



Workers' Compensation Claim Kit



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Section I

Introductory Letter

Welcome,

We are pleased, on behalf of ISCC to provide you with a copy of this FutureComp “Claim Kit”. Included, you will find step by step instructions for entering/reporting a claim, contact information for your dedicated team, as well as a brief explanation regarding medical case management, utilization and other pertinent information that will be utilized to assist with the recovery of your employees from injury and/or illness:

I am pleased to introduce your Workers’ Compensation Program Team:

<u>Name</u>	<u>Function</u>
Sharon Thomas	Senior Claims Adjuster
Melanie Kane	Medical Only Adjuster
Leslie Giroux	Claims Team Leader
Steve Grahm	Vice President - Claims
Karen DeRoche, BS, RN	Nurse Case Manager
Moira Barresi, RN, BSN, CCM	Nurse Case Manager
Jane Sutter, RN, BSN, CCM	Nurse Case Manager
Deborah Uckno, RN, CCM	Nurse Case Manager
Kimberly Ferris, RN, CCM	Vice President Medical Case Management
Jennifer Gomez, RN	Vice President Utilization Review Services
Sarah Depergola,	Vice President - MIS Systems Reporting
Daniel McCarthy	Loss Control Vice President / Team Leader
Zachary Collins	Sr. Loss Control Consultant

At FutureComp we look forward to working together with you, to effectively manage your workers’ compensation needs. If there is any further information you may need or simply have any questions, please let me know.

Sincerely,



Tony Szwez
Division Senior Vice President, FutureComp

Section II

Responsibilities

Employee Responsibilities

Immediately after injury the institution's employee should:

- Report the injury in accordance with the institution's procedures
- Seek appropriate treatment at the institution's identified emergency care provider
- Report back to institution
- Adhere to "work place" restrictions and/or treatment plan
- Maintain contact with the institution

Employer Responsibilities

Immediately after the injury is reported the ISCC Member should:

- Report the claim within 24 hours
- Investigate the accident/incident
- Direct injured employee to an Occupational Health provider
- Identify potential temporary alternative work
- Communicate

FutureComp Responsibilities

Immediately after obtaining first report of injury FutureComp will:

- Enter and assign claim to the ISCC dedicated appropriate adjuster within 24 hours
- Make 3 point contacts within 24 hours
- Investigate claim and determine compensability
- Evaluate and reserve for exposure
- Develop disposition plan
- Electronically report claims to the Department of Industrial Accident

Section III

FutureComp Injury Reporting Instructions

Reporting and 1st Report of Injury

There are a couple of different methods to report claims to FutureComp. The preferred method would be to input claims directly into the FutureComp claims system. You also do have the ability to e-mail or fax an injury report to us.

- Entering claims via the FutureComp claims system
 - Instructions on how to file a claim are located on pages 9-17
 - If you require a username and password please contact:

Sarah Depergola

Vice-President & MIS Systems Reporting

Tel: 413-750-4273 / Fax: 413-739-9330

Email: Sarah.Depergola@usi.com

Sonja Cruz

Technical Services Associate

Tel: 413-750-4321 / Fax: 413-739-9330

Email: Sonja.Cruz@usi.com

Heather Touchette

Technical Services Associate

Tel: 413-750-4241 / Fax: 413-739-9330

Email: Heather.Touchette@usi.com

- If submitting a claim via e-mail or fax (1st report of injury can be found on pages 18-19), please send the information to:

Melanie Kane, Non-Lost Time Claims Adjuster

Tel: 603-665-6130 / Fax: 781-376-5035

Email: Melanie.Kane@usi.com

Sharon Thomas, Senior Lost-Time Claims Adjuster

Tel: 781-376-2704 / Fax: 781-376-5035

Email: Sharon.Thomas@usi.com

*** Do not submit First Reports of Injury to the Commonwealth of Massachusetts, FutureComp will file these electronically for you**

Accessing the Claims System from the Web

Copy and paste the web address to your browser and press Enter:

