



EMPLOYERS[®] Claims Kit

EMPLOYERS[®]

America's small business insurance specialist[®]

Claims Contact Information

Tel: 888-682-6671 | Fax: 877-329-2954 | www.employers.com/claimskit

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Your EMPLOYERS[®] Claims Kit

Thank you for the trust you have placed in EMPLOYERS. As a leading provider of workers' compensation insurance for America's small businesses, EMPLOYERS is focused on making premiums affordable, as well as helping our policyholders reduce the long-term costs associated with workplace injuries and illnesses.

Accessing Claims Kit Information for Your State

EMPLOYERS provides policyholders access to EMPLOYERS specific state-specific claim information on our website: www.employers.com/claimskit. Policyholders can request a printed copy of our claims kit by contacting us by phone at (888) 682-6671 or e-mail at customersupport@employers.com.

How to Report a Workers' Compensation Claim

Immediate reporting is a major step in cost and time containment of any claim and is beneficial to all parties involved. Any delays in the reporting of claims can result in delayed access to medical care, which in some instances may lead to further injury, resulting in the need for additional treatment subsequently leading to higher medical costs.

EMPLOYERS[®] offers two convenient phone numbers that are available 24/7 to report a claim with less paperwork. Both numbers are staffed with individuals fluent in both English and Spanish, with accommodations for other languages.*

1. Injured Employee Hotline – 855-365-6010

- Reporting of a new work-related injury or illness when the injured/ill employee has not yet received medical treatment.
 - Access to registered nurses who are specially trained to provide nurse triage and medical guidance.

2. Customer Support – 888-682-6671

- Reporting of a new work-related injury or illness when the injured/ill employee has already received medical treatment.
 - Injured employees who have not yet sought medical treatment will be transferred to our Injured Employee Hotline (IEH) and provided the IEH phone number.

*For all injuries or illnesses that require immediate assistance from Emergency Services please call **911**.



What to Do Before an On-The-Job Injury or Illness Occurs

Below are the three critical things you need to do before a work-place injury or illness occurs:

1. **Post all required posters and signage**—each state has its own laws about what employers must post and distribute relating to workers' compensation information in your workplace. Please go to www.employers.com/claim to access a link to the mandatory requirements for your state.
2. **Develop an effective work-place safety program**—employers can help reduce the chances that an on-the-job injury or illness will occur through the development and communication of a work-place safety program.
3. **Create a return-to-work/transitional modified job program**— a transitional modified jobs program can reduce the financial hardship that maybe experienced by the employee as well as the employer as the result of a workplace accident or injury.

What to Do After an On-The-Job Injury or Illness Occurs

Below are several things you can and should do after an on-the-job injury or illness occurs:

- Transport the injured employee to a medical care facility (in the case of an emergency, call 911 immediately).
- Order a post-accident drug test.
- Secure the scene of any serious accident for investigative purposes.
- Secure and save any equipment or materials that were involved in the incident.
- Complete an accident investigation report within 24 hours.
- Report the claim to EMPLOYERS within 24 hours following the injury.



Frequently Asked Questions About Drug-Free Workplaces

Q: What does it mean to be a drug-free workplace?

A: A drug-free workplace is a workplace free of the health, safety and productivity hazards caused by employees' abuse of alcohol or drugs. To achieve a drug-free workplace, many employers develop drug-free workplace programs. A comprehensive drug-free workplace program generally includes five components; a drug-free workplace policy, supervisor training, employee education, employee assistance and drug and alcohol testing. Although employers may choose not to include all five components, it is recommended that all options be explored when developing a drug-free workplace program.

Q: What are the benefits of establishing a drug-free workplace program?

A: Benefits of a drug-free workplace program may include:

- Improvements in morale, quality and productivity.
- Decreases in accidents, absenteeism, downtime, turnover and theft.
- Better employee health status.
- May qualify for incentives, such as decreased costs for workers' compensation and other kinds of insurance.

