Instructions for Injured State Employees

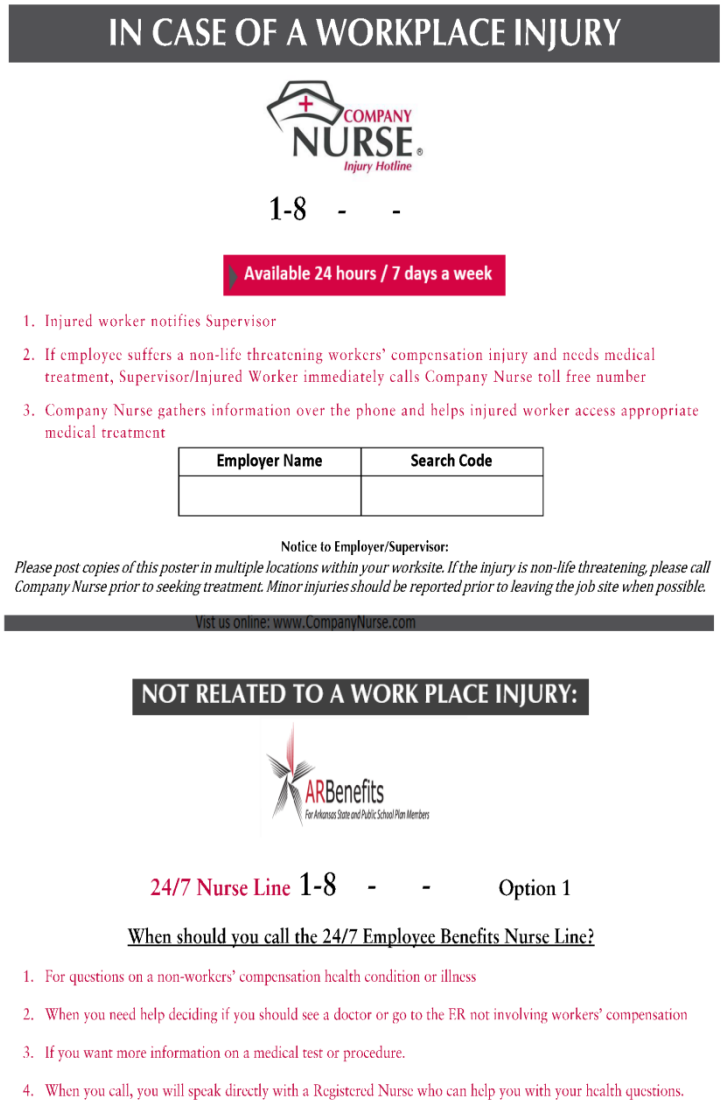
The Public Employee Claims Division administers workers' compensation claims filed by employees of the agencies of the State of Arkansas and the public colleges and universities.

Reporting the Injury

Employees who are injured in the course and scope of their employment should immediately report the injury to their supervisor. If an employee fails to timely report the injury to his supervisor or other person designated by the employer, the injured employee may be denied all benefits for the injury arising before the injury is reported.

If this is an incident for which you do not think you will need medical care, you should complete an incident report form so your employer will have a record of the incident. There will be less of a problem with receiving medical care if you determine that you need medical care at a later time.

If this is a situation for which you think you will need medical care, you should call the Company Nurse toll-free number. The toll-free number for workers' compensation injuries is on posters posted at your worksite. The toll-free number for workers' compensation injuries is posted on the top half of the poster. The toll-free number for nurse assistance for non-workers' compensation injuries is posted on the bottom half of the poster. The poster looks like this:



IN CASE OF A WORKPLACE INJURY

COMPANY NURSE® Injury Hotline

1-8 - -

Available 24 hours / 7 days a week

1. Injured worker notifies Supervisor
2. If employee suffers a non-life threatening workers' compensation injury and needs medical treatment, Supervisor/Injured Worker immediately calls Company Nurse toll free number
3. Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment

Employer Name	Search Code

Notice to Employer/Supervisor:

Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site when possible.

Vist us online: www.CompanyNurse.com

NOT RELATED TO A WORK PLACE INJURY:

ARBenefits For Arkansas State and Public School Plan Members

24/7 Nurse Line 1-8 - - Option 1

When should you call the 24/7 Employee Benefits Nurse Line?

1. For questions on a non-workers' compensation health condition or illness
2. When you need help deciding if you should see a doctor or go to the ER not involving workers' compensation
3. If you want more information on a medical test or procedure.
4. When you call, you will speak directly with a Registered Nurse who can help you with your health questions.

There is a specific search code assigned to your agency or college or university on the poster which you should give to the injury care coordinator when calling to report the claim. You will speak to an injury care coordinator who will take the initial claim information and forward your call to a registered nurse who will triage your injury and assist you in obtaining appropriate care at an authorized medical care facility.

Initial Medical Care

If the workers' compensation injury is a life-threatening emergency the employee should seek immediate medical care at the nearest medical facility. If the situation is not a life-threatening emergency then the injured employee should call the Company Nurse toll-

free number. Non-emergency care received prior to reporting the injury may be denied by the Public Employee Claims Division. Medical care received at an unauthorized medical treatment facility may be denied. If you receive medical care at the direction of a registered nurse at the Company Nurse toll free number, your initial medical visit will be paid for regardless of whether or not your workers' compensation claim is later denied.

Initial Claim Forms

Company Nurse will complete the forms and send them to the Human Resources office at your employer within minutes of your reporting the claim. There are three initial forms that you will be asked to review, make corrections and sign and date:

Workers' Compensation Commission Form AR-N
Acknowledgement of Receipt of the Form AR-N
PECD Form 1

Your employer may have additional incident forms which they may require.

Please complete, date and sign the three forms. You should sign and date the front and back of the Form AR-N. You should receive a copy of both sides of the Form AR-N. Failure to sign the forms can delay the processing of your claim or may even result in the Public Employee Claims Division not paying benefits in the claim. Your employer should give a copy of both sides of the Form AR-N.

Temporary Prescription Form

If you have called Company Nurse to report an injury you should also be given a completed temporary prescription form to take to the pharmacy. This card will work for 10 days from 1st use and will allow you to obtain up to 15 days of medication which is on the medication formulary at no cost to you. This temporary prescription card is to only be used for medications related to your workers' compensation injury. You should not use the temporary prescription card to fill any medications not related to your workers' compensation claim. The temporary prescription form will look like this:

HELIOS | P.O. Box 152539
Tampa, FL 33684-2539

MAKING IT EASY...
TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Helios has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:

If you need a prescription filled for a work-related injury or illness, go to a Helios Tmesys network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.

If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.

Most pharmacies and all major chains, are included in the network. To find a network pharmacy call 866. . or visit www.tmesys.com and click on "Pharmacy Locator."

Questions? Need Help?

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tmesys®

Public Employee Claims Div.
CARRIER/TPA AGENCY

INJURED WORKER NAME

NUMBER DATE OF INJURY (YYMMDD)

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: www.tmesys.com/pharmacy-locator

HELIOS

Attention Pharmacists: Enter RxBIN, RxPCN, and GROUP. Member ID # format is the date of injury; and combined as follows: YYMMDD123456789.
Tmesys is the designated PBM for this patient.

Tmesys Pharmacy
Help Desk 800. .

	NDC	Envoy
RxBIN	or	
RxPCN	or	
GROUP		

HELIOS

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.

Employer:
Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

tmesys®

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