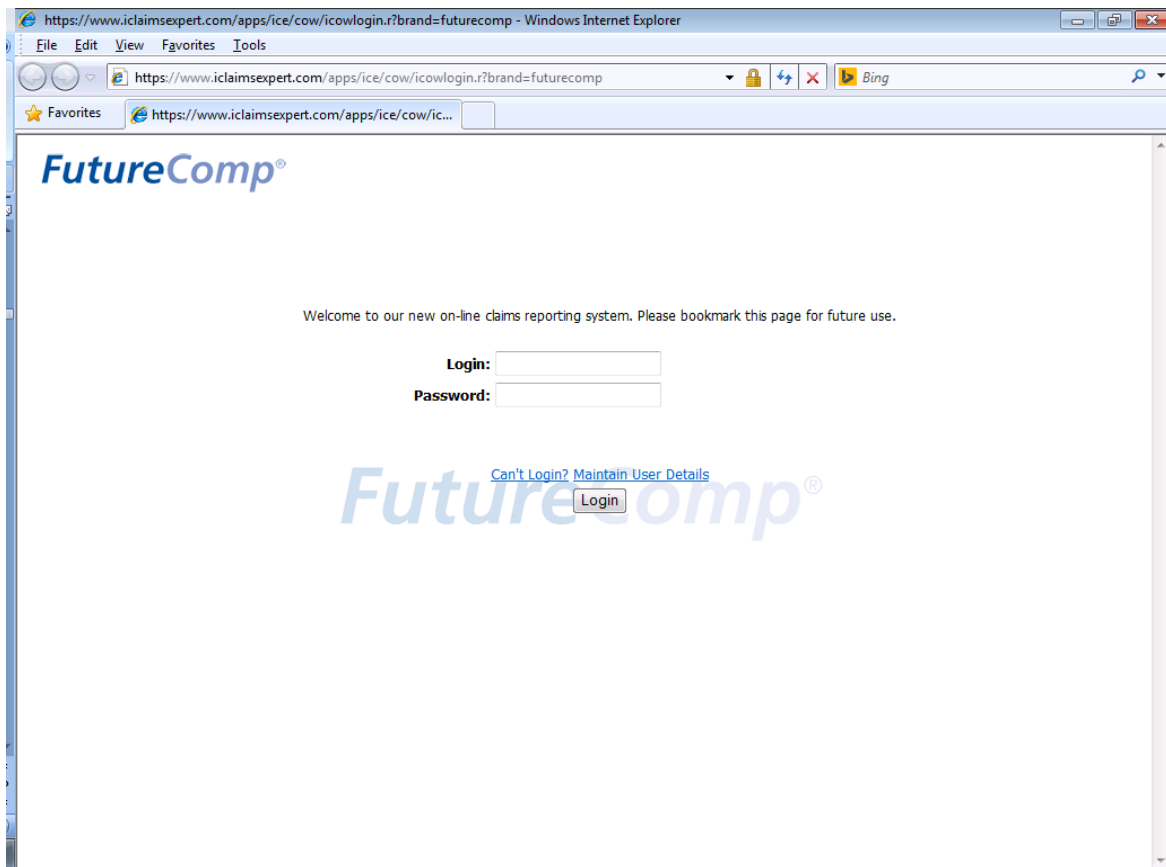
<https://www.futurecompclaims.com>

The following screen will appear.

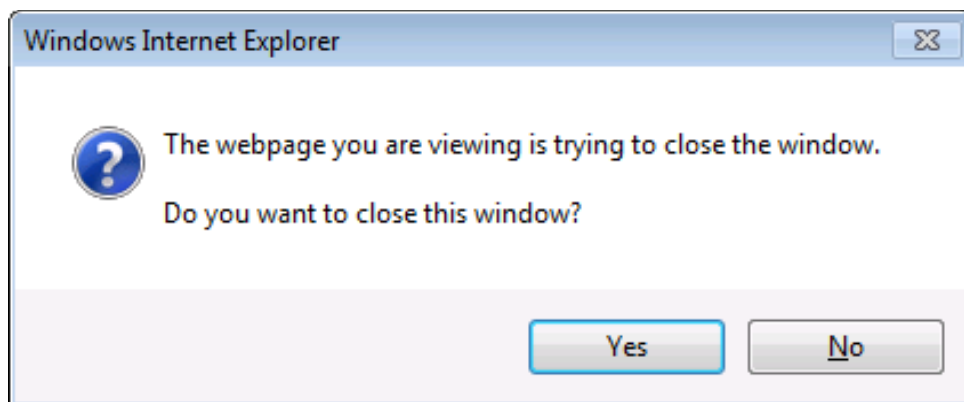



How to Report a Claim

Click on “Report a Claim” and enter in your “Login” name and “Password”.




When you see this pop-up click “Yes”.




Select the type of claim to open: 

☒ Enter a new Workers Compensation claim.


☐ Enter a new General Liability claim.

Click on a
mark 
on that data field.

yellow question
button to view help

* Date of Birth: 

Enter the date of birth of the claimant in MM/DD/YYYY format.

of Dependents: 

Enter the number of legal dependents (not including the claimant) of the claimant.

An asterisk  indicates required information

** designates required items*

Input dates and times in the following formats:

Dates: 01/01/2001 or 01/01/2001 or 01012001

Times: 09:00 (select AM or PM)

Reporting a Workers Compensation Claim

**Insured
Selection**

In this example, choose "State Workers' Compensation Act"

Insured Selection Insured Confirmation Employer Details Employee/Wage Details Occurrence/Treatment Details Special Instructions Completion

For client Telematics Corporation.

The Employer has more than one type of policy. Which type of claim are you making:

☒ State Workers' Compensation Act

☐ Employer's Liability

Cancel Next to Insured Confirmation page →

Reporting a Workers Compensation Claim

**Insured
Confirmation**

The Insured Confirmation page confirms that you are opening a Workers Compensation claim:

Insured Selection **Insured Confirmation** Employer Details Employee/Wage Details Occurrence/Treatment Details Special Instructions Completion

For client Telematics Corporation.

You are about to open a **State Workers Comp Act** claim for **Telematics Corporation, Telematics Wireless**.

You will need the following mandatory information in order to successfully open a new claim today. If you do not have the following information, you can Cancel and obtain the information and come back here to report the claim to us.

- Phone number of employer representative we can use to obtain more information about the injured worker and the accident details.
- Location of where and when the accident happened and when the employer first became aware of the accident.
- The SSN of the injured employee, as well as his/her full name, address, and a phone number.
- The type of injury or illness, cause, and result

After entering the mandatory and as much optional details about the accident as you can, the system will generate and email to you (in PDF Format) a jurisdictionally acceptable first report of injury form. In some cases, you (as the employer) may be legally required to sign and send this form to the proper state or federal jurisdiction. If unsure, contact the claims adjuster that is assigned to this claim for advice.

Press "Cancel" now to abandon.
Press "Back to Insured Selection page" to choose a different Employer.
Press "Next to Employer Details page" to proceed with creating the first report of injury .

← Back to Insured Selection Page Cancel Next to Employer Details page →

Reporting a Workers Compensation Claim

**Employer
Details**

Insured Selection
Insured Confirmation
Employer Details
Employee/Wage Details
Occurrence/Treatment Details
Special Instructions
Completion

For client Telematics Corporation.