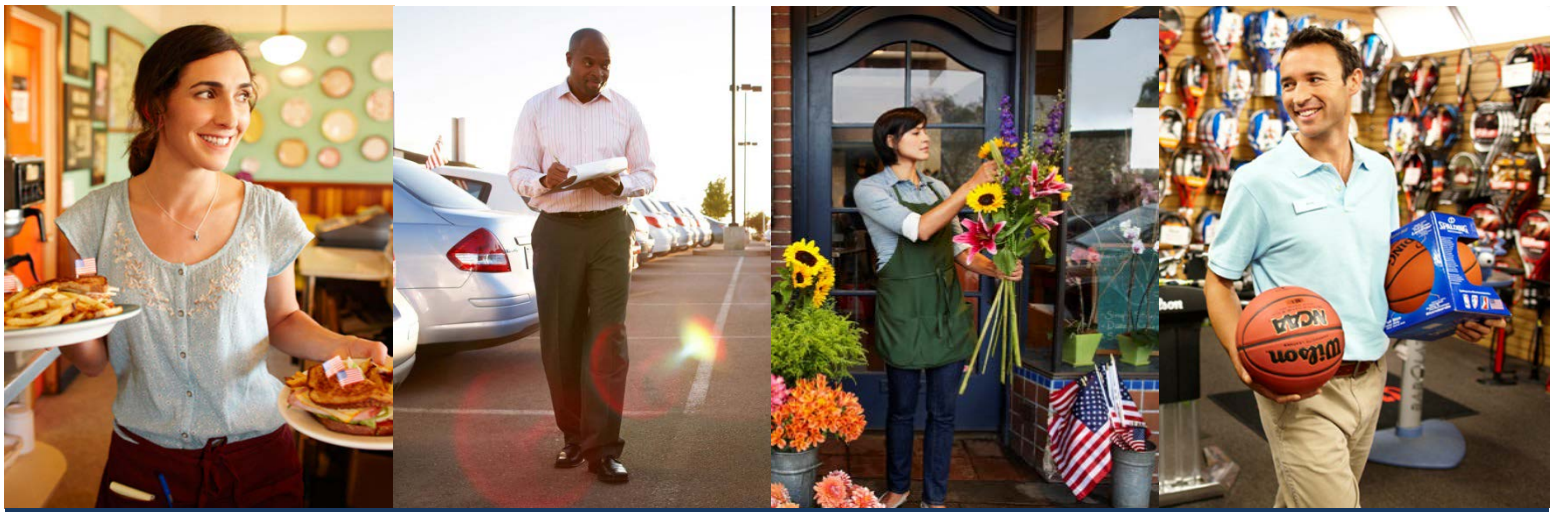
Q: Do drug-free workplaces receive workers' compensation discounts?

A: Yes. In some states, employers who have a Drug-Free Workplace Program will receive a discount. For more information, contact your insurance agent, visit www.dol.gov/elaws/drugfree.htm or contact your state's workers' compensation department.

Q: I need help developing a drug-free workplace Program. Can you help?

A: Yes. EMPLOYERS can provide you with a written Drug Free Workplace Program template to help you develop a customized drug-free workplace program for your organization.

For more information on how to develop a Drug-Free Workplace Program, please call the EMPLOYERS[®] Loss Control Department at 800-588-5200 or e-mail them at losscontrol@employers.com.



Ways to Reduce Your Workers' Compensation Costs

Employers have the ability to control or influence many of the factors that contribute to worker's satisfaction levels, return-to-work outcomes, and claim cost. Studies have shown that the following actions can impact the cost and outcome of workers' compensation claims and the overall costs of insurance:

Identify and establish a relationship with a medical provider—setting up relationships with medical providers pre-injury helps facilitate the physician's understanding of employee job duties/transitional job opportunities.

Keep the lines of communication open—employers who maintain compassionate contact with their injured employees during the recovery period have more satisfied workers.

Provide transitional modified jobs (alternate duty)—employers who make transitional modified jobs available to injured workers can reduce the impact of their injured worker's injury or illness.

Develop an effective workplace safety program—the basic elements of an effective work-place safety program include:*

- Management Commitment
- Responsibility and Accountability
- Safety Work Rules and Procedures
- New Employee Orientation
- Ongoing Employee Education
- Employee Involvement
- Training and Safety Committees
- Accident Investigation
- Documentation

*Your EMPLOYERS® Loss Control Consultant can provide your company with more instructional and detailed information regarding how to build an effective work-place safety program. You can reach the EMPLOYERS Loss Control Department by phone at 800-588-5200 or by e-mail at losscontrol@employers.com.



Benefits of a Return-to-Work/Transitional Modified Job Program

Many injuries - including minor sprains and strains - can result in weeks, even months off the job. But they don't have to - if you take a proactive stance to prevent lost work time and long-term disability. Be prepared to offer a transitional modified job when an injured employee is released to work by his/her doctor, regardless of level of work.

Transitional modified jobs allow workers who are unable to perform their regular job duties because of a work-related injury or illness to return to work in a temporary modified duty capacity. Keep in mind, a transitional modified job (alternative duty) need not be at full hours, full wages and/or job/department of injury. Creativity in developing modified assignments enables the employee to be productive while meeting medical restrictions.

The primary goal of a Return-to-Work Program is to assist employees who sustain a work-related injury or illness in safely returning to work at the earliest medically approved time in a temporary (modified or alternate duty) assignment. The longer an injured worker remains away from work, the more difficult it may be to return to gainful employment. Returning to regular work duties is generally expedited when transitional or modified duty is offered.

Through safety measures and the development of a Return-to-Work program, employers may lower their experience modification rating, thereby reducing premium costs.

