

**ADMINISTRATIVE
DIRECTIVE**

Administrative Directive Title: Workers’ Compensation Procedures	AD Number: 3.602.1	Adopted: October 1992 Former Descriptors: STU12
Policy References: Board Policy 3.602 – Workers’ Compensation	Revised: 3/99; 1/07; 10/08; 2/14; 7/14; 8/15; 7/19; 11/24	

1 This procedure outlines the steps for processing workers’ compensation claims in accordance with
 2 Board Policy 3.602. It is designed to ensure that all workplace injuries and illnesses are promptly
 3 reported, properly documented, and fairly managed.

4 **INCIDENT REPORTING**

- 5 1. Immediate Reporting: In the event of a workplace injury or illness, the employee must
 6 report the incident to their supervisor immediately, but no later than one business day
 7 following the injury.
- 8 a. Upon notice of the injury, the employee’s supervisor should have the employee
 9 complete the *Employee Accident Report form* and file this report with Tennessee
 10 Risk Management Trust (TNRMT). This form can be completed online at
 11 tnrmt.com.
- 12 b. The supervisor should notify the Human Resources Department within twenty-four
 13 (24) hours of the injury.
- 14 c. If the accident/injury is life-threatening, proceed with emergency protocol by
 15 calling 911. The injured employee (or MCS employee accompanying the injured
 16 employee), should not give any medical facility the employee’s personal insurance
 17 information. Should the medical facility require insurance information or
 18 verification, contact the Human Resources Department or TNRMT.
- 19 2. Medical Provider Selection: The Human Resources Department will provide the injured
 20 employee with a panel of physicians (at least three choices) using the *Employee’s Choice*
 21 *of Physician* form from which the employee can choose for medical treatment. This should
 22 occur within three business days of the injury report.
- 23 a. The employee must select a physician from the form and evidence their selection
 24 with a signature and date of signature. The physician selected will become the
 25 “authorized treating physician”.
- 26 i. The Human Resources Department will maintain the original copy of the
 27 form in the employee's personnel file and will give a copy of the form to the
 28 employee.

- 29 ii. A physician not listed on the panel provided will be considered
30 unauthorized, with the exception of any treatment received in an emergency
31 room.
- 32 b. The Human Resources Department will schedule and authorize the initial
33 appointment with the authorized treating physician.
- 34 c. The employee will be required to sign a *HIPAA Medical Authorization Form*.
- 35 3. Required Documentation: The employee's supervisor is responsible for completing the
36 *Supervisor Accident Investigation Report* and is responsible for collecting the *Accident*
37 *Witness Report form* from any witnesses present at the time of the injury.
- 38 a. The Human Resources Department will complete the Wage Statement (Form C-41)
39 with the employee's gross wages for the fifty-two (52) weeks prior to the date of
40 injury and will provide to the insurance carrier.
- 41 b. The authorized treating physician will submit medical documentation and work
42 restrictions (if any) to the Human Resources Department and the insurance carrier.
43 the Human Resources Department must maintain records of all medical reports.
- 44 c. Confidentiality: All workers' compensation files and medical records are
45 confidential and shall be securely stored in compliance with HIPAA and state
46 regulations.
- 47 d. All forms must be completed regardless of whether medical treatment is received.

Legal References
TCA 50-6-407