State of Illinois Workers’ Compensation Claim Handling Procedures

The First Report of Injury
• Refer to the Illinois State Law Snapshot for notice and filing requirements.

Reporting Requirements/Procedures
• Report all claims for work-related injuries or illness on the Employers First Report of Injury or Illness within 24 hours of notification to:

  United Heartland
  P.O. Box 40790
  Lansing, MI 48901-7990
  Fax: (866) 814-5595

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 1-800-258-2667. 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.

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 and Illness 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 and Illness 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 and Illness 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, this is 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 injury, 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
or Toll Free: 1-800-258-2667

Please specify form name and quantity needed.

**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.
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.

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: 1-800-258-2667

To obtain the location of the nearest Walgreens call:

   1-800-WALGREEN