* designates required items

* Employer Location:

? Country: UNITED STATES
 Street: 234 Main Street ☒
 City: New Orleans State: Louisiana Zip:

* Telephone:

? 555-555-5555 ☒

* Jurisdiction:

? Louisiana ☐

NAICS Code:

? 811213 - Communication Equipment Repair and Maintenance ☐

SIC Code:

? 4899 - Communications Services, NEC ☐

Insured Report #:

?

Client Report #:

?

Location #:

? 1234567 ☐

* Location Coding:

? Region: Southcentral Region
 State: Louisiana
 Area: None Provided
 Customer: None Provided

Check the box next to a selection and the identical information will auto-populate each time you input a new claim. The field will remain editable; check the box to save time and change it when you need to.

Click any Question Mark for help completing that field.

At the bottom of each screen, click "Next" to continue.

Inputting Workers Compensation Claims

Employee/Wage Details

[Insured Selection](#)
[Insured Confirmation](#)
[Employer Details](#)
[Employee/Wage Details](#)
[Occurrence/Treatment Details](#)
[Special Instructions](#)
[Completion](#)

For client Telematics Corporation.

* designates required items

* Employee ID: is:

* Name:

* Address:

* Telephone:

* Date of Birth:

* State of Hire: ☐

Gender: ☐ Unknown ☒ Male ☐ Female

Marital Status: ☐ Unknown ☐ Single ☒ Married ☐ Separated ☐ Divorced ☐ Widowed

Spoken Language: ☐

of Dependents:

Date of Hire:

Occupation:

Insured Employee Id:

Employee Supervisor:

Employment Status: ☐

NCCI class Code: ☐

Wages: Per: ☒ Hour ☐ Day ☐ Week ☐ Month ☐ Year ☐ Other:

days worked per week: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐ 6 ☐ 7

Full pay for day of injury: ☒ Yes ☐ No

Did salary continue: ☐ Yes ☒ No

Input the Social Security Number, then click on the **Tab** key.

If an employee has prior claims in the YCE system, much of the information on this page will auto-complete.

If not, insert details on this page.

Be sure to note here if:

- Employee was paid for the date of injury
 - Salary is continued

[← Back to Employer Details page](#)
[Cancel](#)
[Next to Occurrence/Treatment Details page →](#)

Reporting a Workers Compensation Claim

Occurrence/Treatment Details

[Insured Selection](#)
[Insured Confirmation](#)
[Employer Details](#)
[Employee/Wage Details](#)
[Occurrence/Treatment Details](#)
[Special Instructions](#)
[Completion](#)

For client Telematics Corporation.

* designates required items

Employee began work: AM ☐ PM

* Date of accident: 05/15/2013 * Time: 09:00 AM ☐ PM

* Did injury cause death: ☐ Yes ☒ No If yes, give date of death:

* Date employer notified: 05/15/2013 * Time: 09:30 AM ☐ PM

* Nature of injury: Specific Injury Concussion

* Part of body: Head Skull

* Cause of injury: Fall, Slip, or Trip Injury On Ice or Snow

* How accident occurred: Employee was walking into building from car (returning from meeting with client) and slipped on ice outside main entrance, landing on back and hitting head.

* Where accident occurred: ☐ Did injury/illness exposure occur on employer's premises: ☒ Yes ☐ No
Specify the department or location on the premises: outside main entrance

* State of Accident: Texas

Doing usual work: ☒ Yes ☐ No

Contact Name: First Middle Last
Title Walter Jones Suffix ☐
Telephone: 222-222-2222

Equipment, materials or chemicals involved: None.

Specific activity engaged in when occurred: Walking into building from parking lot.

Work process engaged in when occurred: Returning from meeting with client.

Safeguards provided: ☐ Yes ☒ No

Safeguards used: ☐ Yes ☒ No

Witnesses: First Middle Last Phone
Title Suffix ☐
Title Suffix ☐

Date last worked: 05/15/2013

Date disability began: 05/16/2013

Date returned to work:

Initial treatment: ☐ No medical treatment
☐ Minor: by employer
☐ Minor: by clinic or hospital
☐ Emergency care
☐ Hospitalized > 24 Hrs.
☒ Future major medical / Lost Time anticipated

Physician/Health Care provider: First Middle Last
Title John Smith Suffix ☐
Country: UNITED STATES
Street: 123 High Street
City: Slidell State: Louisiana Zip: 70458

Hospital: Name: ☐
Country: UNITED STATES
Street:
City: State: Select State Zip:

Be sure to use the correct format for **Date** (01/01/2001, 01-01-2001, or 01012001) and **Time** (09:00)

[← Back to Employee/Wage Details page](#)


[Cancel](#)

[Next to Special Instructions page →](#)

Reporting a Workers Compensation Claim

Occurrence/Treatment
Details

Date last worked:  05/15/2013
Date disability began:  05/16/2013

Initial treatment:  ☐ No medical treatment
☐ Minor: by employer
☐ Minor: by clinic or hospital
☐ Emergency care
☐ Hospitalized > 24 Hrs.
☒ Future major medical / Lost Time anticipated

Reporting a Workers Compensation Claim

Special
Instructions

Insured
Selection

Insured
Confirmation

Employer
Details

Employee/Wage
Details

Occurrence/Treatment
Details

Special
Instructions

Completion

For client Telematics Corporation.


Almost finished! Please tell us if you have any special instructions. These items are not shown on the first report of injury.

** designates required items*

* Send first report of injury to:  lisa.sudbury@yorkrsg.com ☐



Note: You may enter multiple email addresses seperated by commas

Contact me first:  ☐ Check this box to alert the adjuster to contact you prior to any investigation.

