

# Employee Workers' Compensation FAQ's

Updated September 15, 2021

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*This FAQ is based on current city policy and the Wisconsin Workers Compensation Statute, both of which are subject to change at any time without notice.*

**1. When do I need to complete a Report of Occupational Injury, Exposure or Illness?**

You should report all work-related injuries immediately to your supervisor. You should complete the *Report of Occupational Injury, Exposure of Illness* and the *Bloodborne Pathogen Exposure Incident Sheet*, if applicable, prior to the end of your work shift on the day of injury. After completing the Report of Injury, turn the entire packet in to your immediate supervisor.

**2. What am I required to do after I report an injury?**

1. Provide all information that is asked of you from the City's Workers' Compensation insurance company, currently EMC Insurance Companies.
2. Provide all medical documentation received regarding your injury to Human Resources **and** your supervisor. A return to work form is required after each medical appointment, excluding physical therapy.
3. Keep Human Resources and your supervisor apprised of your return to work status.
4. If physical therapy is required, please make every effort to attend each session and comply with your home exercise program. We value you as an employee and need you to return to work as soon as possible.

**3. How is time paid when I attend a doctor appointment/physical therapy for my Workers' Compensation injury?**

You are encouraged to make your appointments outside of your normal work schedule. If you go to an appointment during work hours, you do not need to use leave time (i.e. sick time) to cover your absence. If you do need to attend an appointment during your normal working hours, you should select Workers' Compensation Appointment (*WC- Appt/Off Work* in InCode, *Workers' Comp. Medical App't* for MSC time sheets, and *Work Comp Off / Appt* in Telestaff) when completing your time sheet/time entry. For tracking purposes, note the specific time out for the absence somewhere on your timesheet, in Incode (in the notes section), Telestaff, etc. for a Workers' Compensation medical appointment, as well as the initial injury date.

**4. How long do I need to be off before Workers' Compensation payments are made?**

The first three days of lost time after the injury are not compensable. If your doctor authorizes you off of work for more than three days, you may receive compensation for lost wages. Compensation is payable beginning on your 4<sup>th</sup> day of lost time. If your disability extends beyond seven calendar days, the 1<sup>st</sup> three days of lost time would be picked up and paid retroactively.

**5. How do I enter my time if my doctor authorizes me off of work?**

You should use your accumulated sick leave until Workers' Compensation payments begin. Your sick leave balance will be charged for the first three days of lost time if your disability does not extend beyond seven calendar days.

**6. How am I paid for time off if I am off of work and it is a compensable injury?**

When it is determined the injury/illness/exposure is eligible for Workers' Compensation, you will be paid 66 2/3 of your salary (non-taxable – subject to a maximum weekly benefit as set forth in the workers' compensation statute). For regular employees, your sick leave will be used to pay the balance to keep your salary whole during this period. For regular employees, the insurance company will submit a payment to the City for your wages; for non-benefit eligible employees the insurance company will submit payment directly to you for your wages. If it is determined that your injury is not work related, your sick leave account will be charged for all missed time. Police and Fire represented employees are paid according to their collective bargaining agreement. Listed below is information from represented Fire and Police Department agreements.

**Represented Fire Department Employees.** If you are injured and said injury is covered by Workers' Compensation Insurance, you shall not receive your regular salary, but shall instead receive a supplemental wage. The supplemental wage shall be calculated such that the net take home amount of the supplemental wage plus the nontaxable Workers' Compensation payment is equal to your net take home pay (i.e., gross base pay less state and federal taxes) based on your regular base salary. The supplemental wage so determined will continue for a period of ninety (90) days from date of injury or until you return to work, whichever is less.

**Represented Police Department Employees.** If you are injured, and said injury is covered by Workers' Compensation Insurance, the City will continue to pay your regular daily salary minus any and all benefits received from Workers' Compensation Insurance until you return to duty or until such time as you become eligible to receive benefits from the disability insurance plan provided by the City, whichever occurs sooner.

**7. What happens if I do not have any sick time?**

For regular employees, if your accrued sick leave benefits are exhausted and your injury is covered by Workers' Compensation, the City will continue to pay your regular daily salary minus any benefits received from Workers' Compensation Insurance for a period not to exceed 60 calendar days, or until such time as you receive benefits from the disability insurance plan provided by the City, whichever occurs sooner.

**8. At what rate of pay am I paid at?**

Your benefits are based on the rate you were making at the time of injury. The rate stays the same for the next 52 weeks from the date of incident, regardless of receiving a pay increase.

**9. Where should I tell my provider to send the invoices and what information will I need when I seek medical treatment?**

The provider's office should submit invoices to:

EMC Insurance Companies  
PO Box 327  
Brookfield, WI 53008-0327  
Fax: 888-992-6125

Please provide your claim number to the medical provider. If you have not received your claim number, you may obtain it by calling Human Resources at 920-339-4045. Please note: It may take a day or two following the date of injury to get your claim number.

