

## Instructions for State Agencies

**Workers' Compensation Claims filed by state employees should be sent to the Public Employee Claims Division of the Arkansas Insurance Department as soon as possible.**

Arkansas Code Ann. Section 11-9-529 allows employers 10 days to report work-related injuries. Failure to report a claim in a timely manner can subject the employer to fines for each such failure. The Public Employee Claims Division of the Arkansas Insurance Department is the workers' compensation administrator for state agencies. All workers' compensation claims paperwork should be sent to:

**Public Employee Claims Division  
Arkansas Insurance Department  
1200 West Third Street, Suite 201  
Little Rock, Arkansas 72201  
(501) 371-2700 voice  
(501) 371-2733 fascimile**

The Public Employee Claims Division will file the appropriate paperwork with the Arkansas Workers' Compensation Commission which is the regulatory body of workers' compensation in Arkansas.

Claims should be filed as soon as possible. If you are investigating a claim please do not hold the paperwork until your investigation is complete. This could result in the claim being filed late and end up increasing the money paid out by your agency for the claim. **The Public Employee Claims Division has 15 days from the date the employer receives notice in which to state a position as to whether or not a claim is compensable.** The longer the state agency takes to send in the paperwork, the less likely that the Public Employee Claims Division will have adequate time to investigate the claim.

**Faxing your claims to the Public Employee Claims Division is strongly encouraged. Our fax number is (501) 371-2733.**

## **WHO CAN MAKE A CLAIM?**

Any employee may file a claim.

Employees have an absolute right to file a claim regardless of your assessment of its legitimacy. Ark. Code Ann. Section 11-9-106; 11-9-406. If you feel a claim is false, you should report that information in the form of a memorandum attached to the claim.

## **HOW SHOULD I INVESTIGATE A CLAIM?**

Document everything surrounding the incident.

Have all witnesses write a statement as soon after the incident as possible, and attach copies to the reports sent to PECD.

If the circumstances surrounding the incident are questionable, you should report that information on the PECD2 Form and in the form of a memorandum attached to the claim.

If you learn that the injured employee is performing activities that are inconsistent with his or her complaints of injury at any time while the employee is off work please notify the Public Employee Claims Division as soon as possible so this can be investigated.

## **SELECTION OF PHYSICIAN**

All employees of the State of Arkansas are covered by a Managed Care Organization (MCO). **EFFECTIVE APRIL 24, 2003, OUR MCO WILL BE SYSTEMEDIC.** Corvel Corporation was our MCO from April 22, 1999 until April 23, 2003. For injuries arising before April 22, 1999, our MCO was Intracorp. Some agencies allow employees to select a physician from the MCO Preferred Provider Organization (PPO) list. Some agencies have selected specific physicians from the PPO network to treat their employee's workers' compensation injuries. If there are no physicians contained in the PPO list in your geographic area then please contact the Public Employee Claims Division at (501) 371-2700.

If an employee asks to change physician advise the injured employee to call the claims manager handling their claim at the Public Employee Claims Division, at (501) 371-2700.

## **PRE-APPROVAL OF MEDICAL TREATMENT**

When the agency selects the initial treating physician the employer should approve only the initial medical treatment and emergency treatment. When the agency does not participate in the selection of the initial treating physician, the agency should not pre-approve medical treatment other than emergency care. If a medical provider's office or pharmacy calls before the claim is received by the Public Employee Claims Division, then verify whether or not the employee has filed a workers' compensation claim and give them the address to which they send the bills. Once a claim is opened by the Public Employee Claims Division, refer all calls regarding approval of medical treatment or prescriptions to the Public Employee Claims Division at (501) 371-2700.

### FILING INITIAL CLAIMS

When filing an initial claim, the following forms should be faxed to the Public Employee Claims Division:

1A-1

AR-N

PECD Employee's Notice of Injury

Information Requested by Public Employee Claims Division to be Completed by Employer

Any Employer Incident Forms

If you are unable to get the employee to fill out the forms because of the severity of his or her injury or other reasons then please do not hold the paperwork more than a day. Send in the Form 1-A1 and PECD2 Form and get the employee to fill out his or her paperwork as soon as possible afterwards.

