
INTEROFFICE MEMORANDUM

TO: ELECTED/APPOINTED OFFICIALS AND DEPARTMENT HEADS
FROM: JUANITA ESPINO, HR DIRECTOR
SUBJECT: WORKERS' COMPENSATION

All elected/appointed officials and employees are covered by workers' compensation insurance while in the performance of their duties for Kendall County.

Any employee who suffers a job-related illness or injury is required to notify his or her supervisor within two hours. Failure to promptly report job-related injuries or illnesses might affect an employee's eligibility for benefits, or delay benefit payments.

The injured employee's supervisor shall report the injury to the Human Resources Office so the appropriate paperwork may be completed and forwarded to the insurance carrier. Also the Human Resources Office needs to authorize treatment at the clinics, unless injuries are life threatening.

The injured employee, after seeking medical attention, needs to report to the Human Resources Office to finalize the claim and obtain documents to fill prescriptions for medications, if any.

Attached are copies of the information for injured employees and the necessary forms required for a claim.

Kendall County participates under the Political Subdivision Workers' Compensation Alliance (Alliance) to manage the health care and treatment of our employees who are injured on the job. The Alliance has a panel of health care providers. A complete list of providers is available online at <http://www.pswca.org> or you may contact our adjuster at: Texas Association of Counties Risk Management, (mailing address) PO Box 160120, Austin, TX 78716 or toll free number 1-800-752- 6301.

The following facilities are available in our area under the Alliance:

My Urgent Care Clinic, 910 River Road, Ste. 101, Boerne (830) 331-2391

Texas Med Clinics (numerous clinics in SA and surround area)

Methodist Boerne Emergency Center, 134 Menger Springs, Boerne (830) 331-3000

And other clinics too numerous to name

IN CASE OF AN EMERGENCY....

If the illness/injury is work-related and life-threatening, please seek medical attention for the employee or employees at the nearest emergency medical facility.

If you need further assistance contact the Human Resources Office at (830) 249-9343.

EMPLOYEE'S REPORT OF INJURY

Dear Employee:

We have received a report that you were injured in the course of your employment. To process your claim efficiently, please fill in all lines completely and print legibly. **Attach additional sheets if necessary.**

Name: _____				Social Security: _____		M	F
Last		First		MI		Maiden	
Address: _____				Date of Injury: _____			
City: _____				State: _____			
Primary Phone: _____				Employer: _____			
Secondary Phone: _____				Job Title: _____			
Email address: _____				Work Schedule: _____			
1) What was the exact location of the accident? (street address if possible):							
2) What was happening at the time? (What was going on around you, what were you doing, what were other people doing?)							
3) Briefly describe what exactly caused the injury:							
4) What areas of your body were injured?							
5) When and to whom did you report your injury?				Date: _____ Time: _____			
Name: _____				Title: _____		Phone Number: _____	
6) List all known witnesses. (Continue on back if necessary)				Name: _____		Phone: _____	
Name: _____				Phone: _____		Name: _____ Phone: _____	
7) Please identify your Primary Care Physician of family doctor.				Name: _____		Phone: _____	
8) Please list the names and phone numbers of all doctors or treatment providers you have seen for your injury:							
Name: _____				Phone: _____			
Name: _____				Phone: _____			
Name: _____				Phone: _____			
9) Has a doctor taken you off work? Yes No If so, when was the first day you missed work? _____							
10) If the doctor took you off work, have you returned to work? Yes No If not, when do you think you will return to work? _____							
11) Date of last appointment: _____				Date of Next appointment: _____			
12) Have you had previous workers compensation injuries? Yes No If yes, please enter the dates of injuries and the body parts injured:							
By affixing my signature, I attest that all information on this form is accurate and true.							
Signature: _____				Date: _____			



TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

Employee Acknowledgement of PSWCA Direct Contracting Program

I have received information that informs me of my employer's election to utilize the Political Subdivision Workers Compensation Alliance (Alliance) and how to obtain health care if I should suffer a work related injury/illness.

