SOUTH DAKOTA STATE EMPLOYEE
WORKERS’ COMPENSATION CLAIMS PROCEDURES

The South Dakota State Employee Workers’ Compensation Program is administered by the Bureau of Human Resources. By following the basic procedures outlined below, the Bureau of Human Resources can process claims more efficiently.

SELECTION OF MEDICAL PRACTITIONER

If medical treatment is received as a result of the work-related injury or illness, the injured employee has the right to choose the initial primary treating medical provider. If the initial treatment is received at an emergency room or Urgent Care Clinic, the medical provider who provided treatment is not considered the primary treating provider. The employee has the right to choose a medical provider following the emergency room visit or Urgent Care Clinic visit. Services may be denied under workers’ compensation if a change in a medical provider occurs without a referral from the primary treating medical provider, or prior approval from the Bureau of Human Resources, Workers’ Compensation Program.

The medical provider must submit a medical report to DAKOTACARE, within fourteen (14) days following the initial treatment. To expedite processing of claims, a medical report should be attached to a claim. If medical bills are mailed directly to the employee, the employee is responsible for forwarding the bills to DAKOTACARE for processing and payment.

An injured employee may elect to obtain a second opinion at his or her own expense.

All diagnostic (MRI, CT Scan, etc.) and surgical procedures, must be approved by the Bureau of Human Resources, Workers’ Compensation Program, prior to receiving the services. If compensability of the workers’ compensation claim has not been determined, the injured employee is responsible for providing notification of the recommended procedure to their personal health insurance. If the employee retains health coverage through the State of South Dakota authorization must be received from Health Management Partners (HMP). See contact list for address and telephone number.

All physical therapy, occupational therapy, or durable medical equipment must be approved by the Bureau of Human Resources, Workers’ Compensation Program, prior to incurring the expense.

TRAVEL EXPENSES

Travel, lodging, and meal expenses incurred as a result of receiving necessary medical treatment may be covered at state rates, if required to travel outside the location of the employee’s home or work place to obtain medical treatment.

If eligible for travel reimbursement, employee must send a written request to DAKOTACARE which includes the following information:

- Time employee left for the appointment;
- Date of the appointment;
- Time of appointment;
- Name of medical provider; and
- Time employee returned home from the appointment.

Travel expenses will be paid to the closest community available to provide medical treatment.

PRESCRIPTION MEDICATION

Active State health plan members prescribed medication by the designated treating medical provider for treatment of a compensable work-related injury or illness are required to present their Health ID card issued by DAKOTACARE to the pharmacist upon receiving medication from the pharmacy. Failure to present their Health ID card when picking up prescription medication may result in additional unreimbursable cost to the employee.

If the pharmacy deductible ($50) has:

1) Not been satisfied, the prescription medication cost will be applied to the deductible, then reimbursed to the member.*
2) Been satisfied, a co-payment will be required each time a prescription is obtained, then reimbursed to the member.*

*Active State health plan members are eligible to receive reimbursement for out-of-pocket costs (deductible and co-pay) associated with prescription medication which are reasonable, necessary, and incurred for the care and...
treatment of the work-related injury or illness. To receive reimbursement for out-of-pocket prescription costs, submit an itemized prescription receipt along with the sales receipt to DAKOTACARE. See Contact List for address.

Non participating members of the State Health plan should discuss direct billing options with the pharmacy dispensing the medication. If direct billing is not available, the injured employee is responsible for the costs associated with any prescription medication. To receive reimbursement for out-of-pocket prescription costs, submit an itemized prescription receipt along with the sales receipt to DAKOTACARE. See Contact List for address and telephone number.

CLAIM DENIAL

An injured employee will receive written notification of a claim denial from the Bureau of Human Resources, Workers’ Compensation Program. The Bureau of Human Resources is required by SDCL 62-6-3 to state the reasons for the denial and notify the injured employee of a right to a hearing according to SDCL 62-7-12. If the injured employee chooses to appeal the denial of benefits, a letter of appeal may be written to the Workers’ Compensation Administrator of the Bureau of Human Resources, Workers’ Compensation Program, asking for reconsideration of the claim. If after completing the internal appeal procedure, resolution is not achieved then the appeal may be advanced to the South Dakota Department of Labor and Regulation, Division of Labor and Management, by requesting either a mediation or a hearing. An injured employee has two years from receipt of the denial letter to request a hearing with the South Dakota Department of Labor and Regulation, Division of Labor and Management. For additional information regarding the mediation or hearing process, please contact the Bureau of Human Resources or the South Dakota Department of Labor and Regulation, Division of Labor and Management. See Contact List for address and telephone numbers.