Benefits to the Employer:

- Recruitment and hiring costs for new or temporary employees may be eliminated
- The employer is able to better manage the claim, possibly leading to a better outcome
- The employer maintains the resources of an experienced worker on site
- Some employee production is received for wages paid
- The likelihood of malingering or fraud may be reduced
- Communication and relations between employee and management can be enhanced

Benefits to the Employee:

- Wages earned from the transitional modified job may bring the injured worker's income closer to preinjury wages than workers' compensation benefits alone
- Self-esteem, morale and personal security are maintained or restored through gainful employment and a productive lifestyle
- Stress, boredom, and depression are reduced or eliminated
- Skill level is maintained
- A connection with the company (including social contact) is continued

For more information on how to develop a Return-to-Work Program, please call the EMPLOYERS® Loss Control Department at 800-588-5200 or e-mail them at losscontrol@employers.com.



West Virginia Required Postings & Forms

Please post the following notices in a conspicuous location frequented by employees such as the break room, lunchroom or near the time clock. If you have multiple office locations be sure to post the notices at each location.

- ✓ **Workers' Compensation Notice to Employees/ Employers**
- ✓ **Anti-Fraud Notice (English and Spanish)**
- ✓ **Hospital Emergency Worksite Poster**

Please print and review the following forms with your current staff and new employees (at the time of hire):

- ✓ **Initial Employee Letter and Acknowledgment Form (English and Spanish)**

The following forms need to be completed and submitted to appropriate parties when a work-related injury occurs:

- ✓ **First Report of Injury (FROI)**
As soon as you have been notified of a work-related injury, please immediately fill out this form and submit it to EMPLOYERS and provide a copy to the employee. Please use this form to notify EMPLOYERS of every work-related injury or disease suffered by an employee, regardless of severity.
- ✓ **Wage Statement**
This form enables us to calculate the correct compensation that may be owed to an injured employee. Please complete the form and submit it to EMPLOYERS within five days after your knowledge of any accident that has caused your employee to be disabled for more than three scheduled calendar work days.
- ✓ **First Fill Form**
This form provides your employees with basic information about our Pharmacy Benefit Program, including such things as the phone number to call to locate a First Fill participating pharmacy. When your employee becomes injured, please print and complete this form and provide it to your injured employee. Your employee will need to provide this completed form along with the drug prescription for his/her work-related injury or illness to the pharmacist. Using this form will help enable quick authorization for your employee's initial medication and ensure that the initial prescription is provided at no cost to the injured employee.
- ✓ **Accident Investigation Report**
This basic accident form should be completed by the employee's supervisor/manager as soon as possible after the accident. Please send the report to the following EMPLOYERS address as soon as it has been completed by the supervisor/manager: EMPLOYERS Claims Department, P.O. Box 32036, Lakeland, FL 33802-2036. You should keep a copy on file for your records.



West Virginia Required Postings & Forms (Continued)

Please print and provide the following items when an employee becomes injured:

√ **Channeling Letter**

This document directs the injured employee where to go for treatment after an injury and find a provider.

The following item is to be used as a reference document only.

√ **EMPLOYERS West Virginia Managed Care Program Guide**

This document explains important information about the EMPLOYERS West Virginia Managed Care (EMP WV MHCP) program and the required notices.

Additional copies of these postings and forms can be found online at
<http://www.employers.com/sup/ClaimKit-West-Virginia.aspx>



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TO THE EMPLOYER: THIS NOTICE MUST BE POSTED IN A
CONSPICUOUS PLACE UPON YOUR PREMISES.

NOTICE REGARDING WORKERS' COMPENSATION INSURANCE

West Virginia law requires that any employee who is injured while at work should report the injury immediately to their supervisor, employer, or designated representative.

The workers' compensation insurance carrier or the administrator for

_____ **is:**
(name of company)

(name of insurance carrier or administrator)

(name of carrier/administrator)

(mailing address)

(city, state, zip)

(telephone number)

(contact person)

01 One good reason to think twice about workers' compensation fraud



EMPLOYERS® actively investigates suspected workers' compensation fraud and reports such cases to law enforcement authorities.

fraud costs

Workers' compensation fraud costs \$7.2 billion annually.¹

Filing a fraudulent workers' compensation claim could lead to serious civil or criminal consequences, such as fines, incarceration and/or restitution.

If you suspect workers' compensation fraud, please contact EMPLOYERS' Fraud Investigations Department. Call the Fraud Hotline at 1-800-750-3939 or e-mail fraudfighters@employers.com.

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¹ Source: <http://www.propertycasualty360.com/2015/07/23/3-keys-to-a-successful-workers-compensation-fraud>

Una buena razón para pensarlo dos veces antes de cometer fraude en una demanda de indemnización laboral



EMPLOYERS® investiga de manera activa casos sospechosos de cometer fraude en una demanda de indemnización laboral y reporta dichos casos a las autoridades policiales.

costos del fraude

Fraude en demandas de indemnización laboral cuesta \$7.2 mil millones al año.¹

Presentar una demanda de indemnización laboral fraudulenta puede acarrear graves consecuencias civiles o penales, tales como multas, cárcel y/o indemnizaciones.

Si sospecha que existe fraude en una demanda de indemnización laboral, póngase en contacto con el Departamento de Investigación de Fraude de EMPLOYERS. Llame a la línea directa de fraude al 1-800-750-3939 o escriba al correo electrónico fraudfighters@employers.com.