Any message for the adjuster: 

Place a message for the claims examiner here.

Would you like an investigator involved: 

Based upon the information provided, a new Indemnity claim will be opened momentarily. If you believe that this is an incorrect decision, change this decision now by selecting one of:  No Change 

This is your last chance, press "Cancel" now if you want to abandon this claim opening. Otherwise, press "Next to Completion page" to submit the claim and generate the first report of injury

← Back to Occurrence/Treatment Details page

Cancel

Next to Completion page →

At this point, you have 3 choices:

Open another Claim, Log Out or Enter iClaimsExpert.

If you select Enter iClaimsExpert
it will bring you into the claims system.

The screenshot shows the 'FutureComp' iClaimsExpert web application running in a Windows Internet Explorer browser. The browser window title is 'iClaimsExpert - Windows Internet Explorer'. The application interface features a blue header with the 'FutureComp' logo. Below the header is a navigation bar with seven buttons: 'Insured Selection', 'Insured Confirmation', 'Employer Details', 'Employee/Wage Details', 'Occurrence/Treatment Details', 'Special Instructions', and 'Completion'. The 'Completion' button is highlighted in blue. Below the navigation bar, the text reads: 'Thank you for completing this report! Please make a note of the claim number. The adjuster should be making their contacts shortly. Your iCE claim number is: **5592876**. The first report of injury? will be emailed to: sarah.depergola@usi.biz. It was not possible to allocate an adjuster to this claim. We will allocate an adjuster to this claim shortly.

Below this, instructions are provided: 'Press "Open another Claim" to repeat this process and open another claim. Press "Log Out" to end this session. Press "Enter iClaimsExpert" to continue into iCE with your current login.'

A section titled '? You'll need a PDF reader to view your first report of injury.' includes a link to 'Get ADOBE® READER' and a note: 'Your first report of injury will be emailed shortly from info@icclaimsexpert.com. Please ensure that your email service does not block incoming emails from this address.'

At the bottom of the main content area, there are three buttons: 'Open another Claim', 'Log Out', and 'Enter iClaimsExpert'. The browser's status bar at the bottom shows 'Done', 'Trusted sites', 'Protected Mode: Off', and a zoom level of '90%'.

FORM 101



The Commonwealth of Massachusetts
Department of Industrial Accidents – Department 101

1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017
 Info. Line 800-323-3249 ext. 470 in Mass. Outside Mass. - 617-727-4900 ext. 470
<http://www.mass.gov/dia>

DIA USE ONLY

Print Form

**EMPLOYER'S FIRST REPORT OF INJURY
 OR FATALITY**

**THIS FORM MUST BE FILED BY THE EMPLOYER IN THE EVENT OF AN INJURY THAT RESULTS IN DEATH
 OR FIVE OR MORE CALENDAR DAYS OF TOTAL OR PARTIAL INCAPACITY FROM EARNING WAGES.**

INSTRUCTIONS AND CODES ON THE REVERSE SIDE - Please Print Legibly or Type - Unreadable forms will be returned.

E M P L O Y E E	1. Employee's Name (Last, First, MI):		2. Home Telephone Number:		3. Social Security Number*:		4. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
	5. Home Address (No., Street, City, State & Zip Code):				5a. Native Language Code: Other: _____		6. Marital Status: <input type="checkbox"/> M <input type="checkbox"/> S	
	8. Date of Hire (mm/dd/yyyy):		9. Date of Birth (mm/dd/yyyy):		10. Average Weekly Wage: \$ _____ <input type="checkbox"/> Estimated <input type="checkbox"/> Actual			
E M P L O Y E R	11. Employer's Name:				12. Federal Tax I.D. Number:			
	13. Employer's Address (No., Street, City, State & Zip Code):				14. Employer's Telephone Number:			
	16. Workers' Compensation Insurance Carrier and Tel. No. (NOT LOCAL AGENT/ADMINISTRATOR):				17. W.C. Policy Number:			
	18. Self-Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Self-Insurer Number: _____				19. Business Type : <input type="checkbox"/> Service <input type="checkbox"/> Wholesale <input type="checkbox"/> Mfg. <input type="checkbox"/> Retail <input type="checkbox"/> Other			
I N J U R Y I N F O R M A T I O N	20. DATE OF INJURY (mm/dd/yyyy):				20a. Insurer's Case/Claim File No.:			
	21. Was Employee Injured on Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				22. Location of Injury if not on Employer's Premises:			
	23. FIRST day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):				24. FIFTH day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):			
	25. If Employee has Died, Date of Death (mm/dd/yyyy):				26. Source of Injury (Chemicals, Machinery, etc.):			
	27. Briefly Describe How Injury/Exposure Occurred and Body Part(s) involved:							
	28. Person to Whom Injury was Reported (list position):				29. Date Reported (mm/dd/yyyy):		30. Date Reported as work related (mm/dd/yyyy):	
	31. Injury Code(s) _____ Body Part Code(s) _____ a. _____ to body part a. _____ b. _____ to body part b. _____ c. _____ to body part c. _____				32. Witness(es) to Injury - Give Full Name(s), if none state as such:			
	33. Has Employee Returned to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				34. Date Employee Returned to Work(mm/dd/yyyy):			
	35. Employee's Regular Occupation:				36. Has Employee Returned to Regular Occupation: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	P R E P A R E R	37. PREPARER'S Name (SEE INSTRUCTIONS ON REVERSE SIDE):				38. PREPARER'S Title:		
39. PREPARER'S Signature (SEE INSTRUCTIONS ON REVERSE SIDE):				40. Date Prepared (mm/dd/yyyy):		40a. PREPARER'S e-mail address:		

*Disclosure of Social Security Number is Voluntary. It will aid in the processing of your report. Form 101 - Revised 7/2010 - Reproduce as needed.