**VERY IMPORTANT: Make sure that the injured employee is given a copy of the front and back of the Form AR-N when he or she fills out the form.**

## **INSTRUCTIONS FOR FORMS**

### **FORM IA-1 (EMPLOYER'S REPORT OF INJURY)**

This form is to be prepared by the personnel responsible for reporting workers' compensation claims in the office in which the injured employee works. The injured employee does not fill out this form. The section titled "Employer Name & Address Including Zip" should have the agency's name and central office address. For claims other than the central office please list the office and address in the upper right hand corner in the section titled, "EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)." Failure to fill in the different employer's location will result in all claims being attributed to the central office location and may subject the agency to being designated as a hazardous employer. In the section titled "Department or Location Where Accident or Illness Exposure Occurred," list the name of the closest town or city.

### **FORM AR-N (EMPLOYEE'S NOTICE OF INJURY)**

(Revised January 1, 2002). This form is to be prepared by the injured employee and signed and dated by the Employee. Personnel other than the injured employee are not to fill out this form unless the employee is illiterate. If the injured employee is illiterate make sure the form is filled out according to the injured employee's version of the facts and have the employee make his or her mark in the signature area. Give a copy of both sides of the completed form to the injured employee. It is very important that the injured employee receive a copy of the back of the AR-N Form because it contains a listing of the injured employee's rights regarding medical treatment.

### **PECD1 (PECD EMPLOYEE'S REPORT OF INJURY)**

This form which is required by the Public Employee Claims Division of the Arkansas Insurance Department is to be prepared, signed and dated by the injured employee. Personnel other than the injured employee are not to fill out this form unless the employee is illiterate. If the injured employee is illiterate make sure the form is filled out according to the injured employee's version of the facts and have the employee make his or her mark in the signature area.

### **PECD2 (INFORMATION REQUESTED BY PUBLIC EMPLOYEE CLAIMS DIVISION TO BE COMPLETED BY EMPLOYER)**

This form is to be filled out by the employer's representative or supervisor. If there is a question about the legitimacy of the claim then please note that in paragraph 7 and attach additional sheets, if necessary.

### **MEDICAL TRAVEL FORMS**

These forms are to be given to the injured employee to prepare and return to the Public Employee Claims Division. Effective May 1, 2008, the injured employee is entitled to be reimbursed at the rate of 43 cents per mile for reasonable, and related medical travel of compensable injuries.

### **FORM AR-S (EMPLOYER'S SUPPLEMENTAL REPORT)**

(Formerly the Form AR-E which was replaced effective January 1, 2001). This form is to be prepared by the personnel responsible for reporting workers' compensation claims in the office in which the injured employee works. The injured employee does not fill out this form. This form is to be filled out and returned when there is a change in the injured employee's work status or if the injured employee dies. Failure to promptly fill out this form and send it to the Public Employee Claims Division can result in overpayments or underpayments to injured employees. Please fax this form to the Public Employee Claims Division at (501) 371-2733.

## FORMS WHICH ARE TO BE POSTED

### **FORM AR-H**

(Revised January 1, 2001) The Form AR-H is the Managed Care Notice which is to be posted in a conspicuous place. This form lists the employee's rights and the Managed Care Organization with which we currently have a contract. **Effective April 24, 2003, our Managed Care Organization is Systemedic/USABLE.** Corvel was the MCO from April, 1999 to April 23, 2003. Prior to April, 1999 Intracorp was the MCO. If you have a Form AR-H listing Intracorp or Corvel as the Managed Care Organization then replace it immediately with the AR-H listing Systemedic/USABLE.

### **FORM P (POSTING NOTICE)**

(Revised April 15, 2002) The Form P is the standard Workers' Compensation Notice which is to be posted in a conspicuous place. The Form P should list "Public Employee Claims Division, Arkansas Insurance Department, 1200 West Third Street, Suite 201, Little Rock, Arkansas 72201; Phone: (501) 371-2700. The Form P is a double-sided legal size form.

**IF YOU HAVE ANY QUESTIONS ABOUT WORKERS' COMPENSATION FORMS PLEASE CONTACT THE PUBLIC EMPLOYEE CLAIMS DIVISION AT (501) 371-2700.**