State of Wisconsin Workers’ Compensation Claim Handling Procedures

Statement of Philosophy
United Heartland has developed a unique approach to workers’ compensation claims management. We believe that the United Heartland claims management system ensures that all injured employees who are protected by United Heartland’s insurance not only receive the best medical care in the area, but they return to work as quickly, economically and safely as possible. To make this system work, United Heartland’s managed care concept works in partnership with the employer. Employer participation reduces costs and increases the overall effectiveness of the managed care program. United Heartland actively solicits employer participation by asking them to:

- Promptly refer claims
- Encourage their employees to use preferred provider organizations (PPO) (where geographically available)
- Respond quickly and positively to claim management recommendations
- Complete forms on a timely basis

Cost-effective claims management depends on this partnership, and both the insured employers and United Heartland must be mindful of this relationship in all their communication.

The First Report of Injury
To achieve strong claims control, it is critical that employers complete the Employer’s First Report of Injury or Disease (WC-12) as quickly and accurately as possible. To ensure successful claims management, United Heartland requires that the WC-12 form be submitted within 24 hours of your notifying United Heartland of a work-related injury or illness. A copy of a specimen WC-12 form is attached to this document as Exhibit A. In addition, the Medical Service Form (Exhibit B) should be completed and submitted in conjunction with the WC-12. For further information concerning forms, please refer to the Managed Care Forms section of this document.

Reporting Requirements/Procedures
- Report all claims for work related injuries or illness on the WC-12 within 24 hours of notification to:
  
  United Heartland
  
  P.O. Box 40790
  
  Lansing, MI 48901-7990
  
  Fax: (866) 814-5595

- On the 4th day after the employee leaves work, if the disability continues, forward a copy of the Employer’s First Report of Injury or Disease (WC-12) form to:

  State of Wisconsin
  
  Workers’ Compensation Division
  
  P.O. Box 7901
  
  Madison, WI 53707
  
  Telephone: (608) 266-1340

- All work-related fatalities must be reported to the Madison Workers Compensation Division Office within 24 hours. Notification may be made by calling:

  (608) 266-1340
Medical Treatment
In cases where medical treatment is required, provide the employee with a Medical Service Form. Refer to the Managed Care Forms section of this manual for instructions on form completion and submission.

Medical Bills and Reports
Any bills that employers receive directly for medical services provided to injured employees should be immediately forwarded to the United Heartland Claim Department. In addition, should the employer receive any medical reports in connection with an injured employee, such reports should be promptly sent to United Heartland's Claim Department.

Return to Work
On the day an injured or ill employee returns to work, United Heartland's Claim Department must be notified. You may call either of the following numbers: Milwaukee (414) 226-5941; or toll free at (800) 258-2667. When the call is made, please indicate what date the injured employee reported back to work and, if the information is available, the treating physician's release for the employee to return to work.

Employer Reporting Issues
Prompt and accurate claim reporting not only makes good sense from a cost containment perspective, but it also is the law. The State of Wisconsin Workers' Compensation is empowered to assess penalties against employers for late reporting. To avoid such penalties, employers should be mindful of this and other issues relative to the State's governance of workers' compensation matters. Following are some essential issues employers should be familiar with.

Late Payments
An employer may be assessed a 10% penalty for delay in compensation payments. Therefore, it is essential that the WC-12 form be submitted to the carrier within the statutory time requirements.

Illegal Employment of a Minor
An employer may be held responsible for double, or even triple the amount of recoverable indemnity payable to a minor who is injured while working without a work permit, or while working in employment not authorized by their work permit.

An employer planning to hire a minor can check with the Equal Rights Division of the Department of Industry, Labor and Human Relations at (608) 266-6860 to verify the limitations and requirements under §103.65, Wis. Stats. pertaining to the employment of minors.

Unreasonable Refusal to Rehire
If an employer unreasonably refuses to rehire an employee who has sustained a compensable injury under the applicable workers' compensation statutes, and who now is ready and able to return to the labor market, such employer could be liable for up to one year's wages if it is found that suitable employment was available within the employee's physical and mental limitations.

Safety Violations
If an employer fails to comply with any State statute or administrative rule in the Wisconsin Administrative Code, and if such violation is a subsequent factor in causing a compensable injury, a 15% penalty will be assessed to that employer.
**Bad Faith**
If an employer fails to report an injury, and it can be shown that it was due to malice or bad faith, the employer could be assessed damages amounting to 200% of the compensation paid, up to a maximum of $15,000.

**Managed Care Forms**
Communication and timely reporting of medical information and work capabilities through the use of the managed care forms play a critical role in the overall effectiveness of United Heartland's medical management approach. The completion of the Employer's First Report of Injury (WC-12) form and the associated managed care forms provides United Heartland with:

- Initial information regarding the injury or illness;
- Verification of the claimant's employment;
- Verification of the medical provider treating the injury or illness; and
- Information pertaining to medical treatment and the patient's ability to return to work.

**Form Information**

**Medical Service Form (Exhibit B)**
1. To be completed in all injury/illness claims where the employee is or will be receiving billable services from a medical professional. In cases where first aid only is rendered at the site of injury, the Employer's First Report of Injury (WC-12) form is all that must be submitted.