If I am injured on the job, I understand that:

1. I must choose a treating doctor from the list of contracted providers provided by my employer or obtain the list myself from www.pswca.org
2. I must go to my treating doctor for all health care related to my injury. If I need a specialist, my treating doctor will refer me. If I require emergency care I may go anywhere.
3. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and/or imprisonment.
4. Additional information regarding the Alliance is available on TACRMP's website at www.county.org

Signature

Date

Printed Name

I live at

Street Address

City, State, Zip Code

Name of Employer

Please indicate whether this is the:

_____ **Initial Employee Notification**

_____ **Date of Injury Notification (date of injury _____)**

PLEASE RETURN THIS FORM TO YOUR EMPLOYER



TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

Employee Notice of Political Subdivision Workers Compensation Alliance Program Requirements

Important Contact Information

- Alliance website is www.pswca.org
- Alliance phone number is 1-866-997-7922
- To contact your adjuster call 1-800-752-6301

Information, Instructions and your Rights and Obligations

As your employer, Kendall County, has elected to utilize the Political Subdivision Workers Compensation Alliance (Alliance) to provide access to contracted physicians and healthcare providers for workers' compensation injuries.

If you are injured at work, tell your supervisor or manager immediately. The enclosed information will help you seek care for your injury. Also, your employer will help with any questions about how to get treatment. You may also contact The Texas Association of Counties Risk Management Pool Workers' Compensation Claims Department at 1-800-752-6301 for any questions about your care and treatment for a work related injury. TACRMP and your employer have formed a team to provide you with timely care and treatment for work related injuries. The goal is to provide quality medical care and return you to work as soon as it is safe to do so.

Injured Employees Rights and Obligations

What to do if you are injured while on the job:

If you are injured while on the job, tell your employer as soon as possible. A list of Alliance treating physicians may be available from your employer. A complete list is also available online at www.pswca.org or you may contact your adjuster directly at the following address and telephone number:

**Texas Association of Counties Risk Management Pool
P.O. Box 160120
Austin, TX 78716
1-800-752-6301**

In case of an emergency

If you are hurt at work, you should first notify your employer and they will assist you in locating a provider or emergency care provider.

After you receive emergency care or treatment, you may require ongoing care. You will need to select a treating doctor from the Alliance provider list. This list is available at www.pswca.org. If you do not have internet access, please call 1-800-752-6301 or contact your employer for a complete listing. The doctor you choose will oversee the care you receive for your work-related injury. Except for emergency care, you must obtain all health care and specialist referrals through your treating doctor.

Choosing a Treating Doctor

If you are injured at work you must choose a treating doctor from the Alliance panel of providers. This is **REQUIRED** for the cost of your medical care for your work related injury to be covered. A provider listing is available through the Alliance website at www.pswca.org. It is updated weekly and identifies providers who are contracted with the Alliance and accept workers' compensation patients.

If your treating physician leaves the Alliance you will be notified and you will have the right to choose another treating doctor from the list of providers. If your doctor leaves the Alliance and you suffer a life threatening or acute condition for which a disruption of care would be harmful, your doctor will contact your adjuster to request that you treat with him/her for an additional 90 days.

Changing Doctors

If you become dissatisfied with your initial choice of treating physician, you can complete the *Change of Treating Doctor Form* to select a new treating doctor from the list of Alliance providers. This form is available at www.county.org and should be completed and submitted to your adjuster for approval *prior* to changing doctors.

Referrals

Referrals are not required for emergency care. Your treating doctor will refer you to other health care providers if necessary for your medical treatment.

Payments for Health Care

Alliance providers have agreed to bill TACRMP for payment in relation to your health care. You should not be required to make payment at the time of your treatment. You may only access non-Alliance health care providers and remain eligible for coverage of your medical costs if one of the following situations occur:

- Emergency care is needed. You should go to the nearest hospital, urgent care, or emergency care facility
- You do not live within 75 miles of a contracted provider
- Your treating physician refers you to a non-Alliance provider or facility AND your adjuster has approved the referral prior to treatment.