THIS FORM DOES NOT CONSTITUTE AN EMPLOYEE'S CLAIM FOR BENEFITS UNDER WORKERS' COMPENSATION.

EMPLOYER'S FIRST REPORT OF INJURY OR FATALITY **FILING INSTRUCTIONS**

- WHEN TO FILE:** File this form within 7 calendar days, not including Sundays and legal holidays, of receipt of notice of any injury alleged to have arisen out of and in the course of employment, which totally or partially incapacitates an employee for a period of 5 or more calendar days from earning wages. This form is not an admission of liability, but must be filed even though the Employer may believe that the Employee is not injured, or that the Employee is not entitled to benefits under M.G.L. Chapter 152.
- WHERE TO FILE:** This form should be mailed to the Department of Industrial Accidents at the address shown on the front of the form. Copies must also be provided to the Employee and to the Employer's Workers' Compensation insurer.
- PENALTIES:** Failure to report injuries on this form may result in a fine of \$100.00 in accordance with M.G.L. Chapter 152, Section 6.
- EMPLOYER'S NAME & SIGNATURE IN BOXES 37 & 39:** This form must be filed by the employer or an authorized agent/representative of the employer.

NATIVE LANGUAGE CODES			
1 – English / 2 – Portuguese / 3 – Haitian Creole / 4 – Spanish / 5 – Chinese / 6 – Vietnamese / 7 – Cape Verdean / 9 – Other			
INDUSTRY CODES			
Agriculture, Forestry and Fishing 01 Agriculture Production - Crops 02 Agriculture Production - Livestock 07 Agricultural Services 08 Forestry 09 Fishing, Hunting and Trapping Mining 10 Metal Mining 12 Coal Mining 13 Oil and Natural Gas 14 Nonmetallic Minerals, Except Fuels Construction 15 General Building Contractors 16 Heavy Construction, Ex. Building 17 Special Trade Contractors Manufacturing 20 Food and Kindred Products 21 Tobacco Products 22 Textile Mill Products 23 Apparel and Other Textile Products 24 Lumber and Wood Products 25 Furniture and Fixtures 26 Paper and Allied Products 27 Printing and Publishing	28 Chemicals and Allied Products 29 Petroleum and Coal Products 30 Rubber and Misc. Plastic Products 31 Leather and Leather Products 32 Stone, Clay and Glass Products 33 Primary Metal Industries 34 Fabricated Metal Products 35 Industrial Machinery and Equipment 36 Electronic and Other Electrical Equipment 37 Transportation Equipment 38 Instruments and Related Products 39 Miscellaneous Manufacturing Industries Transportation and Public Utilities 40 Railroad Transportation 41 Local and Interurban Passenger Transit 42 Trucking and Warehousing 43 U.S. Postal Service 44 Water Transportation 45 Transportation by Air 46 Pipelines, Except Natural Gas 47 Transportation Services 48 Communications 49 Electric, Gas and Sanitary Services Wholesale Trade 50 Wholesale Trade - Durable Goods	51 Wholesale Trade - Non-durable Goods Retail Trade 52 Building Materials and Garden Supplies 53 General Merchandizing 54 Food Stores 55 Automotive Dealers and Service Stations 56 Apparel and Accessory Stores 57 Furniture and Home Furnishing Stores 58 Eating and Drinking Establishments 59 Miscellaneous Retail Finance, Insurance and Real Estate 60 Depository Institutions 61 Non-depository Institutions 62 Security and Commodity Brokers 63 Insurance Carriers 64 Insurance Agents, Brokers and Service 65 Real Estate 67 Holding and Other Investment Offices Services 70 Hotels and Other Lodging Places 72 Personal Services 73 Business Services 75 Auto Repair Services and Parking 76 Miscellaneous Repair Services	78 Motion Pictures 79 Amusements and Recreation Services 80 Health Services 81 Legal Services 82 Educational Services 83 Social Services 84 Museums, Botanical, Zoological Gardens 86 Membership Organizations 87 Engineering and Management Services 88 Private Households 89 Services, NEC Public Administration 91 Executive, Legislative and Garden 92 Justice, Public Order, and Safety 93 Finance, Taxation, and Monetary Benefits 94 Administration of Human Services 95 Environmental Quality and Housing 96 Administration of Economic Program 97 National Security and International Affairs Non-classifiable Establishments 99 Non-classifiable Establishments
