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S.O.P. #: PERSONNEL 06

SUBJECT: WORKERS' COMPENSATION

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Objective: To provide information, resources, and expectations relative to Workers' Compensation for job-connected illness/injuries/exposures for career and BCVFA members.

#### Section 1: Overview

- A. Workers' Compensation is state-mandated insurance employers must obtain to protect their employees in the event of job-related injuries or illnesses. Baltimore County is a self-insured employer registered with the [Maryland Workers' Compensation Commission](http://www.wcc.state.md.us/). (<http://www.wcc.state.md.us/>)
  - a. Where applicable, and as required by the Maryland Workers' Compensation Act, Baltimore County's self-insurance fund shall pay for the defense and coverage of workers' compensation claims for employees of the county.
  - b. Coverage types and compensation are established by state laws and regulations.
- B. The Office of the County Attorney oversees the Workers' Compensation Division and is responsible for the processing and investigation of all claims, settlement or trial of all claims, and, approval of claims payments and awards.
- C. Baltimore County's Worker's Compensation Claim Division contact information:

400 Washington Avenue, Room 219  
Towson, Maryland, 21204  
Phone: (410) 887-6565  
Fax: (410) 832-1516  
Claims email: [bcwccclaimsfax@baltimorecountymd.gov](mailto:bcwccclaimsfax@baltimorecountymd.gov)  
Mail Stop: 62

#### Section 2: Supervisor Responsibility

- A. Supervisors are responsible for ensuring all documents and forms relative to a member's injury/illness/exposure are thoroughly completed, accurate to the best of their knowledge, and submitted per policy.
- B. Supervisors shall ensure their members have access to the contact information of the Baltimore County Workers' Compensation Division.
- C. Supervisors shall cooperate with inquiries and/or requests by the Workers' Compensation Division relative to their current/prior assigned personnel and for First Reports of Injury/Illness/Exposure reports they completed.
- D. At no time shall any supervisor, or any other agent of Baltimore County, assist members in completing or submitting the [Maryland Workers' Compensation Commission's Employees Claim Form](#). Members with questions or concerns can be referred to the Workers' Compensation Division.

### Section 3: Employee (Member) Responsibility

- A. Members who experience a job-connected injury/illness/exposure are responsible for reporting and documenting the information thoroughly, accurately to the best of their knowledge, and per policy.
- B. Members are expected to cooperate with inquiries/requests by the Workers' Compensation Division relative to their individual claim.
- C. Members are expected to ensure all job-connected medical evaluations and/or treatments are authorized by the Workers' Compensation Division prior to attending the appointment. Members should make every attempt to promptly contact the WC Division whenever pre-authorizations are necessary for follow-up appointments/treatment.
- D. Members are expected to attend all scheduled appointments with the County's designated Licensed Health Care Provider (LHCP), currently Mercy-BHS (Business Health Services). Should a member need to reschedule an appointment, the member is to contact their claim representative for approval in advance of cancellation.
- E. Members may to contact the Workers' Compensation Division when they have questions or concerns relative to their case.
- F. It is the member's responsibility to work with their claims representative to request A-leave conversions.

### Section 4: Employee (Member) Rights

- A. Members have the right, but are not required, to file an Employee Claim with the Maryland Workers' Compensation Commission.
  - a. The responsibility is on the member to file the Employee's Claim with the Workers' Compensation Commission.
  - b. Required forms are available free of cost from the Commission and through the Workers' Compensation Division and on the Workers' Compensation Commission website.
- B. For information related to the member's rights under the Workers' Compensation law of Maryland, visit the Maryland Workers' Compensation Commission at <http://www.wcc.state.md.us/>.
- C. Damage to all or part of an artificial health aid, limb, eye, tooth, eyeglasses, or other part will be replaced provided it resulted from an injury the employee sustained in the line of duty, and was damaged as a result of that accident or injury. The cost of the eyeglass prescriptions must be borne by the member unless injury to the eye(s) at the time of the accident necessitated the eye examination.
  - a. A first report of injury is required when requesting reimbursement, repair, or replacement of artificial health aid(s).