Non-emergency care

Once you have selected your treating physician, your adjuster will be notified and they will contact you if additional information is required.

Complaints

You have the right to file a complaint with the Alliance. You may do this if you are dissatisfied with any aspect of the operation. This includes a complaint about the Alliance or an Alliance treating physician or facility. It may also be a general complaint about the PSWCA Direct Contracting Program.

Complaints should be addressed to the PSWCA Direct Contracting Program Grievance Coordinator by phone or in writing via email or fax. Complaints should be sent to:

PSWCA Direct Contracting Program
Attention: Grievance Coordinator
P.O. Box 763
Austin, TX 78767
1-866-997-7922
customerservice@pswca.org



OFFICE OF INJURED EMPLOYEE COUNSEL

NORMAN DARWIN, PUBLIC COUNSEL

Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the State agency that administers and regulates the workers' compensation system through the Division of Workers' Compensation (DWC).

Many services provided by OIEC and DWC can be completed over the telephone. You can contact OIEC by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Additional information, including office locations, is available on the Internet at: www.oiec.texas.gov. You can contact DWC by calling the toll-free telephone number 1-800-252-7031. Information about DWC is available on the Internet at: www.tdi.texas.gov.

Your Rights in the Texas Workers' Compensation System:

1. You have the right to hire an attorney to help you with your workers' compensation claim.

For assistance locating an attorney, contact the State Bar of Texas' lawyer referral service at 1-877-983-9227 or <http://www.texasbar.com/>. Attorney referral information can also be found on OIEC's website at www.oiec.texas.gov.

2. You have the right to receive assistance from OIEC if you do not have an attorney.

OIEC Customer Service Representatives and Ombudsmen are available to answer your questions and provide assistance with your workers' compensation claim by calling OIEC or visiting an OIEC office. **You must sign a written authorization before an OIEC employee can access information on your claim.** Call or visit an OIEC office to fill out the written authorization. Customer Service Representatives and Ombudsmen are trained in the field of workers' compensation and can help you with scheduling a dispute resolution proceeding about your workers' compensation claim. An Ombudsman can also assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot make decisions for you or give legal advice.

3. You may have the right to receive medical and income benefits regardless of who was at fault for your injury, with certain exceptions. Your beneficiaries may be entitled to death and burial benefits.

Information about the exceptions can be found at www.tdi.texas.gov or by visiting with OIEC staff.

4. You may have the right to receive medical care to treat your workplace injury or illness for as long as it is medically necessary and related to the workplace injury.

You may have the right to reimbursement of your incurred expenses after traveling to attend a medical appointment or required medical examination if the trip meets qualifying conditions.

5. You may have the right to receive income benefits for your work-related injury.

There are several types of income benefits and eligibility requirements. Information on the types of income benefits that may be available and the eligibility requirements can be found at www.tdi.texas.gov or by visiting with OIEC staff.

6. You may have the right to dispute resolution regarding income and medical benefits.

You may request Medical Dispute Resolution if you disagree with the insurance carrier regarding medical benefits. You may request Indemnity (Income) Dispute Resolution if you disagree with the insurance carrier regarding income benefits. The law provides that your dispute proceedings will be held within 75 miles from your residence.

7. You have the right to choose a treating doctor.

If you are in a Workers' Compensation Health Care Network (network), you must choose your doctor from the network's treating doctor list. You may change your treating doctor once without network approval. If you are not in a network, you may initially choose any doctor who is willing to treat your workers' compensation injury; however, changing your treating doctor must be pre-approved by the DWC if you are not in a network. If you are employed by a political subdivision (e.g. city, county, school district,) you must follow its rules for choosing a treating doctor. It is important to follow all the rules in the workers' compensation system. **If you do not follow these rules, you may be held responsible for payment of medical bills.** OIEC staff can help you to understand these rules.

8. You have the right for your workers' compensation claim information to be kept confidential.

In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from DWC.