NATURE OF INJURY OR ILLNESS CODES			
100 Amputation or Erucloation 110 Asphyxia or Strangulation Etc. 120 Burns (Heat) 130 Burns (Chemical) 140 Concussion 160 Contusion, Crushing, Bruise 170 Cut, Laceration, Puncture 190 Dislocation 200 Electric Shock, Electrocuton 210 Fracture 250 Hernia, Rapture 300 Scratches, Abrasions 310 Sprains, Strains 400 Multiple Injuries 900 No Injury 950 Damage to Prosthetic Devices 995 No Other Injury, NEC** 999 Non-classifiable Infective or Parasitic Disease 150 Infective or Parasitic Disease, UNS* 151 Amebiasis 152 Anthrax 153 Brucellosis 154 Conjunctivitis and Ophthalmia 156 Tetanus	157 Tuberculosis 159 Other Infective or Parasitic Diseases Dermatitis 180 Dermatitis, UNS* 183 Primary Infections of the Skin 184 Other Skin Conditions 185 Dermatitis, Allergic or Contact 189 Skin Condition, NEC** Poisoning Systemic 270 Poisoning, Systemic, UNS* 271 Due to Toxic Materials other than Lead 272 Diseases of the Blood and Blood Forming Organs 273 Upper Respiratory Conditions 274 Influenza, Pneumonia, Etc. 276 Other Diseases of the Gastro-Intestinal Tract 278 Effects of Lead 279 Other Toxic Effects of One System Only Respiratory Systems, Conditions of 570 Respiratory Systems, Conditions of 571 Upper Respiratory 572 Asthma, Influenza, Pneumonia Pneumoconiosis 280 Pneumoconiosis	281 Aluminumosis 282 Anthracosis 283 Asbestosis 284 Byssinosis 285 Siderosis 286 Silicosis 287 Other Pneumoconioses 289 Pneumoconiosis and Tuberculosis Nervous System, Conditions of 560 Nervous System, Conditions of - NEC** 561 Diseases of the Central Nervous System 562 Diseases of the Nerves and Peripheral Ganglia Neoplasm Tumor 550 Neoplasm Tumor, UNS* 551 Malignant 552 Benign Radiation Effects 290 Radiation Effects, UNS* 291 Non-ionizing Radiation 292 Microwaves 293 Ionizing Radiation - X-Ray 294 Ionizing Radiation - Isotopes 295 Welder's Flash	Other 265 Carpal Tunnel Syndrome 510 Cardiovascular and Other Conditions of the Circulatory System 520 Complications Peculiar to Medical Care 500 Effects of Changes in Atmospheric Pressure 240 Effects of Environmental Heat 220 Effects of Exposure to Low Temperature 530 Eye, other Diseases of the Eye 230 Hearing Loss or Impairment 991 Heart Condition, Excludes Heart Attack 320 Hemorrhoids 330 Hepatitis, Serum and Infective 275 Hepatitis, Toxic 260 Inflammation of Joints, Etc. 540 Mental Disorders 900 No Illness 999 Non-classifiable 990 Occupational Disease, NEC** 580 Symptoms and Ill-defined Conditions
BODY PART AFFECTED CODES			
Head 100 Head, UNS* 110 Brain 120 Ear(s), UNS* 121 Ear(s), External 124 Ear(s), Internal 130 Eye(s), UNS* 140 Face, UNS* 141 Jaw, Chin 144 Mouth and Throat (vocal chords, larynx) 146 Nose 148 Face, Multiple Parts 149 Face, NEC** 150 Scalp	160 Skull 198 Head Multiple 200 Neck & Cervical Vertebrae UPPER EXTREMITIES 300 Upper Extremities, NEC** 310 Arm(s), UNS* 311 Upper Arm 313 Elbow(s) 315 Forearm(s) 318 Arm(s), Multiple 319 Arm(s), NEC** 320 Wrist(s) 330 Hand(s), Not Wrists or Fingers 340 Finger(s)	398 Upper Extremities, Multiple 400 Trunk, UNS* 410 Abdomen, Internal Organs, Inguinal Hernia 420 Back 430 Chest, Ribs, Breastbone, Internal Organs 440 Hip(s), Pelvis, Organs and Buttocks 450 Shoulder(s) 498 Trunk, Multiple LOWER EXTREMITIES 500 Lower Extremities 510 Leg(s), UNS*	513 Knee(s) 515 Lower Leg(s) 518 Leg(s), Multiple 519 Leg(s), NEC** 520 Ankle(s) 530 Foot or Feet, Not Ankle 540 Toe(s) 598 Lower Extremities, Multiple 700 MULTIPLE PARTS Applies when more than one major body part as been effected such as an arm and a leg 999 NON-CLASSIFIABLE - Insufficient information to identify part of body effected. Includes damage to prosthetic devices.