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1 Fuente: <http://www.propertycasualty360.com/2015/07/23/3-keys-to-a-successful-workers-compensation-fraud>



WORKSITE POSTER (TO BE POSTED AT EACH LOCATION)

NOTICE TO ALL EMPLOYEES

IF YOU BECOME INJURED OR ILL AT WORK:

1. **FOR EMERGENCY CARE, CALL 911 OR PROCEED IMMEDIATELY TO:**

**You may use any hospital or urgent care facility for emergency care.
This is the nearest facility for emergency use.**

2. For non-emergencies, notify your supervisor immediately about your work-related injury or illness. Your supervisor should call the EMPLOYERS[®] Injured Employee Hotline at **855-365-6010** to initiate your claim and assist you in obtaining medical attention. This hotline is available 24 hours a day, seven days a week and is staffed by registered nurses specially trained to provide medical guidance over the phone for a new work-related illness or injury.

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EIG Services, Inc., an affiliated agency and adjuster

*Employers Preferred Insurance Company | Employers Assurance Company
Employers Compensation Insurance Company | Employers Insurance Company of Nevada*

EMPLOYERS[®] EMP WV MHCP Initial Employee Acknowledgement Letter

Instruction: This letter should be provided to new employees at the time of hire and all current employees prior to the implementation of the EMP WV MHCP. The information in this letter should be placed on your company's letterhead and you should maintain documentation that you provided this information to your employees. The language on the Initial Employee Acknowledgement letter should not be modified or altered. However, you may add additional information if deemed appropriate—such as whom within the company employees should contact if they have questions about the letter.

EMPLOYERS West Virginia Managed Health Care Plan (EMP WV MHCP) Initial Employee Letter

{Date}

To All Employees:

This letter confirms that Employers Compensation Insurance Company, Employers Preferred Insurance Company, or Employers Assurance Company (EMPLOYERS), participates in the EMPLOYERS West Virginia Managed Health Care Plan (EMP WV MHCP) through Coventry Health Care Workers' Compensation, Inc. This program became effective as of <enter First policy effective date>.

IN THE EVENT YOU HAVE A WORKERS' COMPENSATION INJURY OR ILLNESS, NOTIFY YOUR MANAGER OR HUMAN RESOURCES REPRESENTATIVE AS SOON AS POSSIBLE

Your claim will be managed under the EMP WV MHCP. Upon notice of your injury, EMPLOYERS will distribute a copy of the Employee Notice, which conveys all the rules and responsibilities of the program.

If you need assistance to find a provider for these services, contact Coventry at **800-937-6824** option 1, 1, and 1. Or you can visit the provider locator website at www.employers.com/claims-services/ and select "West Virginia" from the drop-down list.

We are pleased to offer you these workers' compensation services in the event you have a work related injury or illness. If you have any questions about this EMP WV MHCP program, feel free to contact your Human Resources representative.

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tel 888 682-6671 | PO Box 32036 | Lakeland, FL 33802-2036 | www.employers.com

EIG Services, Inc., an affiliated agency and adjuster

Employers Preferred Insurance Company | Employers Assurance Company
Employers Compensation Insurance Company | Employers Insurance Company of Nevada

Employee Acknowledgement Form

Please sign and date this form in the space below to indicate that you have received this information. Return this signed and dated form to your supervisor.

By signing this form, I confirm the following:

- I have received an initial letter and information from my employer about the use of the EMPLOYERS[®] West Virginia Managed Health Care Plan (EMP WV MHCP) for any work-related injury or illness;
- That in the event I have a work-related injury or illness, my care will be supported under the EMP WV MHCP;
- That at the time of injury, I will:
 - Immediately notify my supervisor about my injury/illness
 - Obtain more information from my employer and EMPLOYERS about my role and responsibilities under this program, including how to locate a provider and utilize only the medical providers available through the EMP WV MHCP if I sustain a work-related accident or illness except in cases of emergencies.

I also understand that if I go to a medical provider that is not included as part of the EMP WV MHCP for treatment of a workers' compensation claim that this treatment **may not** be authorized. I also understand there is a dispute and grievance process in place for any concerns I may have regarding the EMP WV MHCP. I understand my rights and responsibilities within the certified EMP WV MHCP and agree to comply with its provisions.

Sign and return to your employer supervisor

Employee Signature

Print Name

Date

Employer Name/Location

Employer Representative's Signature

Date

Note – This Acknowledgement Form will be kept in your employee file to confirm your receipt of initial notice about your employer's participation in the EMPLOYERS West Virginia Managed Health Care Plan in the event you have a work-related injury or illness.

