



# FALLS LAKE INSURANCE

A James River Group Company

Falls Lake Fire & Casualty | StoneWood Insurance | Falls Lake National

# Arkansas Claims Kit

By Mail: PO Box 97308 Raleigh, NC 27624-7308

Email: [Claims-Contact@FallsLakeIns.com](mailto:Claims-Contact@FallsLakeIns.com)

Call: (866) 459-1349

Fax: (888) 629-5821

Attention: CLAIMS DEPARTMENT



## **Welcome to Falls Lake Insurance Companies.**

Thank you for choosing Falls Lake Insurance Companies for your Workers' Compensation needs. We are pleased to provide support regarding the filing of claims and other state-specific information to assist in claims reporting.

The state-required posting notice (Form P) is included with your Workers' Compensation policy. Please review your policy when completing any information on the state-mandated posting notice, specifically policy numbers and effective dates.

All other information is included in this Claims Kit.

One of the most essential parts of a Workers' Compensation claim is early reporting. This facilitates timely investigation, payment of benefits, and appropriate care for your injured worker.

**We look forward to working with you.**

Please report all Workers' Compensation claims promptly. Arkansas state law recommends employers report every industrial injury or occupational disease claim to their Workers' Compensation carrier as soon as possible or within 5 days of employer knowledge of the injury.

State law also requires that employers authorize initial medical treatment within 24 hours of knowledge that an occupational injury or illness has been sustained or reported regardless of the legitimacy of the claim. Failure to comply may result in the loss of "medical control" and a significant increase in the potential claim cost.

We will attempt to contact you and the injured worker within 24 hours of receiving the First Report of Injury (FROI). Your cooperation in allowing the injured employee to speak with one of our Claims Professionals is appreciated.

#### Penalties for Late Reporting Ark. Code Ann. 11-9-529

- Any employer who after notice refuses to send any report required is subject to a civil penalty in an amount of up to five hundred dollars (\$500) for each refusal

Below you will find the necessary forms to assist with filing a Workers' Compensation claim with Falls Lake Insurance Company.

Helpful Links

[Arkansas Department of Labor](#)

[Frequently Asked Questions](#)

A First Report of Injury (FROI) should be filed immediately after the employee is injured and/or when the Supervisor is notified. To file the FROI, Employers should complete FORM 1 and contact Falls Lake Insurance Company.

Please refer to the Form 1 Required Data (FROI) attachment below, where you will find a Form 1 (FROI) that marks which data is required. If you report the claim via telephone, you do not need to fill out this form.

- First Report of Injury

The employer is to provide Employees' Notice of Injury (Form N) to the employee for completion and signature at the time of injury reporting. The employer does not have to pay/authorize any medical treatment until the employee completes and signs. If the employer does not provide this form, the employee is able to choose their own physician. Form N should be provided to Falls Lake Insurance at the time of claim reporting.

- Employees' Notice of Injury (Form N)

The employer shall complete the Supplemental Report (Form S) and forward to Falls Lake Insurance to report any update in change of status including but not limited to:

1. The injured employee is back at work and drawing wages.
2. The injured employee is losing time again due to this injury.
3. The injured employee has died .

- Supplemental Report (Form S)

## What are the Choice of Physician Rules in Arkansas?

- The employer/insurer chooses the treating physician. The employee is entitled to a one-time change of physician. They must send the request in writing to the Arkansas Workers' Compensation Commission and must have the approval to make the change.

## Preferred Provider Organization Network (PPO):

Falls Lake Insurance has a PPO network available. Follow the instructions below to access the PPO Network:

- Log on to the website at: <http://www.coventrywcs.com>
- Click "Locate a Provider"
- Search by Provider Address, Name, or Region
- Select the Distance, Provider Type, and Specialty
- Results can then be exported to a directory or Excel
- You can obtain a Map List or text message by selecting a specific provider

## Direct Payment of Medical Bills

Per Bulletin No. 10-2009 of the Arkansas Insurance Department, “directly paying medical bills for injured employees may be considered a violation of Arkansas Code Ann. 11-9-106(a), which deals with making materially false representations for the purpose of avoiding payment of proper insurance premium. **The law simply does not allow for such direct payments, with or without a valid deductible program.** Even with an authorized deductible program, all claims must be submitted for 'first dollar' payment by the insurer.”

