## University of Arkansas at Pine Bluff Faculty/Staff Handbook

Policy: WORKERS COMPENSATION

Policy #: 9.10

If you become injured or ill while you are at work due to a work-related incident, you may be eligible to receive Workers' Compensation. Workers' Compensation is available to you by law to ensure that you get appropriate and reasonable medical care for injuries or illnesses sustained while you are on the job. Should your injury or illness require that you take an extended period of absence from work, you may be eligible for disability benefits through Workers' Compensation. Leave taken because of a serious health condition for which Workers' Compensation benefits are received will be designated as Family and Medical Leave if it meets the definitions. Workers' Compensation claims are submitted to the Office of Risk Management. Determination and payment of claims is made by the Public Employee Claims Division located in Little Rock.

Procedure for Reporting and Treatment of an On-the-Job Injury or Illness
When an incident occurs which may have resulted in an employee being injured, please follow these procedures:

*If the employee indicates that he/she does not need medical treatment follow these procedures:* 

- a. Have the employee complete, sign and date an incident report. The form is located on Human Resources' website <a href="http://www.uapb.edu/administration/finance\_administration/human\_resources.aspx">http://www.uapb.edu/administration/finance\_administration/human\_resources.aspx</a>
- b. Keep the incident report form on file in your department. If the employee later indicates he/she needs medical treatment, call the toll free number (1-855-339-1893) for workers' compensation claims reporting and follow the steps for reporting the injury and send a copy of the completed incident report form to the Public Employee Claims Division at 1-501-371-2733.

If the employee indicates that he/she needs medical treatment follow these procedures:

- a. If it is a life-threatening emergency, call 911 and obtain medical care for the injured employee as soon as possible. The supervisor should call the toll free number (1-855-339-1893 to report the claim as soon as medical treatment is secured for the employee.
- b. If it is not a life-threatening emergency, the employee (and the supervisor, if he or she is available), should call the toll free number (855) 339-1893 to report the injury (This service is available 24 hours/day 7 days/week). When calling the toll free number please have the code for your agency (QR132) that is printed on the wallet cards or posters (distributed by the Human Resources Office) to provide to the Company Nurse Representative.
  - 1) The injury information will be taken and entered into a database and forms will be prepared by the Company Nurse. The injured employee (and/or supervisor, if available) will speak to a Registered Nurse (RN) who will triage the injury and direct the injured employee to receive care in an appropriate medical facility in the state's preferred provider organization (PPO).

- 1) Within minutes of conclusion of the reporting phone call, the forms are e-mailed to the designated person in the Human Resources Office at the state agency who is responsible for making sure the Workers' Compensation Commission Form N and PECD Form 1 are reviewed for accuracy and signed by the injured employee.
- 2) As soon as possible, the injured employee should come to the Human Resources Office to sign and date or make changes to the Form N and PECD Form 1. The injured employee should sign and date both the front and back of the Workers' Compensation Form N. Human Resources or the agency designated contact should make sure the Workers' Compensation Commission Form I-A1 and PECD Form 2 are accurate. Human Resources will submit the completed and signed forms to the Public Employee Claims Division at (501) 371-2733.
- 3) Human Resources or the agency designated contact will provide the injured employee with a temporary prescription form to take to the pharmacy to fill any prescriptions issued by the treating physician for the workers' compensation injury. This form will be faxed to the Public Employee Claims Division by the Human Resources Office.
- 4) Please submit to the WC Claims Analyst or WC Claims Specialist with the Public Employee Claims Division handling the claim at 501-371-2724 or Human Resources any information provided by the physician's office regarding your medical condition including, follow-up appointment dates; diagnosis of the injury or illness; prognosis for recovery; any specific work restricts; and the date you can return to full duty.
- 6) Whenever there is a change in the employee's work status after the initial reporting of the injury either being taken off work by the physician or returning to work, you should notify the WC Claims Analyst or WC Claims Specialist with the Public Employee Claims Division handling the claim at 866-278-8066 (toll free) or the Human Resources Office.
- 7) If you have any questions regarding the claim please contact the WC Claims Analyst or WC Claims Specialist at the Public Employee Claims Division of the Arkansas Insurance Department designated to handle the claim.

Injured employees are entitled to receive reimbursement for mileage for trips to and from medical treatment and to and from the pharmacy related to compensable workers' compensation claims. The Public Employee Claims Division does have a mileage reimbursement form available for the injured employee to use in submitting their reimbursement requests.

## Contact Information

Toll Free Number for Reporting Claims 1-855-339-1893 (This service is available 24 hours a day, 7 days a week)

Claims Administrator
Public Employee Claims Division
Arkansas Insurance Department
1200 West Third Street Little Rock, AR 72201

(501) 371-2700 main number (866)278-8066 toll free (501) 371-2724 fax (bills, forms, physician reports, statements, etc.) (Hours: 8 am to 4:30 pm – Monday through Friday)

**Resource(s):** Arkansas Code Ann. §11-9-514, 529, 701

Approval date:

**Custodian: Human Resources**