CLAIM APPROVAL

An injured employee will receive an explanation of benefits from DAKOTACARE confirming payment of workers’ compensation medical expenses. An injured employee is not responsible for the difference between the billed amount and the amount paid for medical expenses incurred as a result of a work related injury or illness. Questions regarding payment status of claims should be directed to DAKOTACARE. See contact list for address and telephone number.

FILING FOR DISABILITY BENEFITS

An injured employee is eligible for disability benefits if:

1) Work time of seven or more consecutive days is lost, and
2) Medical provider writes a statement confirming work status, and
3) Statement of work status is provided to the Bureau of Human Resources, Workers’ Compensation Program.

All originals (not copies) of statements from the medical provider must be forwarded to the Bureau of Human Resources, Workers’ Compensation Program, for determination of disability benefits. The injured employee should include on each document submitted:

- Name;
- Alternate ID or employee number; and
- Date of injury.

An injured employee should remain in close contact with the Workers’ Compensation Program, Personnel Specialist, Supervisor, and Human Resource Manager. It is the responsibility of the injured employee to notify the Workers’ Compensation Program, Supervisor, Personnel Specialist, and Human Resource Manager if unable to work for any period of time.

If eligible for disability benefit payments, it is the responsibility of the injured employee to provide notice to the Workers’ Compensation Program, Supervisor, Personnel Specialist, and Human Resource Manager of any changes in their work status or employment status. Failure to furnish this information may delay processing of disability benefit payments. Legal action is possible in fraudulent cases. Example: An employee returns to work without providing notification to the Bureau of Human Resources, Workers’ Compensation Program, and continues to receive disability benefit payments.

A Calculation of Compensation form will be mailed to the employee when eligible for temporary total or temporary partial disability benefit payments. An injured employee must sign the Calculation of Compensation form and return it to the Bureau of Human Resources, Workers’ Compensation Program. If employed with the South Dakota Board of Regents, the Calculation of Compensation form is mailed to the Human Resource office.

Every effort will be made to allow an injured employee to return to work as soon as possible. At a minimum, weekly contact should be made with the Supervisor, Personnel Specialist, or Human Resource Manager.
If unable to return to work for a period of time due to a work-related injury, retirement benefits may be affected. Please contact the South Dakota Retirement System for further information. See Contact List for address and telephone number.

**USE OF SICK / ANNUAL LEAVE AS WORKERS’ COMPENSATION BENEFIT SUPPLEMENT**

Workers’ compensation benefit payments are not equal to an injured employee’s earnings. South Dakota State Law (SDCL 3-6-8.2) allows the use of sick or annual leave in an amount necessary to equal the employee’s earnings.

If you have questions concerning a workers’ compensation claim, please contact the Bureau of Human Resources, Workers’ Compensation Program at 605.773.3148.

**CONTACT LIST**

BUREAU OF HUMAN RESOURCES
WORKERS’ COMPENSATION PROGRAM
500 E CAPITOL
PIERRE SD 57501-5070
605.773.3148

ATTENTION WORKERS’ COMPENSATION
DAKOTACARE ADMINISTRATIVE SERVICES, INC
P.O. BOX 7406
SIOUX FALLS SD 57117-7406
1-800-831-0785
605.334.4000

SOUTH DAKOTA RETIREMENT SYSTEM
216 E CAPITOL
PO BOX 1098
PIERRE SD 57501-1098
605.773.3731

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
DIVISION OF LABOR AND MANAGEMENT
700 GOVERNORS DRIVE
PIERRE SD 57501-2291
605.773.3681

HEALTH MANAGEMENT PARTNERS (HMP)
2301 WEST RUSSELL STREET
SIOUX FALLS, SD 57105
1.866.330.9886
605.333.9886

BOP WC REV 6/13/12