Your Responsibilities in the Texas Workers' Compensation System

1. You have the responsibility to tell your employer if you have been injured at work while performing the duties of your job. You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.

2. You have the responsibility to know if you are in a Workers' Compensation Health Care Network (network).

If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are in a network, you have the responsibility to follow the network rules. If there is something you do not understand, ask your employer or call OIEC. If you would like to file a complaint about a network, call TDI's Customer Help Line at 1-800-252-3439 or file a complaint online at <http://www.tdi.texas.gov/consumer/complfrm.html#wc>.

3. If you worked for a political subdivision (e.g., city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment.

Your employer should be able to provide you with the information you will need in order to determine which health care providers can treat you for your workplace injury.

4. You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.

5. You have the responsibility to send a completed Employee's Claim for Compensation for a Work-Related Injury or Occupational Claim Form (DWC041) to DWC.

You have one year to send the form after you were injured or first knew that your illness might be work-related. Send the completed DWC041 form even if you already are receiving benefits. You may lose your right to benefits if you do not timely send the completed claim form to DWC. For a copy of the DWC041 form you may contact DWC or OIEC.

6. You have the responsibility to provide your current address, telephone number, and employer information to DWC and the insurance carrier. DWC can be contacted at 1-800-252-7031.

7. You have the responsibility to tell DWC and the insurance carrier anytime there is a change in your employment status or wages. (Examples of changes include: you stop working because of your injury; you start working; or you are offered a job).

8. Eligible beneficiaries or persons seeking death and burial benefits have the responsibility to send a completed Beneficiary Claim for Death Benefits (DWC-042) to DWC within one year following the employee's date of death.

9. You are prohibited from making frivolous or fraudulent claims or demands.



TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

Notification of WC Coverage Provider

To whom it may concern:

Kendall County is covered by The **Texas Association of Counties Risk Management Pool** for compensable workers' compensation injuries that occur in the coverage period from 01 / 01 / 2023 to 12 / 31 / 2023. The Pool contracts with Sedgwick to adjust its claims. All medical bills (excluding pharmacy), reports and other supporting documentation may be submitted to the following address for consideration:

TAC Risk Management Pool
P.O. Box 160120
Austin, TX 78716

800.752.6301
512.346-9321 (fax)

US-YORK-tacdwcforms@sedgwick.com

Please note, all bills are subject to retrospective review, reconsideration, and preauthorization under the Texas Workers' Compensation Act.

With the exception of emergency treatment, if the county participates in the Political Subdivision Workers' Compensation Alliance (Alliance), the treating doctor must be chosen from a list of Alliance doctors located at www.pswca.org. Please contact your adjuster at the number above for additional information.

Occupational Injury Temporary Prescription ID Card



»» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved work-related injury prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the myMatrixx Patient Care Contact Center at 800.945.5951.

Atencion Trabajador Lesionado:

En su Primera visita, porfavor usar este documento en cualquiera de la farmacias listadas, al reverso de este documento. Esto acelerara el procesamiento de sus recetas relacionadas con su caso probado de lesion en el trabajo.

¿Tiene preguntas o necesita ayuda para localizar una farmacia de la red participante? Llame al Centro de contacto de atención al paciente myMatrixx al numero 800.945.5951.



Name: _____

ID#: ****Present at Pharmacy**

Date of Injury: _____

Group #: **GJC7937**

Employee Date of Birth: _____

WARN ME: OPIOIDS

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

»» To the Pharmacist:

myMatrixx administers this occupational injury prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 14-days supply or a cost of \$1500. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance, call myMatrixx at 888.786.9640.

Pharmacy Processing Steps

Step 1: Enter bin number 003858

Step 2: Enter processor control WC

Step 3: Enter the group number as it appears above

Step 4: Enter the injured worker's nine-digit ID number

Step 5: Enter the injured worker's first and last name

Step 6: Enter the injured worker's date of injury

»» To the Supervisor:

Please fill in the information requested for the injured worker.