- 10. What should I do if I don't initially seek treatment after my injury, but do at a later date?**  
You should notify your supervisor and Human Resources that you have sought treatment. You must provide a return to work slip from the treating physician to your supervisor and Human Resources directly following the physician visit.
- 11. When do I need to provide a return to work and who do I provide it to?**  
Each and every time you seek medical attention (excluding physical therapy) for your Workers' Compensation injury/illness/exposure, a work restriction form must be completed by the attending physician and shared with your supervisor and Human Resources. All time away from work, including any related appointments, and/or notice of restrictions should be documented in writing by a licensed physician/medical doctor. Notes from a nurse practitioner (APNP) or physician's assistant (PA-C) addressing time off or restrictions may not be accepted. Postdated notes for lost time will not be accepted.
- 12. For the return to work slip, can I provide a note from the doctor, or does it need to be the City's Work Related Injury/Illness Report form?**  
It is preferable that the doctor completes the City's form. Using the City's form will help us to more easily determine if temporary light duty/ transitional duty is available. Additional copies of the *Work Related Injury/Illness Report* form can be obtained from Human Resources or the Human Resources webpage under *Forms*.
- 13. How long does it take the insurance company to determine if my injury is compensable?**  
Once the first notice of injury report is received by EMC, an adjuster will contact you to take your statement of what happened. The adjuster will need to obtain copies of your medical records to verify that a work related injury/illness has occurred (the adjuster will send you a medical authorization in the event they need to obtain medical records prior to the claimed date of injury). Based on your statement, review of your supervisor's investigation, and review medical records, compensability will be determined. The time it takes to determine if the claim is compensable will vary based on the alleged injury.
- 14. Where should I seek treatment for my injury?**  
A preferred provider panel with clinics is listed in the *Employee Instructions for Completing Report of Injury, Exposure, or Illness* packet. The clinics and doctors listed on the panel specialize in Workers' Compensation injuries. The use of the provider list is voluntary and choosing to use an alternate provider that is not listed will not affect your employee benefits under state Workers' Compensation laws.
- 15. If temporary light duty/transitional duty is offered, do I have to come into work?**  
Temporary light duty/transitional duty will be determined by the restrictions set up by your treating physician. If there is work available that can accommodate your restrictions, you may be offered temporary light duty/transitional duty. Refusal of temporary light duty/transitional duty that is consistent with the medical restrictions of the healthcare provider, could affect Workers' Compensation benefits, work eligibility and/or reemployment rights with the City. If you turn down the temporary light duty/transitional duty, you will need to use your accumulated sick time; the days will not be counted as lost time for Workers' Compensation.

**16. How are prescriptions paid for?**

Prescriptions should not be paid for by your health or prescription insurance card. Instead, you should inform the pharmacy that the prescription is for a work-related injury and that the prescription will be paid for by you, or the pharmacy may bill EMC Insurance Companies directly. If you need to pay out-of-pocket, EMC can reimburse you. To be reimbursed, EMC will need information about your prescription(s), including the name of the prescription, the doctor's name who prescribed it, the number of allowable refills, and the price. This information should be on the script or paperwork from the pharmacy.

Requests for reimbursement or pharmacy direct billing to EMC can be filed using the address or fax number below. Always be sure to include your claim number.

EMC Insurance Companies  
PO Box 327  
Brookfield, WI 53008-0327  
Fax: 888-992-6125

**17. Am I reimbursed for mileage to travel to doctor appointments?**

Yes, injured employees receive mileage reimbursement for travel to obtain treatment due to an approved Workers' Compensation claim. You should keep track of the date of the appointment and mileage to and from the doctor's office. The rate is the same as what state employees receive for business related mileage expense (\$.51 as of November 2019). This rate may change each year. Mileage reimbursement requests may be submitted directly to EMC. Please note that payment for mileage may be delayed as EMC will need to verify the mileage submitted against the date(s) of your doctor appointment.

**18. What happens if my claim is denied?**

You will be notified by letter from EMC Insurance Companies (the City's Workers' Compensation insurance carrier) if your claim has been denied. If you feel your claim should have been approved, you may appeal the decision to the Department of Workforce Development. Information about Workers' Compensation and the process to file a hearing can be found on the Department of Workforce Development's website at <https://dwd.wisconsin.gov/wc/>. The City is fully insured for workers' compensation. This means the decision to approve or deny claims rests with the insurance company. The City is not able to override the insurance company's decisions.

**19. How does Family Medical Leave (FMLA) coordinate with Workers' Compensation?**

The eligibility requirements for the City's sick leave benefits and Workers' Compensation will normally meet the requirements for the Federal Family Medical Leave Act and allow the City to count the time used for these leaves against your FMLA entitlement. Therefore, FMLA forms are required for all leaves in excess of three consecutive days and may be required for less than three days given the circumstances.