EMPLOYERS[®] EMP WV MHCP

Carta de acuse de recibo inicial del empleado

Instrucciones: Esta carta debe ser proporcionada a los nuevos empleados al momento de contratarlos y a todos los empleados actuales antes de la implementación del EMP WV MHCP. La información en esta carta debe colocarse en el membrete de su compañía y usted debe conservar la documentación la cual compruebe cuya recepción de sus empleados. El lenguaje utilizado en la primera carta de acuse de recibo no debe ser modificado o alterado. Sin embargo, puede agregar información adicional si se considera apropiado, como por ejemplo a quien dentro de la compañía deben dirigirse los empleados si tienen preguntas acerca de la carta.

Plan de cuidados de la salud de EMPLOYERS West Virginia Managed Plan (EMP WV MHCP) Carta inicial del empleado

{Fecha}

A todos los empleados:

Esta carta confirma que Employers Compensation Insurance Company, Employers Preferred Insurance Company, o Employers Assurance Company (EMPLEADORES) participa en el plan EMPLOYERS West Virginia Managed Health Care Plan (EMP WV MHCP) a través de Coventry Health Care Workers' Compensation, Inc. Este programa surtió efecto a partir del <introduzca la primera fecha efectiva de la póliza>.

EN EL CASO DE QUE TENGA UNA LESIÓN O ENFERMEDAD DE INDEMNIZACIÓN LABORAL, NOTIFIQUE A SU ADMINISTRADOR O REPRESENTANTE DE RECURSOS HUMANOS LO ANTES POSIBLE

Su reclamo será administrado bajo el EMP WV MHCP. Al recibir el aviso de su lesión, EMPLOYERS distribuirá una copia del Aviso del Empleado, que transmite todas las reglas y las responsabilidades del programa.

Si necesita ayuda para encontrar un proveedor de estos servicios, póngase en contacto con Coventry al **800-937-6824** opción 1, 1 y 1. O puede visitar el sitio web del localizador de proveedores en www.employers.com/claims-services/ y seleccionar "West Virginia (Virginia del Oeste)" de la lista desplegable.

Nos complace ofrecerles estos servicios de compensación a los trabajadores en caso de que tengan una enfermedad o lesión relacionada con el trabajo. Si usted tiene alguna pregunta acerca de este programa EMP WV MHCP, no dude en contactar a su representante de Recursos Humanos.

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tel 888 682-6671 | PO Box 32036 | Lakeland, FL 33802-2036 | www.employers.com

EIG Services, Inc., una agencia afiliada y de ajustadores

La compañía aseguradora preferida por los empleadores | Employers Assurance Company
Compañía de seguros de compensación de los empleadores | Employers Insurance Company of Nevada

Formulario de Acuse de recibo del empleado

Por favor, firme y feche este formulario en el siguiente espacio para indicar que ha recibido esta información. Devuelva este formulario firmado y fechado a su supervisor.

Al firmar este formulario, puedo confirmar lo siguiente:

- He recibido una carta inicial y la información de mi empleador sobre el uso del EMPLOYERS® West Virginia Managed Health Care Plan (EMP WV MHCP) para cualquier lesión o enfermedad relacionada con el trabajo;
- En el caso de que tenga una enfermedad o lesión relacionada con el trabajo, mis cuidados serán bajo la atención del EMP WV MHCP;
- En el momento de la lesión, voy a:
 - Notificar inmediatamente a mi supervisor acerca de mi lesión/enfermedad
 - Obtener más información de mi empleador y EMPLOYERS acerca de mis funciones y responsabilidades en el marco de este programa, incluyendo cómo localizar un proveedor y utilizar solo los proveedores médicos disponibles a través de la EMP WV MHCP si sufro un accidente laboral o enfermedad, excepto en casos de emergencias.

También entiendo que si consulto a un médico que no esté incluido como parte de la EMP WV MHCP para tratamiento de una reclamación de compensación de trabajadores, este tratamiento **puede no** estar autorizado. También comprendo que hay un proceso de disputas y quejas en sitio para cualquier inquietud que yo pueda tener sobre la EMP WV MHCP. Entiendo mis derechos y responsabilidades dentro del EMP WV MHCP y acepto cumplir con sus disposiciones.

Firmar y Devolver al supervisor de su empleador

Firma del Empleado

Nombre impreso

Fecha

Nombre del empleador/ubicación

Firma del representante del empleador

Fecha

Nota: este formulario de acuse de recibo se guardará en el archivo del empleado para confirmar la recepción de la notificación inicial acerca de la participación del empleador en el EMPLOYERS West Virginia Managed Health Care Plan en caso de que usted tenga una enfermedad o lesión relacionada con el trabajo.

