



Learning with Purpose

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<b>Human Resources and Equal Opportunity &amp; Outreach</b>	

### Workers' Compensation Claim Process

When you are hurt on the job you must report your injury to the Human Resource Office as soon as possible (after visiting the hospital if necessary). The Human Resource Office begins the claim process by completing the following forms and forwarding them to our insurer:

- Authorization for Release of Medical Records
- Internal Claims Investigation Report
- Notice of Injury Report
- Concurrent Employment Review Form
- Department of Industrial Accident Form 101 (if injured is out more than 5 days)

### About our Insurance

The [Human Resources Division's Workers' Compensation Section](#) is the insurer for your workers' compensation claim and also the Utilization Review Agent for all medical treatment rendered relating to your workers' compensation claim. As an approved Utilization Review Agent, under 452 CMR 6.00, Human Resources Divisions Workers' Compensation Section's goal is to insure that you receive quality medical care consistent with the DIA Treatment Guides and other treatment protocols established for utilization review determinations. However, there may be occasions during your medical treatment program when your medical plan and/or medical bills may also be reviewed by a private DIA approved UR firm. If this occurs, you and your medical provider will be advised of this action. You or your medical provider MUST contact this office at (800) 266-7991 before beginning or continuing treatment, or in an emergency situation, within twenty-four hours after any emergency treatment. The Utilization Review fax # is (617) 727-7816.

Please submit any medical bills to:

**Commonwealth of MA**  
**Human Resources Division / Workers' Comp. Unit**  
**Jopari Solutions, Inc.**  
PO Box 211134  
Egan, MN 55121  
**Phone # 617-878-9824 (Eva Chung)**  
**Fax # 617-727-8331**

When you see a doctor or other health-care professional, make sure you inform them that you are seeking treatment for a work-related injury. If they accept you as a patient, they are agreeing to bill the insurance company for your treatment. The insurer is responsible for the entire bill: there is no co-payment you need to make. Work-related prescriptions need to be filled at a participating pharmacy. Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at (800) 945-5951.

Human Resources Divisions Workers' Compensation Section must begin to pay you for lost wages, or send you a notice of denial that includes their reasons for the denial, within 14 days of receiving the first report of injury from the Human Resource Office. This means you should start getting a check within three to four weeks after your injury. You will receive compensation for lost wages for any days you are disabled after the fifth day. You are not compensated for the first five days of disability unless you are disabled for 21 days or more.

Workers compensation benefits generally equal 60% of your average weekly wage, in most cases determined by your previous 52 weeks earnings. In addition to the 60% salary from Human Resources Divisions Workers' Compensation Section, the University also allows injured employees to use up to 2 of their earned sick, vacation, or personal days each week so that they will continue to receive the equivalent of a full weeks paycheck. \*Please note that sick, vacation and other paid leave time used to supplement workers' compensation is not considered regular compensation and therefore no retirement deductions are withheld from those payments and those earnings do not count as service for the Massachusetts State Employees' Retirement System.

The insurer may pay benefits to you for up to 180 days without making a final decision on your case. With your written consent this can be extended to one year. This is referred to as the "Pay without Prejudice" period. During this initial period the insurer may stop or reduce your payments by giving you seven days written notice of the termination or reduction. They must give the reasons for taking this action. If the insurer continues paying you past this period, they will, in most cases need permission from you or a judge to stop or reduce your benefits. This 180-day period can be increased to one year, with your written consent to the insurer.