### Section 5: Process

- A. Anytime a member reports a job-connected injury/illness/exposure, evaluation/treatment for the member is the highest priority.
- B. The Form 1 and the Form 58 are the primary forms used to report a job-connected injury/illness/exposure. Other supporting documents may be required to be submitted as part of incident documentation.

- C. As outlined in 400-02 and Personnel-03, reports are to be submitted electronically within twenty-four (24) hours of the incident.
  - a. The Workers' Compensation Division cannot approve payments for services or authorize additional follow-up evaluations/treatments without a first report packet on file.
  - b. Scanned signatures are acceptable.
- D. A claims representative and claims number will be assigned by the Workers Compensation Division. It is the member's responsibility not the supervisor, to contact the Workers' Compensation Division for this information.
- E. Paid employees of BCVFA companies shall follow their company's procedures for Workers' Compensation. Injury forms are still required to be submitted to the BCVFA Administration and the Safety Division via email to [volsafety@baltimorecountymd.gov](mailto: volsafety@baltimorecountymd.gov)
- F. Accident Leave (A-leave)
  - a. Accident leave is approved by the Baltimore County Workers' Compensation Claims Administrator.
  - b. Only permanent, probationary, and provisional classified members are eligible for Accident leave.
  - c. Members shall work with their claim adjuster to request A-leave conversion.
  - d. Following a case review, an A-leave memo is sent to the Fire Department Safety Division from the Baltimore County Workers' Compensation Division.
    - i. The Safety Division will notify the member and their company commander when A-leave is approved or denied.
    - ii. When A-leave is approved, the Safety Division will work with Fire Administration to convert approved time.
    - iii. A-leave may be denied or delayed if the required documentation has not been received by the Workers' Compensation Division.
- G. As further outlined in SOP Personnel 27, members temporarily incapacitated from their regular assignment may be given other duties within the Department or County Government.
  - a. Unwillingness to accept the assignment as directed by the Fire Chief or the County Administrative Officer will make the member ineligible for accident leave.
- H. Members determined by Mercy-BHS to be permanently unable to work in field operations will be referred to OHR (Baltimore County's Office of Human Resources), who will provide options available to them.
- I. When the First Report (form 1/58) is reviewed by the Baltimore County Workers' Compensation Division and determined to be non-job connected, a copy of the denial letter will be provided to the member by Workers' Compensation.
  - a. To appeal this decision, a completed "Employee's Claim Form" (C-1) is submitted through the Maryland Workers' Compensation Commission

Section 6: Billing

- A. No payments can be authorized by the Workers' Compensation Division without a First Report of Injury/Illness/Exposure on file.
- B. Members treated at a facility other than Mercy-BHS shall identify to the registrar that the evaluation/treatment is due to a job-connected incident. The medical facility may still require the member to provide their individual insurance information. The employer is BALTIMORE COUNTY GOVERNMENT. Providing the correct employer name may help to reduce billing errors or delays.
- C. Consistent with the health insurance industry, workers' compensation bills must be submitted by the treating facility/provider to the Workers Compensation Division on the Health Insurance Claim (HIC) Form (CMS-1500).
  - a. Treating facilities may have several independent bills populated, depending on services. For example, separate bills may be generated for physician evaluations, radiology tests, and/or lab tests, etc. All of the bills require submission via the HIC form.
- D. Anytime a member receives an initial/follow-up bill or expenses it is imperative that the member promptly contact their claim representative for follow-up instructions. Do not send the bills to the Safety Division as payment of job-related bills are coordinated directly between the member and the Workers' Compensation Division.
  - a. Bills that are received in general format, not on the HIC form cannot be processed by Workers' Compensation for payment. It is imperative that members promptly follow up with their claims representative as further action by the member may be required to ensure payments can be processed.
- E. Receipts for out-of-pocket prescription expenses prescribed for the treatment of a job connected illness or injury are to be submitted to the Baltimore County Workers' Compensation Division. Members can contact their assigned claims adjuster with questions relative to out-of-pocket expenses.