

The Research Corporation of the University of Hawaii



Human Resources Office

First issued: 06/27/2002
Revised: 09/25/2008, 08/26/2013

MEMORANDUM

TO: RCUH Employee

FROM: Nelson Sakamoto
Director of Human Resources

SUBJECT: **Guidelines If You Suffer a Work-Related Injury/Illness**

If you have suffered a work-related injury or illness, you should read this memo and follow the guidelines provided below:

Applicable RCUH Policies:

1. RCUH Policy 3.580 RCUH Workers' Compensation Policy
2. RCUH Policy 3.930 RCUH Safety & Accident Prevention Policy.

Reporting Deadline of Any Work-Related Injury/Illness to Your Supervisor:

Any work-related injury/illness **must be reported to your supervisor immediately after its occurrence**. The RCUH Supervisor's Report of Industrial Injury & Accident Investigation Form (D-25) must be completed by your supervisor, reviewed/signed by you (injured employee) and your supervisor. In addition, you will need to sign the Employee/Claimant Consent Form (D-26). Both forms may be obtained via the RCUH Home Page (www.rcuh.com).

Reporting Deadline for Your Supervisor's Report to the RCUH:

Both the Supervisor's Report of Industrial Injury Accident Investigation Form and the Employee/Claimant Consent Form must be sent to the RCUH Human Resources Department immediately (i.e., **within 24 hours of its occurrence**). An explanation may be needed, if there are any delays in reporting the claim.

RCUH Responsibilities in Reviewing & Reporting Your Claim:

The RCUH Human Resources Department will review the Supervisor's Report of Industrial Injury & Accident Investigation Report. The RCUH Human Resources Department may request clarification and may initially deny your claim until an investigation can be completed. The investigation is to ascertain whether the injury is job related. The RCUH will report claim to our third-party administrator, First Insurance Company of Hawaii (FICOH), First Risk Management Services (FiRMS Claims Services) as soon as we receive your claim.

Third Party Administrator Responsibilities in Claims Administration:

The RCUH has contracted an insurance company to provide the organization with a comprehensive workers' compensation insurance policy. All claims for workers' compensation made by an RCUH employee will be administered through a third-party administrator (i.e., FiRMS Claims Services.). All issues

relating to your claim will be handled by an assigned Claims Adjuster. You will receive a letter in the mail and/or a phone call from this Adjuster. The Adjuster will interact with you and your physician on all matters concerning your workers' compensation claim. You are to contact this Claims Adjuster for any questions you have about your case. Cooperation is important.

FiRMS Claims Services will complete a WC-1 Employer's Report of Industrial Injury form. This form will be sent to the State of Hawaii Department of Labor & Industrial Relations Disability Compensation Division within seven (7) working days from the date of injury. Therefore, it is very important that your accident is reported promptly to your supervisor so it can be delivered to FiRMS Claims Services in a timely manner.

Workers' Compensation Benefits:

All benefits are specified in Chapter 386, of the Hawaii Revised Statutes (Hawaii Workers' Compensation Law, or related laws). In most cases, if your claim for benefits is accepted, these benefits will cover all medical expenses and lost work time due to disability from this work related injury.

Lost Time from Work:

All "lost time" due to the work-related injury must be certified by the employee's primary treating physician. The RCUH does not allow "back dated" (i.e., after the fact) medical certifications. Therefore, an employee must see his/her primary treating physician and be certified as disabled from work from the first day of his/her disability.

For wage loss replacement, there is a mandatory 3 calendar day waiting period. On the fourth calendar day of disability, the employee will commence receiving 66 2/3% of his/her Average Weekly Wage (AWW). Our respective insurance carriers are responsible for sending you your Temporary Total Disability (TTD) checks. This AWW will remain the same (i.e., based on the AWW value at the date of injury) throughout the duration of the claim. The employee is allowed to use sick leave during the first 3 calendar days of the waiting period or if the employee has no sick leave or vacation, he/she will be placed on a leave without pay status. All claims for workers' compensation benefits must adhere to the provisions of Chapter 386, H.R.S. (Hawaii Workers' Compensation Law).

Questions & Answers:

1. What information do you need to provide to the doctor?

You will need to explain to the doctor's office that you are an employee of the RESEARCH CORPORATION OF THE UNIVERSITY OF HAWAII (RCUH). If they have any questions, have the doctor's office contact the RCUH Human Resources Department at (808) 956-3100. Please make sure you identify RCUH as your employer to avoid bills or reports from being sent to the wrong office.

You should inform the physician "where you are injured", "when the injury occurred", and "what were you doing when the injury occurred".

2. Where does the doctor's office send the bills and reports?

All billings and medical reports relating to your work injury should be sent to:

First Insurance Company of Hawaii
FiRMS Claims Services
P.O. Box 2866
Honolulu, Hawaii 96803
(808) 527-7711 (main line)
(808) 545-3120 (fax)

Your doctor should call FiRMS Claims Services if they have any questions relating to their claims processing.

3. What happens if my claim is denied?

The RCUH will instruct the Claims Adjusters to review your claim for worker's compensation benefits to determine if it is "job related". Any lost time (related to the injury) during the "denial investigation" period, should be charged as "Sick Leave" (if available) or Leave Without Pay (if you are not eligible for sick leave). The Insurance Company and/or Claims Adjusters may request to review all relevant medical information from your physician and/or send you to an independent medical review. A determination will be made approximately thirty (30) days from the report of injury. You will be notified by the Claims Adjuster of this determination.

The Claims Adjustor will inform you if your claim is determined to be "compensable" (i.e., you are eligible for workers' compensation benefits). Any sick leave payments will be adjusted for TTD benefits. Upon receipt of the TTD payment, the RCUH Human Resources Department will adjust your sick leave records (i.e., restore the sick leave applicable to the TTD payment/period).

4. Who do I inform about any changes in my work status, schedule, etc.?

You need to inform both your Supervisor and the Claims Adjuster. All medical reports should be sent to the Claims Adjuster (i.e., FiRMS Claims Services, Inc.). Any changes in your work schedule due to disabilities, treatments, etc. must be coordinated with your Supervisor and the Claims Adjuster. You and your doctor should try to schedule all appointments during your "off hours". Contact your Claims Adjuster if you and/or your physician cannot schedule the appointments, treatment, or therapy outside of your work schedule. Your Claims Adjuster and your Supervisor

will need this information.

5. Who needs to know about my condition?

(1) Your Supervisor/PI: You should provide your supervisor with information on how your injury will affect doing your job. Your condition may affect your ability to return to work, your work schedule, and/or your ability to perform your job.

(2) Your WC Claims Adjuster: You must provide your adjuster with any/all medical reports from your doctor.

6. What do I do if I disagree with any action taken by the Claims Adjuster?

You are to contact Mary Ku, WC Supervisor and/or Julie Brewer, Adjuster of FiRMS Claims Service.

7. What do I do if I disagree with any action taken by my Supervisor relating to my claim?

You are to contact the RCUH Human Resources Department and ask to speak to the Director of Human Resources at (808) 956-3100.