and Safety, at (210) 567-2965, and mail the original to Environmental Health and Safety.
8. Forward all doctor's bills and/or notes to Environmental Health and Safety immediately upon receipt.
9. If the employee provides a DWC 73 report releasing them to return to work with restrictions or limitations, the department may consider appropriate steps to modify work schedules, equipment, and/or duties to safely allow the employee's return to work.
10. The unsafe condition which caused the injury or exposure should be corrected. If assistance is necessary to accomplish the correction, call the Environmental Health and Safety Office at (210) 567-2955.
11. Maintain a detailed record of the job-related injury, even if the employee did not lose time from work as a result of the injury. This record must be maintained for at least five (5) years after the date of injury.

C. Medical Benefits

Medical benefits for compensable injuries are payable from the date of injury. An injured employee is specifically entitled to reasonable and necessary health care that treats or relieves the effects naturally resulting from the compensable injury; promotes recovery; and/or, enhances the ability of the employee to retain employment.

1. If medical treatment is required for a work-related injury, the employee is to immediately choose one treating doctor within the IMO-Med Select Network to coordinate the care. Bills for the work-related injury are to be sent directly to The University of Texas System WCI Office.
2. If medical treatment is required, it may be necessary to assure the provider the injured worker is covered by workers' compensation insurance. Please use the following statement in these instances:

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"I confirm The University of Texas System is self-insured for workers' compensation. Employees of The University of Texas System who are injured in the course and scope of employment are entitled to reasonable and necessary medical treatment which will be covered and paid for in compliance with the Division of Workers' Compensation (DWC) regulations. Please direct further inquiries regarding this claim to CCMSI, the third-party administrator for The University of Texas System."

3. If the treating doctor has questions about the types of services, they may contact the Med-Select Network at 888-466-6381.
4. Except in cases of emergency, if the employee receives medical care for a work-related injury that is not by or at the direction of the network doctor, payment of any charges associated with that care may become the responsibility of the employee.
5. The injured employee may change from their initial choice to an alternate choice of treating doctor by notifying the network. The network will not deny a selection of this one (or "alternate") change of treating doctor through the network. After the change to an alternate treating doctor, if the injured employee is still dissatisfied, the employee must request and receive permission from the network to change treating doctors.

The University of Texas System WCI Office may, at some point while the employee's claim is pending, exercise its right to have the employee evaluated by a physician chosen by The University of Texas claims adjuster. Such an evaluation will be done to determine if the employee is disabled due to the work-related injury and/or sustained any permanent disability due to the injury. If asked to see a physician chosen by The University of Texas System WCI Office, the employee will be given notice of the appointment at least ten (10) days in advance.

D. Temporary Income Benefits

Temporary income benefits are payable at a percentage of the employee's average weekly pre-injury wage not to exceed the maximum prescribed by law.

E. Exclusions

An injury is not covered if it:

1. occurred while the employee was not performing services in the course and scope of employment;
2. occurred while the employee was attempting to unlawfully injure another person;
3. occurred while the employee was intoxicated;
4. was caused by the employee's willful intention and attempt to injure themselves or another person;
5. was caused by the employee's horseplay;
6. arose out of an act of a third person intended to injure the employee because of personal reasons;

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7. arose out of voluntary participation in an off-duty recreational, social, or athletic activity not constituting part of the employee's work-related duties; or,
8. arose out of an act of God unless the employment exposes the employee to a greater risk than ordinarily applies to the general public.

F. Fraudulent Actions

Filing a workers' compensation claim for an injury that did not occur while performing work on behalf of UT Health San Antonio is a serious offense. It is an administrative violation punishable by a penalty up to \$25,000 per day to knowingly or intentionally do one of the following in an attempt to obtain workers' compensation benefits:

1. make a false or misleading statement;
2. misrepresent or conceal a material fact;
3. fabricate, alter, conceal, or destroy a document; or,
4. conspire to commit one of the above acts.

V. Definitions

When used in this document, the following words have the meaning set forth below unless a different meaning is required by context.

Workers' Compensation Insurance (WCI) – is a type of insurance specifically designed to provide medical benefits and, in some cases, financial income payments to employees on the payroll of the UT Health San Antonio who suffer injuries or occupational illness in the course and scope of employment. WCI is not health insurance, nor does it provide compensation for damage to or loss of personal property.

VI. Related References

The University of Texas System WCI Office

210 West 7th Street, Austin, Texas 78701

Phone: 512-499-4663, Fax: 512-499-4671

<https://www.utsystem.edu/offices/risk-management/workers-compensation-insurance-0>

Texas Department of Insurance (TDI)

[Texas Workers' Compensation Work Status Report \(DWC073\)](#)

State of Texas Statute

[Texas Labor Code, §415.021](#)

VII. Review and Approval History

The approving authority of this policy is the University Executive Committee.

| Effective Date | Action Taken | Approved By | Approved Date |
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| 11/2000 | Policy Origination | | |
| 03/2015 | Policy Revised | | |
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