West Virginia Workers' Compensation Employers' Report of Occupational Injury or Disease

PLEASE PRINT OR TYPE

Section I Employer Information			
Insurer:		Third-Party Administrator:	
Employer's Name:		Nature of Business:	FEIN:
Address:			
City:	State:	Zip:	Telephone: () -
Section II Employee Information			
Name: (Last):		(First):	(M.I.):
Occupation/Job Title:		Telephone: () -	
Address:			Telephone: () -
City:	State:	Zip:	Social Security No.: - -
Date of Birth: ____/____/____	6. Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Marital Status:
Injured Employee is (check all that apply): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Owner/Partner <input type="checkbox"/> Officer <input type="checkbox"/> Retired - Date Retired: ____/____/____			Employee's Occupation/Job Title:
Section III Information Regarding Injury or Disease			
Date of Injury or Last Exposure: ____/____/____		Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Witnesses to Injury:
Date Employer Notified of Injury or Disease: ____/____/____	Supervisor to whom Injury or Disease Reported:		
If Injury was Fatal, Indicate Date of Death: ____/____/____			
Did Injury Occur on Employer's Property? <input type="checkbox"/> Yes <input type="checkbox"/> No Address or location where injury occurred:			
What was the Employee Doing when Injury Occurred (loading truck, walking down stairs, etc.):			
How did the Injury or Disease Occur (be specific; include time that employee began work on the date of injury, any equipment, tools, substances or objects connected to the injury; attach additional sheet if necessary):			
Nature of Injury or Disease (cut, bruise, strain, etc.):			
Body Part(s) Injured:			
Are You Aware of, or Do You Suspect, a Prior Injury to this Body Part? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do You Have Reason to Question this Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes," attach a specific explanation to this form).			
Location of Initial Treatment:		Emergency Room? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Section IV Wage and Lost Time Information			
Date Hired: ____/____/____		Last Day Worked After Occupational Injury or Disease: ____/____/____	
Number of Work Days Lost:		Date of Return to Work: ____/____/____	Hours Worked per Week:
Is Light Duty Available? <input type="checkbox"/> Yes <input type="checkbox"/> No		Wage on Date of Injury: \$ per <input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month	
Are Wages Being Paid to Injured Employee During Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Employee has Returned to Work, is it Alternative or Modified Work? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," indicate current wage: \$ per <input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month	
Daily rate of pay on the date of injury: \$ and best quarter wages of preceding four quarters \$			
I certify the statements and answers set forth in this section are true and correct to the best of my knowledge. I am aware the law, specifically West Virginia Code §61-3-24e, provides for severe penalties if I knowingly certify a false report or statement and/or withhold a material fact regarding any information requested. I acknowledge the provisions of the aforementioned code and the severe penalties for knowingly with fraudulent intent aiding or abetting anyone in securing or attempting to secure benefits to which he or she is not entitled.			
Print Name: _____		Title: _____	
Signature: _____		Date: ____/____/____	

Claim Number	Date of Injury
Claimant Name	Security Number
Employer Name	Employer Phone Number
Employer Address	Employer Email Address

Instructions for Calculating and Reporting Wages in West Virginia

The following calculation should be used when an employee routinely works 40 hours per week:

Calculate the hourly rate X 40 hours worked / by 5 = Daily Rate of Pay

The daily rate of pay should include any tips, commissions or other remuneration such as cost of lunches, uniforms, gratuities, etc.

The following calculation should be used when an employee works shifts in excess of eight hours per day, but less than five days per week:

Calculate the hourly rate X # of hours worked for a normal work week / 5 = daily rate of pay

The following calculation should be used when an employee routinely works overtime:

Calculate the number of regular hours X the regular hourly rate and calculate the overtime hours X the overtime rate.

These amounts will be added together to obtain the average daily rate of pay to be reported by the employer.

The employer must report the quarterly earnings for the four preceding calendar quarters prior to the date of injury.

Full – Time <input type="checkbox"/>	Part – Time <input type="checkbox"/>	Daily Rate of Pay: \$	Hourly Rate of Pay: \$	Hours Worked Per Week:
First Quarter Jan/Feb/Mar 20____ \$	Second Quarter Apr/May/June 20____ \$	Third Quarter Jul/Aug/Sept 20____ \$	Fourth Quarter Oct/Nov/Dec 20____ \$	
Does the employer offer a wage continuation plan to this employee?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the claimant receive wages from other employment?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed By		Title	Date	

First Fill Information EMPLOYERS®

Dear Injured Worker,

Optum® has been selected by **EMPLOYERS** to assist you in obtaining prescription drugs related to your workers' compensation claim. This form enables you to fill prescriptions written by your authorized workers' compensation physician for medications related to your injury. Simply **fill in the form below** and present it at the pharmacy at the time your prescription is filled. This form should ensure that you will have no out-of-pocket expenses when you fill your first prescription.

For your convenience, Optum has an extensive network of retail pharmacies including major chain drug stores.

For pharmacy locations, you may call our toll-free number or visit our website at cypresscare.com and use the pharmacy locator in the quick links section of the home page.

If you have any questions, or would like to learn about our convenient home delivery service, please call our customer service number: **1-800-419-7191**.

Estimado Trabajador(a) Lesionado(a),

Optum ha sido seleccionado por **EMPLOYERS** para asistirle en la obtención de medicamentos relacionados con su reclamo de compensación de trabajadores. Este formulario le permite completar las prescripciones escritas por el médico de sus empleados autorizados de compensación para los medicamentos relacionados con su lesión. Simplemente **llene el siguiente formulario** y preséntelo en la farmacia en el momento que su prescripción está lleno. Este formulario debe asegurarse de que usted no tendrá gastos de su propio bolsillo cuando surte su primera receta.