**All medical bills should be sent to the address below:**

**Falls Lake/ Coventry WC Bill Review  
P.O. Box 818055 Cleveland, OH 44181-9600**

## Claims Guidelines

1. Send your injured employee for medical treatment at a nearby urgent care or emergency room, and request a post-accident urine drug screen.
  - A post-accident screening is **MANDATORY** and must be performed on the date of the accident and/or date of notice.
2. Immediately notify and report any injury to Falls Lake Insurance Companies.
3. Please be prepared to provide the Claims Department with the following information:
  - Your information
    - Policy number
    - Telephone number
    - Company contact
  - Injured employee information
    - Name
    - Social Security number and date of birth
    - Address and telephone number
    - Date of hire and occupation at time of injury
  - Incident information
    - Date and time of the incident
    - Location of the incident (on or off your premises)
    - Supervisor of the injured employee
    - Witnesses names and person to whom incident was reported
    - Description of incident
    - Injured body part
    - Fatality (Y/N)
    - Name of treatment facility
    - Results from the MANDATORY post-accident screening
  - Work status
    - Was the injured employee paid in full for the date of incident?
    - Last day worked
    - Has the claimant returned to work (exact date of return, light/full duty)?
4. Stay in contact with your injured employee throughout their recovery. Continue to let them know that they are a valued employee and that you are eager for them to return to work.
5. Refer to state-specific posting requirement (Form P) contained in your Policy Packet.



# Prescription Program For Work-Related Injuries

## Injured Worker

No Cost

**Step 1:** Complete the information requested in the bottom portion below

**Step 2:** Present this form to your pharmacist along with the prescriptions for your work-related injury

No Delay

First Script is available at over 70,000 pharmacies nationwide. To locate a nearby pharmacy, please call First Script Customer Service at **1-800-791-2080**.

Feel Better Fast

Please note that First Script is valid only for medications prescribed to treat your compensable work-related injury. You or your group health insurer, are financially responsible for any other prescriptions. The workers' compensation carrier will determine the compensability of the claim.

## Pharmacy Instructions

The injured worker's employer participates in First Script, a pharmacy benefit program administered by **Express Scripts (ESI)**. Call the First Script Help Desk, 24 hours a day, 7 days a week, at **1-800-791-2080**. If the Member ID number is not listed on this form, please provide the claimant information indicated below to receive the Member ID #. Please note the ID number on the form and return to the injured worker. First Script claims are submitted electronically and electronic approval of the claim will be returned.

***Pharmacy:** You will not be required to submit any paperwork for this claim and payment is guaranteed for all electronically accepted claims*



**Pharmacy: Please use the following information to process all work-related injury prescriptions online.**

Name: \_\_\_\_\_

Date of injury: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member ID: \_\_\_\_\_

(Member ID # is generated at time of enrollment)

