



STATE OF ARKANSAS

Department of Veterans Affairs
501 Woodlane Drive Suite 230C
Little Rock, Arkansas 72201
(501) 683-1386 / FAX (501) 682-4833

Asa Hutchinson
Governor

Matt Snead
Director

PERSONNEL

ADVAP 2-7

October 17, 2014

Worker's Compensation Claims

1. GENERAL: The purpose of the Arkansas Insurance Department is to serve and protect the public interest by the equitable enforcement of the State's laws and regulations affecting the insurance industry. The primary mission of the Department is consumer protection through insurer solvency, market conduct regulation, and fraud prevention and deterrence.

a) In the consideration of the above, it is the policy to allow employees to continue work while under a Workers' Compensation (WC) Claims based on the nature of individuals work. Light Duty may be offered while under workers compensation, once approved by the ADVA Assistant Director, on a case by case scenario.

b) If the employee is not able to perform light duty, the employee will be on leave, leave without pay and/or family medical leave, etc., whichever may apply until the physician releases the employee to return to full duty.

2. DEFINITIONS: Supervisor, as used in this ADVAP, is defined as the responsible person (Supervisor, Manager, Administrator, or Director) to whom the accident is reported.

3. FIRST ACTIONS:

a. When a business related accident occurs, needed emergency medical treatment is provided. The Supervisor of the injured employee is notified as soon as possible. Injuries that require immediate attention should be

handled according to the best judgment of the Supervisor with the best interest of the employee in mind. It is the responsibility of the employer's immediate Supervisor to:

- 1) Provide emergency treatment by first aid for minor scratches and cuts.
- 2) See that transportation is available for the injured person to go to the doctor or the emergency room of the hospital, if necessary.
- 3) Provide for immediate ambulance service if such is needed. (Caution should be exercised because moving a person with an undetermined injury can cause severe complications.)

4. RESPONSIBILITIES:

a. If the employee indicates that they do not need medical treatment:

- 1) Have the employee complete, sign and date an incident report form.
- 2) Keep the incident report form on file. If the employee later indicates they need medical treatment, call the toll free number 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.

b. If the employee indicates that they do need medical treatment:

- 1) 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 to report the claim as soon as medical treatment is secured for the employee.
- 2) 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 that is printed on the wallet cards or posters to provide to the Company Nurse Representative.
- 3) The injury information will be taken and entered into a database and forms will be prepared by 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).

- 4) Within minutes of conclusion of the reporting phone call, the forms are E-Mailed to the designated person at the state agency who is responsible for making sure the Workers' Compensation Commission Form AR – N and PECD Form 1 are reviewed for accuracy and signed by the injured employee.
- 5) The injured employee can make changes to the Form AR – N and PECD Form 1 at this time and should sign and date both the front and back of the Workers' Compensation Form AR – N. The agency designated contact should make sure the Workers' Compensation Commission Form I-AI and PECD Form 2 are accurate. The completed and signed forms should then be faxed to the Public Employee Claims Division at (501) 371-2733.
- 6) The HR or employee's supervisor must provide the injured employee with a copy of the front and back of Form AR–N. The injured employee must then sign the Employee's Acknowledgement of Form AR–N and receive a copy of the signed form.
- 7) At this time, HR or employee's supervisor should 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. Fax a copy of the completed pharmacy form to the Public Employee Claims Division.
- 8) 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, notify HR and HR will notify the WC Claims Analyst or WC Claims Specialist handling the claim (HR can do this by E-Mailing the WC Claims Specialist or WC Claims Analyst or faxing a Workers' Compensation Commission form S to the Public Employee Claims Division at (501) 371-2724). If HR is not able to identify who is assigned to handle the claim HR can call the receptionist at the Public Employee Claims Division and the call will be directed.
- 9) If HR office has 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.

5. EMPLOYEE STATUS:

- a. An employee who is unable to work due to an injury must be placed in some form of leave status, i.e., sick, annual, or leave without pay.
- b. An employee may receive payment from ADVA and WC at the same time. If this occurs, the employee must notify the ADVA HR Analyst as this may result in repayment to ADVA by the employee as an employee may not receive payment in excess of paycheck. Repayments are deducted from the employee's paycheck in a worker's compensation recovery.
- c. The employee must remain in regular and ongoing contact (weekly) with their supervisor or HR department in order to keep them informed of their progress and anticipated return to work. The employee must furnish the supervisor or HR department with a physician's release to return to work. The employee will not be able to return to work without a physician's release. Failure to provide a physician's statement may result in inability to receive continued worker's comp benefits.

6. This procedure supersedes ADVAP 2-7, August 1, 2013 in its entirety.

7. FORMS PRESCRIBED:

Arkansas Workers' Compensation Form	P
Arkansas Workers' Compensation Commission Form	H
Company Nurse Injury Hotline Form	
Employee Notice of Injury Form	N
Employee's Acknowledgement of Form AR-N	
Employee's Report of Accident	PECD1
Employer's First Report of Injury or Illness	1A-1
Information Requested by Public Employee Claims Division on State Employee's Claims	PECD2
Employer's Supplemental Report of Injury	S
Mileage Reimbursement Form	
Temporary Prescription Form	
Workers' Compensation Incident Report (No Medical Treatment Required)	

By:

Matt Snead
Director

DISTRIBUTION: F, N