Para su comodidad, Optum cuenta con una extensa red de farmacias al por menor. De la red de farmacias Optum incluye las siguientes principales cadena de farmacias:

Para localidades de Farmacia adicional, también puede llamar a nuestro número gratuito o visite nuestro sitio web en cypresscare.com y usar el localizador de farmacias en la sección de enlaces rápidos de la página de inicio.

Si usted tiene alguna pregunta, o le gustaría aprender acerca de nuestro conveniente servicio al domicilio, llame a nuestro número gratuito de servicio al cliente: **1-800-419-7191**.

First Fill Form: Complete and take to your pharmacy

Bin #: 010876 Group Number: EMPLOYERS

Member ID:

Member Name:

Employer Name:

Date of Injury:

Last 4 digits of SSN + date of injury;
No spaces
(i.e. 9999050206)

Injured worker's first & last name

Pharmacy Help Desk: **1-800-419-7191**

PLEASE NOTE: This form allows you to fill your initial prescriptions with a cost maximum of \$500 per prescription and no more than a 14-day supply per prescription. Once your claim has been reviewed, you will be sent a new card in the mail. If you do not receive the pharmacy card, please call us at **1-800-419-7191**.

Issuance of this letter does not constitute acceptance of your claim.



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Basic Accident Report

Date of Report: _____ Report Completed By: _____

Last Name of Injured Person:	First Name:	Job Title:
Date of Accident:	Time of Accident:	Location of Accident:
Supervisor's Name & Job Title:	Name of Witnesses:	
Full Description of Injuries:		
Description of accident/incident or employee's account, including sequence of events preceding the accident:		
Basic cause and contributory causes. Explain fully unsafe act, unsafe condition, personal factor, other:		
Recommended Corrective Measures:	Action By:	
Names of Inspection Team Participants:		
Management Review By:	Date to be Completed By:	

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EMP WV MHCP Channeling Letter

Employers Compensation Insurance Company, Employers Preferred Insurance Company, and Employers Assurance Company use the EMPLOYERS West Virginia Managed Health Care Plan (EMP WV MHCP) for medical and health care services for all work-related injuries or illnesses. The plan is supported by Coventry Health Care Workers Compensation, Inc. (Coventry), a national managed care company.

If you have a work-related injury or illness, please follow the steps below:

1. If this is an EMERGENCY, go to the nearest hospital or urgent care facility listed on the Emergency Worksite Poster.
2. If this is not an emergency, notify your supervisor. Your supervisor will call the Injured Employee Hotline at **855-365-6010** to initiate your claim and assist you in obtaining medical attention.

You must use an EMP WV MHCP provider whenever possible unless one of the below exceptions is fulfilled:

- You need Emergency Services.
- You obtain prior approval from your claims adjuster to obtain services outside the network. For example, you cannot find a provider in the EMP WV MHCP for the specialty needed.

Failure to use an in-network provider may result in your responsibility to pay the out-of-network provider bills unless access to an out-of-network provider is approved by your claims adjuster.

To find a medical provider:

- Contact Coventry at **800-937-6824**, and select options 1, 1, and 1. A representative will assist you with locating a provider within EMP WV MHCP Network.
- Visit the provider locator website at employers.com/claims-services/provider-and-pharmacy-locator/ and select "West Virginia" from the drop-down list.

The types of providers you will need include:

- Initial Treatment: Family Practitioner, General Practitioner, Internal Medicine, Occupational Medicine, Occupational Medicine Clinics & Urgent Care Centers, Physical Medicine Practitioners.
- Continued Care: You will need to choose a Treating Physician who will monitor all your care and make referrals to other types of specialties, if needed. The claims adjuster will be sending you an *Employee Notice* with more information related to choosing a Treating Physician.

You will be receiving more information from the claims adjuster to define additional responsibilities you will have under the EMP WV MHCP. If you have any questions about this program or using an out-of-network provider, contact your claims adjuster at **888-682-6671**.

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West Virginia Managed
Health Care Plan
Employer Guide

**EMPLOYERS[®] West Virginia
Managed Health Care Plan
(EMP WV MHCP)
Guide**

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West Virginia Managed Health Care Plan Employer Guide

Program Overview

As your workers' compensation insurance carrier, Employers Compensation Insurance Company, Employers Preferred Insurance Company or Employers Assurance Company (EMPLOYERS), we are committed to the well-being and safety of your employees. As part of our commitment, we want to ensure that every employee who sustains a work-related injury or illness obtains prompt medical care, receives high quality treatments, and returns to work as soon as medically possible. We have selected to work with Coventry Health Care Workers Compensation Services, Inc. (Coventry) to offer a Workers' Compensation Managed Health Care Plan (MHCP) to your work-related injured or ill employees.