Employee Information

First M Last

Street Address or PO Box

City State ZIP

Employer Name

Participating Retail Network Pharmacies

A & P	Drug Emporium	Longs Drug Store	Schnucks
Acme Pharmacy	Drug Fair	Major Value	Scolari's
Albertson's	Drug Town	Marsh Drugs	Sedano
Albertson's/Acme	Drug World	Medic Discount	Shaw's
Albertson's/Osco	Eckerd	Medicap	Shop 'N Save
Albertson's/Sav-On	Econofoods	Medistat	Shopko
Amerisource Bergen	EPIC Pharmacy	Meijer	ShopRite
Anchor Pharmacies	Network	Minyard	Snyder
Arrow	FamilyMeds	NCS HealthCare	Stop & Shop
Aurora	Farm Fresh	Neighborcare	Sun Mart
Bartell Drugs	Farmer Jack	Network Pharmaceuticals	Super Fresh
Bigg's	Food City	Northeast Pharmacy Services	Super Rx
Bi-Lo	Food Lion	Osco	Target
Bi-Mart	Fred's	P & C Food Markets	Texas Oncology Srvs
BJ's Wholesale Club	Gemmel	Pamida	The Pharm
Brooks	Giant	Park Nicollet	Thrifty White
Brookshire Brothers	Giant Eagle	Pathmark	Times
Brookshire Grocery	Giant Foods	Pavilions	Tom Thumb
Bruno	Hannaford	Price Chopper	Tops
Carrs	Harris Teeter	Publix	Ukrop's
Cash Wise	H-E-B	Quality Markets	United Drugs
Coborn's	Hi-School Pharmacy	Raley's	United Supermarkets
Costco	Hy-Vee	Randalls	Vons
Cub	Jewel/Osco	Rite Aid	Waldbaums
CVS	Kash n Karry	Rosauers	Walgreens
D&W	Keltsch	Rx Express	Wal-Mart
Dahl's	Kerr	RXD	Wegmans
Dierbergs	Kmart	Safeway	Weis
Discount Drugmart	Knight Drugs	Sam's Club	Winn Dixie
Doc's Drugs	Kroger	Sav-On	
Dominicks	LeaderNet (PSAO)	Save Mart	



Supervisor's Accident Investigation

(To be completed by the employee's supervisor or other responsible official)

Location where accident occurred		Employer's Premises: Y / N Job Site: Y / N		Date of accident or illness
Who was injured?		Employee Name		Time of Accident <div style="text-align: center;">AM PM</div>
Length of time with firm	Job title or occupation	Name of Dept.		How long has employee worked at job where injury or illness occurred?
What property/equipment was damaged?				Property/equipment owned by?
What was employee doing when injury/illness occurred? What machine or tool was being used?				
What type of operation?				
How did injury/illness occur? List all objects and substances involved.				
Part of body affected/injured? what?		Any prior physical conditions? If so, <div style="text-align: center;">Yes / No</div>		
Nature and extent of injury/illness and property damaged (be specific)				

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS AND/OR PROPERTY DAMAGE:

- | | | |
|----------------------------|-------------------------------------|-------------------------------------|
| _____ Failure to lockout | _____ Improper maintenance | _____ Poor housekeeping |
| _____ Failure to secure | _____ Improper protective equipment | _____ Poor ventilation |
| _____ Horseplay | _____ Inoperative safety device | _____ Unsafe arrangement or process |
| _____ Improper dress | _____ Lack of training or skill | _____ Unsafe equipment |
| _____ Improper guarding | _____ Operating without authority | _____ Unsafe position |
| _____ Improper instruction | _____ Physical or mental impairment | _____ Other _____ |

Supervisor's corrective action to ensure this type of accident does not recur: _____

Supervisor's Accident Investigation

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Was employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedure?..... Yes No

Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedure?..... Yes No

Did employee promptly report the injury/illness? Yes No

Is there modified duty available?..... Yes No

Supervisor's Signature

Supervisor's Name

Phone Number

Date