*UNS - UNSPECIFIED

**NEC - NOT ELSEWHERE CLASSIFIED

Section IV

FutureComp Service Team

INDEPENDENT SCHOOLS COMPENSATION CORPORATION / *FutureComp* TEAM LISTING

<u>GROUP ADMINISTRATORS</u>	
Todd R. Johnson, Administrator President-FutureComp Tel: 781-376-2682 Cell: 508-572-0040 Email: Todd.Johnson@usi.com	Kathy Camire Account Executive - FutureComp Tel: 603-665-6121 Email: Kathy.Camire@usi.com **ISCC Website Logon Contact
<u>FINANCE & UNDERWRITING TEAM</u>	
Seth Pratt Senior Accountant - FutureComp Tel: 603-665-6001 Email: Seth.Pratt@usi.com	Kelly Grahm, CIC, CISR Underwriting Manager Tel: 781-939-2004 Email: Kelly.Grahm@usi.com
<u>CLAIMS & MEDICAL CASE MANAGEMENT TEAM</u>	
Sharon Thomas, Senior Lost-Time Claims Adjuster Tel: 781-376-2704 / Fax: 610-362-8463 Email: Sharon.Thomas@usi.com	Melanie Kane, Non-Lost Time Claims Adjuster Tel: 603-665-6130 / Fax: 610-537-9393 Email: Melanie.Kane@usi.com
Leslie Giroux, TPA Claims Team Leader Tel: 781-376-2758 / Fax: 484-652-5362 Email: Leslie.Giroux@usi.com	Steve Grahm, Vice-President Claims Tel: 413-750-4250 / Fax: 413-739-9330 Email: Steve.Grahm@usi.com
Karen DeRoche, BS, RN Nurse Case Manager Tel: 401-558-3111 / Fax: 610-362-8470 Email: Karen.DeRoche@usi.com	Moira Barresi, RN, BSN, CCM, Nurse Case Manager Tel: 413-750-4219 / Fax: 866-292-7628 Email: Moira.Barresi@usi.com
Jane Sutter, RN, BSN, CCM, Nurse Case Manager Tel: 413-750-4244 Email: Jane.Sutter@usi.com	Deborah Uckno, RN, CCM Nurse Case Manager Tel: 203-634-2838 / Fax: 610-537-4605 Email: Deborah.Uckno@usi.com
Jennifer Gomez, RN Vice President of Utilization Review Services Tel: 781-376-2644 / Fax: 866-293-8018 Email: Jennifer.Gomez@usi.com	Kimberly Ferris, RN, CCM Vice President Medical Case Management Tel: 413-750-4213 / Fax: 610-537-2729 Email: Kimberly.Ferris@usi.com
<u>LOSS RUN REPORTS</u> [DEDICATED EMAIL ADDRESS] FutureComp-WCSupport@usi.com	
Sonja Cruz, Technical Services Associate Tel: 413-750-4321 / Fax: 413-739-9330 Email: Sonja.Cruz@usi.com	Heather Touchette, Technical Services Associate Tel: 413-750-4241 / Fax: 413-739-9330 Email: Heather.Touchette@usi.com
<u>CLAIM REPORTING LOG ON</u>	
Sarah Depergola Vice-President & MIS Systems Reporting Tel: 413-750-4273 / Fax: 413-739-9330 / Email: Sarah.Depergola@usi.com	
<u>LOSS CONTROL & SAFETY</u> [** Risk Management Center Logon Contact]	
Zach Collins Sr. Loss Control Consultant Tel: 603-656-6056 / Cell: 603-819-9891 / Email: Zachary.Collins@usi.com	
Dan McCarthy, CPEA Loss Control Vice President/Team Leader Cell: 508-570-1449 / Email: Daniel.McCarthy@usi.com	

Section V

Medical Case Management

Medical Case Management

Medical case management is a collaborative process assess, plans, implements, coordinate, monitor and evaluate the options and services required to meet an individual's health needs; using communication and available resources to promote quality, cost effective outcomes. The underlying premise of FutureComp case management is that when an individual reaches the optimum level of wellness and functional capability, everyone benefits: the individual being served, their support system, the health care delivery system and the reimbursement sources or payers.

The goals of medical case management are:

- Assist the employee to achieve an optimal level of wellness and function by facilitating timely and appropriate health services.
- Facilitate early return-to-work through transitional/light duty return-to-work programs.
- Assure appropriateness of treatment.
- Assure appropriate duration of treatment.
- Through communication and consultation with claim adjusters facilitate appropriate expenditure of claims and timely claim determinations.
- Channel injured workers to their approved Preferred Provider Network providers when appropriate.
- To assure that the injured worker receives quality, cost effective medical care.
- Enhance employee productivity, satisfaction and retention.

Medical Case Management consists of the following steps:

- Information gathering
- Assessment/Problem identification
- Rehabilitation plan development/Goal setting
- Rehabilitation plan implementation
- Ongoing and timely reporting
- Rehabilitation plan follow through and outcome assessment

Section VI

Utilization Review

Utilization Review

Massachusetts workers' compensation insurers are required to undertake utilization review of health care services provided to injured workers in accordance with the Utilization Review and Quality Assessment Regulation (452 CMR 6.00). The Commonwealth of Massachusetts Department of Industrial Accidents has approved FutureComp to conduct utilization review on Massachusetts workers' compensation claims. FutureComp's approved Utilization Review agent number is 12-020.

As part of the utilization review process, FutureComp health care professionals review the medical treatment provided or proposed by the injured worker's health care provider to determine if the services are medically necessary and appropriate and in compliance with 452 CMR 6.00.

FutureComp's Claim Department will mail the injured worker an identification card that the injured worker should present to their treating medical practitioner each time they receive health care services for their work-related injury. This card lists the fax number to send written requests and the toll-free number that the treating medical practitioner can call before they begin health care services. This card is for identification purposes only and does not guarantee payment for services. All eligibility/financial questions should be referred to FutureComp Claim Department.

All requests for services should be faxed to (866) 293-8018.

In case of emergency, utilization review agents allow 24 hours after an emergency admission, service or procedure to notify us and request approval for the health care services.

Injured workers, providers and employers can call our toll-free number at (800) 817-5307 with any questions or concerns regarding Utilization Review. Please note that FutureComp has an appeal process if the injured worker, provider or representative is not in agreement with Utilization Review decisions. Our Utilization Review Department is available Monday through Friday from 9:00 am to 5:00 pm. The toll-free number takes messages on a 24 hour 7 days a week basis.

Section VII

The 10 Most Frequently Asked Questions

How Can We Help You ... Please Call Us. The 10 Most Frequently Asked Questions

1. Does the injury information form need to be completed in its entirety?

There is minimal information that needs to be completed for a claim to begin the process and receive a claim number. The adjuster will gather the remaining portion of information during the investigation process.

2. How are lost wages calculated when an employee is out of work?

When an injured employee is totally disabled from working, their benefits will be based on 60% of the gross (pre-tax, pre-benefits) average weekly wage for the 52 weeks prior to date of injury. When paid, these wages are also exempt from taxes.