The MHCP program offered by Coventry in conjunction with EMPLOYERS is known as the **EMPLOYERS WV Managed Health Care Plan (EMP WV MHCP)**.

This guide will explain the process and responsibilities for providing EMP WV MHCP to injured employees.

Employer Responsibilities Highlights:

Prior to an Injury

- Review and finalize sample employee materials
- Post the following notices in a conspicuous location frequented by employees such as the break room, lunchroom or time clock. If you have multiple office locations be sure to post the notices at each location:
 1. WV Workers' Compensation Posting Notice
 2. EMP WV MHCP Hospital Emergency Worksite Poster
 3. EMP WV MHCP Initial Employee Letter and Acknowledgement Form
- Send Initial Employee Letter to all employees at implementation of the program and to new employees at the time of hire

After an Injury

- Report the injury to the Injured Employee Hotline or EMPLOYERS Customer Support
- Provide the injured employee with the *Channeling Letter*, which will assist the injured employee in locating a physician

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At Implementation and Prior to an Injury

Getting employees to understand the program is crucial to the success and compliance of the program. EMPLOYERS recommends employers provide employees with the *Initial Employee Letter and Acknowledgement Form* at implementation of the program. After implementation, these documents should also be given to all new hires.

Each employee must sign the Acknowledgement form and return it to a key individual at the employer's location. This form should be placed in the employee's personnel file, acknowledging receipt of the information packet.

Information relating to the program should be distributed to the employees in a manner that allows you to track and confirm that the employee received the information. Some common distribution methods include:

- Payroll stuffers
- Annual informational meetings
- Mail

After an Injury

- Immediate reporting is a major step in cost and time containment of any claim and is beneficial to all parties involved. Any delays in the reporting of a claim can result in delayed access to medical care, which in some instances may lead to further injury, resulting in the need for additional treatment subsequently leading to higher medical costs.
- If an emergency, send the injured employee to the nearest hospital or urgent care facility for emergency services and then report the claim to EMPLOYERS. For non-emergencies, report the claim by calling the Injured Employee Hotline or Customer Support.
- EMPLOYERS offers two convenient phone numbers that are available 24/7 to report a non-emergency claim with less paperwork. Both numbers are staffed with individuals fluent in both English and Spanish, with accommodations for other languages.
 - **Injured Employee Hotline – 855-365-6010**
 - Reporting of a new work-related injury or illness when the injured/ill employee has not yet received medical treatment.
 - Access to registered nurses who are specially trained to provide nurse triage and medical guidance.
 - **Customer Support – 888-682-6671**
 - Reporting of a new work-related injury or illness when the injured/ill employee has already received medical treatment.

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West Virginia Managed Health Care Plan Employer Guide

— Injured employees who have not yet sought medical treatment will be transferred to our Injured Employee Hotline (IEH) and provided the IEH phone number.

- Provide the injured employee with the *Channeling Letter*, which will assist the injured employee in locating a physician.
- Plan for the employee's return to work with modified light or alternative duty opportunities.

Claims Adjuster Responsibilities

The claims adjuster will supply all other necessary documents after acceptance of the claim. These documents include: the *Employee's Notice Letter*, *Verification of Network Coverage and Grievance Form*.

Please note: At some point during the injured employee course of care, the claims adjuster may initiate Utilization Review or Case Management with Coventry. This is to ensure the services rendered to the injured employee are consistent with nationally acceptable practices guidelines and are medically necessary.

Ask the Claims Adjuster

Whenever there are questions on a claim, contact the claims adjuster for information. Here are some examples of where the injured employee may need additional claims adjuster support:

Coordination of Care – When a provider terminates, it is the provider's responsibility to notify the injured employee that he/she is no longer part of the network. The injured employee may request the claims adjuster confirm the provider has terminated. If the terminated provider is the employee's primary care provider, the injured employee must choose another primary care provider from the network.

Change of Provider – For assistance in locating another EMP WV MHCP physician, contact your Claims Adjuster at **888-682-6671**.

Exceptions for Using Non-Network Providers/Facilities: (Out of Network Requests) – The injured employee should use a network provider whenever possible. Prior approval is required in order to use a non-network provider for services other than medical emergencies. The injured employee must contact the adjuster at **888-682-6671** in order to obtain approval.

Non-network services may be used under the following circumstances:

- Conditions requiring immediate medical care
- When a specific specialty is not available within the EMP WV MHCP

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West Virginia Managed Health Care Plan Employer Guide

- For a second opinion regarding surgery or where another provider is not available within the EMP WV MHCP
- When all four of the following conditions have been met:
 - The injured employee has received treatment by providers solely within the EMP WV MHCP for at least one year.
 - Based on the treatment alone, injured employee has not made progress toward recovery that is reasonably consistent with the Commissioner's treatment guidelines.
 - Injured employee establishes that treatment outside the EMP WV MHCP would likely provide a better clinical outcome than the current plan.
 - The non-network physician limits his/her activities solely to treatment.

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