Employer Name: \_\_\_\_\_

Location Code: CC 997662620

Rx PROGRAM ADMINISTERED BY: **Express Scripts (ESI)**

GROUP NUMBER: **FSNCVTY**

BIN NUMBER: **610014**

Above information to be completed by injured worker or supervisor



# **COVENTRY TELEHEALTH-NT24** To Speak with a Registered

Nurse Regarding a Work  
Related Injury

Call: **1-855-474-0122**

Service Available 24/7/365



**coventry**  
returning people  
to work, to play, to life

## Coventry TELEHEALTH Reference Guide

Information	Instructions
<p>To speak with a registered nurse regarding a work-related injury, call: <a href="tel:1-855-474-0122">1-855-474-0122</a></p>	<ul style="list-style-type: none"> <li>• If an employee has sustained a work-related injury that is not life, limb, or eyesight threatening call the Coventry Telehealth NT24 service and speak with a nurse 24/7 at <a href="tel:1-855-474-0122">1-855-474-0122</a></li> </ul>
<p>Instructions for Managers regarding process with the Nurse</p>	<ul style="list-style-type: none"> <li>• Provide a secure area for the employee to speak with the nurse.</li> <li>• Please inform the nurse of any language needs; bilingual nurses are available; Spanish and English. In other languages; the nurse will bring in an interpreter before speaking with the employee</li> <li>• The nurse will ask questions to rule out an emergent situation. If the nurse does assess a life, limb, or eyesight threatening situation, they may request assistance in getting Emergency Medical Services.</li> <li>• The nurse will complete an assessment and derive a medical care or self-care disposition.</li> <li>• The nurse will ask the employee to place the manager back on the phone. The nurse will communicate the instructions that were given to the employee.</li> </ul>
<p>After the employee speaks with the Nurse</p>	<p>Once the employee has completed their call:</p> <ul style="list-style-type: none"> <li>• The manager will assist per company policy to ensure that the employee is able to follow the nurse's recommendation</li> <li>• The manager will complete any internal reporting required per company policy</li> </ul>
<p>To get a prescription filled</p>	<ul style="list-style-type: none"> <li>• If an employee needs to go for medical care, the nurse can offer to provide the phone number to the employee.</li> </ul>

## **POST ACCIDENT DRUG TESTING IS REQUIRED**

A post-accident drug and alcohol test is required of all reported Workers' Compensation injuries **within 24 hours** of the employer's knowledge of the injury.

**THIS PROCEDURE IS NOT OPTIONAL.**

NON-COMPLIANCE MAY RESULT IN  
CANCELLATION OF YOUR POLICY.






Refer to your policy language.

## Keys to Manage Claims

- Report Injuries within 24 hours
  - Reduces cost
  - Increases productivity
- Use Falls Lake's managed care providers
  - Find at [www.coventrywcs.com](http://www.coventrywcs.com)
  - Click "Locate a Provider"
- Encourage early return to work
  - Provide options within the first month
  - Increases Success in 95% of cases



## Benefits to Early Reporting

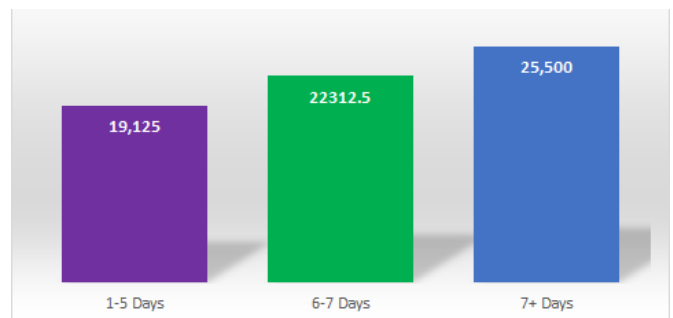
- Minimizes fraud 
- Faster healing and return to work 
- Expedited claims handling 
- Reduced cost of claims 
- Less likely to involve attorney 

## Return to Work Steps

- Work with medical provider and Falls Lake claims specialist to plan your employee's return to work.
- Communicate regularly with your employee to show concern and to encourage recovery.
- Provide light-duty work as a bridge to resuming full responsibilities.

## How Claims Cost Increase

- Workers' Comp claims reported >7 days after injury average \$5,000+ more per claim



# Falls Lake Medical Cost Containment



## About the Program

- Custom designed medical management and cost-containment program
- Partnership with Coventry and other national medical vendors

## Program Design

- National Medical Bill Review
- National PPO Network
- Utilization Review
- Durable Medical Equipment
- Pharmacy Benefit Management
- Onsite Case Management
- Telephonic Case Management
- 24/7 Nurse Triage Program

## Pharmacy Benefits Program Design

- 24/7 Customer Care
- Pharmacy Drug Card
- First-Fill Benefits
- Mail-Order Benefits
- Proactive Narcotic Monitoring

## TeleHealth-How It Works

- Nurse Triage program for injured workers
- Connects employee with trained RNs
- Network of panel providers
- Administered by Falls Lake and Coventry
- Linked to First Report of Injury intake
- Spanish and English speaking RNs



## The Benefits Are Clear

- Fewer emergency room visits
- Immediate direction of care
- Reduced lag time
- Reporting in hours
- Around the clock availability
- Faster recoveries
- Early return to work
- Reduced claims cost