The following information provides the employee and department with information, guidelines and expectations of the Workers’ Compensation Program. The goal of CSU’s Workers’ Compensation program is to work cooperatively with our injured employees, their respective departments, and medical providers.

While this guide will answer some of your questions, please contact us if you have any questions or need any assistance with the Workers’ Compensation process.

Kenda Weigang, WC Manager, can be reached at (970) 491-4832 kweigang@colostate.edu.
Main office number is (970) 491-6745.
Website: http://rmi.prep.colostate.edu/

FILING AN INJURY / INCIDENT REPORT

An employee who is injured on the job or suffers an occupational illness needs to report the injury to their supervisor immediately and online at http://rmi.prep.colostate.edu/workers-compensation/file-an-incident/. Injuries not requiring medical treatment, other than first aid, will be classified as an incident report and remain with Risk Management and Insurance, in case treatment is needed at a later date. A work injury or exposure requiring medical care beyond first aid for the condition, resulted in death, or may require lost time from work, will be processed as an injury claim and reported to CSU’s Workers’ Compensation insurance carrier or Third Party Administrator.

Workers’ Compensation Insurance provides employees with appropriate medical care and a portion of lost wages following a compensable work-related injury, illness or disease in accordance to the State’s Workers’ Compensation Act.

MEDICAL TREATMENT

Injured parties need to seek medical attention from one of CSU’s Authorized Treating Physicians (ATP). A list of these providers can be found at http://rmi.prep.colostate.edu/workers-compensation/atp/ for Colorado claims.
Out-of-state claims are handled by Travelers Insurance and medical provider information can be obtain at http://mywcinfo.com, https://www.travelers.com/claims/claim-services.aspx or by calling (800) 252-4633.
Medical treatment sought outside of the ATP network may be billed directly to the employee or their personal insurance. For consideration of billing coverage outside of the ATP network, the employee will need to give the medical provider Workers Compensation claim number and CSU’s Workers’ Compensation providers billing information.

- **Colorado**: CCMSI, PO Box 4998, Greenwood Village, CO 80155; Phone (888) 428-4671; Fax (303) 804-2005
- **Out of State**: Travelers CL Remittance Center, PO BOX 660317, Dallas, TX 75266-0317; Phone (800) 252-4633

Please note that time taken off work prior to obtaining documented medical attention is not covered by Workers’ Compensation.

LOST TIME

- Compensation payments made to employees for lost wages resulting from an injury or occupational disease begins after missing a specified number of days depending on the state where the employee works. Time off needs to be supported by medical documentation. Information regarding lost time coverage is located at http://rmi.prep.colostate.edu/workers-compensation/atp/.

- Unless an employee is taken off work by the Authorized Workers Compensation Medical Provider, they are expected to continue to work. Following a medical visit the employing department/work unit needs to review the work status report, and determine if the employee may continue to work performing work within medically outlined physical

I have reviewed the above information __________________________________________   Date___________________
Employee’s Signature
abilities, be placed temporarily elsewhere within the CSU system or sent home. All agreements to work on a modified duty must be reviewed by WCNR-CEMML HR.

☐ If an employee is released by the medical provider to return to work, whether modified duty or full duty, and the employee chooses not to return to work, wage replacement benefits from CSU and through the Workers’ Compensation system will be jeopardized.

☐ For those eligible for CSU injury leave, time missed for medical appointments scheduled during regular working hours may be covered if the employee has missed more than 24 hours cumulative and the employee reports to work before and after appointments. When possible, medical appointments should be made before or after the work shift. Missed time for medical appointments will only be considered for the time to travel to/from and attend an appointment. Non-benefitted employees are not covered under the CSU injury leave policy and medical appointments aren’t typically covered by the insurance carrier.

☐ Employees must provide the supervisor with a copy of the medical documentation including work status within 24 hours of seeing the physician or prior to the next work shift. If it is not provided, the employee may be sent home on their own time until medical documentation is provided.

☐ TIME MUST BE REPORTED WEEKLY. Use the Workers’ Compensation Time Sheet to report time during recovery located at http://rmi.prep.colostate.edu/workers-compensation/lost-time/ or by contacting our office. It is the employee’s responsibility to submit this to WCNR-CEMML HR for processing. If you fail to turn in this form, your personal leave may be adjusted and injury leave benefits will be delayed.

☐ If you are an out of state employee and eligible for CSU Injury leave benefits you will need to sign and comply with Injury leave reimbursement guide lines. Work with WCNR-CEMML HR for specific guidelines.

RETURN TO WORK

A written release from the attending physician is necessary for employees returning to work after an injury. Supervisors should contact WCNR-CEMML HR to review the situation before an employee is returned to work.

☐ A modified duty letter must be given to the employee outlining the agreement, with review from WCNR-CEMML HR.

☐ If the employee will not be at work, they are to contact their supervisor.

Forms can be obtained at http://rmi.prep.colostate.edu/workers-compensation

WCNR-CEMML HR and CSU Workers’ Compensation Program are here to assist the employee and supervisor through the injury process, so please do not hesitate to contact us.

I have reviewed the above information ______________________________ Date ____________________________

Employee’s Signature