2. In the employer information section, name, address and phone number can be pre-completed to minimize paperwork at time of injury.

3. The employer information and employee information section should be completed before instructing employee to seek medical treatment.

4. The Employer-United Heartland copy must be submitted to United Heartland, accompanied by the Employer's First Report of Injury (WC-12) form, **within 24 hours of the injury**. This copy is primarily for notification purposes, and therefore only the information in the employer and employee sections needs to be provided. The completed form, to be returned by the employee, can be forwarded at a later date.

5. The remaining three parts of the form are to be given to the employee with instructions to return the completed form to the employer either on the same date of the appointment, or, in lost-time cases, on the following day.

6. Upon receipt of the completed Medical Service Form, the employer should forward this copy immediately to United Heartland.

**Work Status Form (Exhibit C)**
1. The Work Status form should be given to any employees who continue to have claims for lost time. The employees should have their physician complete this form each time they are treated.

2. The employee is requested to return the completed form to his/her employer either on the same date of the appointment or, in lost-time cases, forwarded on the following day.
3. Upon receipt of the completed Work Status Form, the employer should forward this copy immediately to United Heartland.

The above identified forms, along with any additional medical or work capacity reports should be forwarded to:
United Heartland
P.O. Box 40790
Lansing, MI 48901-7990
Fax: (866) 814-5595

Requests for additional supplies of managed care forms can be submitted in writing to the above address, or call:
Milwaukee: (414) 226-5941
Toll Free: (800) 258-2667

Please specify form name and quantity needed.

Accessing the Preferred Provider Network
One of the primary features of the United Heartland cost management program is a state-wide Participating Provider Organization (PPO). This network of quality medical providers will be maintaining open lines of communication with United Heartland, and you, the employer, regarding the treatment and progress of an injured or ill employee. In addition, these physicians will be accepting discounted fees for the services they render.

It is therefore beneficial to have as many employees as possible using a PPO provider when they need medical care for a work related injury or illness. While it is important for the employer to keep in mind that the injured employee has to option to seek care from the provider of his or her choice, the truth is, many employees do not have a preference for a specific provider. They may even ask the employer for a referral. In such cases the employer representative should recommend that the employee seek medical treatment at one of the designated PPO Clinics in their locality. If the employee is seeking referral to a non-clinic specialty provider, they should be referred to one of the non-clinic specialty providers from the attached list. The employer may also contact United Heartland for the names of independently contracted PPO physicians. In the event of serious injury, the employee should be transported to the nearest emergency facility.

Encouraging the Use of a PPO Provider
- Complete the Medical Service Form.
- In appropriate cases, recommend a PPO Clinic for treatment.
- In the event of serious injury, transport the employee to the nearest emergency facility.
- If the employee is open to referral to a non-clinic physician only, please refer to the attached list of independent PPO physicians located in your geographic area.
- Instruct the employee to return the completed Medical Service Form either on the same day of the injury, or in lost-time cases, to forward it on the following day.
- Contact the Preferred Provider to alert them that an injured worker is being sent for treatment.
- Notify United Heartland of the injury or illness, either by phone, or by faxing the Medical Service Form and the First Report of Injury within 24 hours of the reported incident.

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

United Heartland is the marketing name for United Wisconsin Insurance Company, a member of AF Group. All policies are underwritten by a licensed insurer subsidiary of AF Group.

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If assistance is required at any time during the PPO referral process, please contact United Heartland at:

Milwaukee: (414) 226-5941
Toll Free: (800) 258-2667

**Walgreens Workers’ Compensation Prescription Program**

In conjunction with our Preferred Provider Network of physicians, clinics and hospitals, United Heartland has developed a preferred provider arrangement with Walgreens. Our goal here is to assist employers in management and control of their workers’ compensation medical costs. Under this arrangement Walgreens provides authorized prescription drugs to United Heartland claimants at a reduced fee. Moreover, the program is beneficial to the employees as well. Under the program, the employee pays no out-of-pocket expenses for covered prescriptions.

**How to Use the Program**

1. When an employee notifies you of an injury, complete the Walgreens form (Exhibit D). Complete the following fields on the form:
   - Employer
   - Employee Name/SSN/Date of Birth
   - Phone Number
   - Date of Injury
   - Address/City/State/Zip
   - Authorized Signature/Date

2. Instruct the injured employee to present the authorization form and work-related prescription(s) to any Walgreens. Encourage the employee to use the program by informing them that there will be no out-of-pocket expense to them if their workers’ compensation prescriptions are filled at Walgreens.

3. Advise the employee to discard or return the authorization form if no prescriptions are required.

If an employee has already initiated treatment prior to notifying you of their work-related injury, please assess at the time of notification whether or not the employee will be receiving further prescription medication and distribute the form accordingly. In addition, if in the course of a reported injury an employee brings in the prescription receipts from another pharmacy for reimbursement, encourage the use of the Walgreens program for future prescription refills.

**NOTE:** Walgreens will be contacting United Heartland when filling the initial prescription, as well as monthly thereafter, to verify injury coverage.

If additional forms are required, or if there are questions related to the Walgreens Prescription Program, please contact United Heartland at:

Milwaukee: (414) 226-5941
Toll Free: (800) 258-2667

To obtain the location of the nearest Walgreens call:

1-800-WALGREEN