3. I am approved to receive claim reports, who do I call for them?

Loss run information or any customized report request should be directed to:

Sarah Depergola

Vice-President & MIS Systems Reporting

Tel: 413-750-4273 / Fax: 413-739-9330

Email: Sarah.Depergola@usi.com

Sonja Cruz

Technical Services Associate

Tel: 413-750-4321 / Fax: 413-739-9330

Email: Sonja.Cruz@usi.com

Heather Touchette

Technical Services Associate

Tel: 413-750-4241 / Fax: 413-739-9330

Email: Heather.Touchette@usi.com

4. Is it all right to fax/email first reports of injury?

While the preferred method of reporting a claim is directly into the FutureComp claims system via the web portal; yes, fax/email is an acceptable manner of reporting a claim to FutureComp. The first report of injury needs to arrive in an expeditious manner allowing FutureComp to begin the claims process. We would enter the claim on your behalf.

5. What information is needed to pay a medical bill?

Two things are needed, an itemized bill and a medical report. If the bill is a balance forward or there is no medical report attached, the bill is sent back to the provider requesting proper information.

6. When mailing claims information or medical bills who should we send them to?

All information regarding workers' compensation claims should be directed to FutureComp:

FutureComp
12 Gill Street, Suite 5500
Woburn, MA 01801

7. When are Indemnity/Medical/Expense reimbursements mailed?

Reimbursement checks are mailed every Thursday.

8. Do injured employees get reimbursed for mileage, tolls and parking when they attend medical visits?

Yes, the injured employee is paid the Federal mileage reimbursement rate that is in place at the time. Tolls and parking are paid at face value.

9. How quickly does a new injury need to be reported?

All injuries need to be reported immediately. The sooner FutureComp receives the claims information, the sooner we begin the investigation. The more time that lapses in the reporting of a claim the less information can be gathered. There is also a state-mandated requirement that requires that a claim be reported within seven calendar days.

10. Are injured employees entitled to any benefit for permanent scarring due to work related injuries?

Yes, but only if the scar happens to be on the face, neck or hands. The amount of remuneration depends on the length, width and color of the scar.

If there are any questions regarding your program, please do not hesitate to contact us.

Section VIII

Sample Forms Injured Employee's will Receive Once a Claim is Filed

**Prescription Cards
(Bi-Lingual are Available)**

Workers' Compensation Temporary Prescription ID Card



» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed up the processing of your approved workers' compensation prescriptions.

Questions or need assistance locating a participating retail network pharmacy? Call the Patient Care Contact Center at 800.945.5951.

Atención Trabajador Lesionado:

En su primera visita, por favor entregue esta notificación a cualquier farmacia enumerada al reverso para acelerar el procesamiento de sus recetas aprobadas de compensación para trabajadores (según las pautas establecidas por su empleador).

Si tiene cualquier duda o necesita ayuda para localizar una farmacia de venta al por menor participante de la red, por favor llame al Centro de Contacto para Atención a Clientes de Express Scripts, al 800.945.5951.

» To the Pharmacist:

myMatrixx, an Express Scripts company administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 15-day supply or a cost of \$300. (Note: the limit on post exposure prophylaxis is \$3,000). This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance, call Express Scripts at 888.786.9640.

Pharmacy Processing Steps

- Step 1: Enter BIN number 003858
- Step 2: Enter processor control WC
- Step 3: Enter the group number as it appears above
- Step 4: Enter the injured worker's nine-digit ID number
- Step 5: Enter the injured worker's first and last name
- Step 6: Enter the injured worker's date of injury

ID#: _____

Your SSN is your temporary ID number, present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: ____/____/____
MM/DD/YYYY

Group #: NX5A

Employee Date of Birth: ____/____/____

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

» To the Supervisor: Please fill in the information requested for the injured worker.

Employee Information

First M Last

Street Address or PO Box

City State ZIP

Employer Name

FutureComp

Participating Retail Network Pharmacies



A & P	Drug Emporium	Longs Drug Store	Sav-On
Acme Pharmacy	Drug Fair	Major Value	Save Mart
Albertson's	Drug Town	Marsh Drugs	Schnucks
Albertson's/Acme	Drug World	Medic Discount	Scolari's
Albertson's/Osco	Eckerd	Medicap	Sedano
Albertson's/Sav-On	Econofoods	Medistat	Shaw's
Amerisource Bergen	EPIC Pharmacy	Meijer	Shop 'N Save
Anchor Pharmacies	Network	Minyard	Shopko
Arrow	FamilyMeds	NCS HealthCare	ShopRite
Aurora	Farm Fresh	Neighborcare	Snyder
Bartell Drugs	Farmer Jack	Network	Stop & Shop
Bigg's	Food City	Pharmaceuticals	Sun Mart
Bi-Lo	Food Lion	Northeast Pharmacy	Super Fresh
Bi-Mart	Fred's	Services	Super Rx
BJ's Wholesale Club	Gemmel	Osco	Target/CVS
Brooks	Giant	P & C Food Markets	Texas Oncology Srvs
Brookshire Brothers	Giant Eagle	Pamida	The Pharm
Brookshire Grocery	Giant Foods	Park Nicollet	Thrifty White
Bruno	Hannaford	Pathmark	Times
Carrs	Harris Teeter	Pavilions	Tom Thumb
Cash Wise	H-E-B	Price Chopper	Tops
Coborn's	Hi-School Pharmacy	Publix	Ukrop's
Costco	Hy-Vee	Quality Markets	United Drugs
Cub	Jewel/Osco	Raley's	United Supermarkets
CVS	Kash n Karry	Randalls	Vons
D&W	Keltsch	Rite Aid	Waldbaums
Dahl's	Kerr	Rosauers	Walgreens
Dierbergs	Kmart	Rx Express	Walmart
Discount Drugmart	Knight Drugs	RXD	Wegmans
Doc's Drugs	Kroger	Safeway	Weis
Dominicks	LeaderNet (PSAO)	Sam's Club	Winn Dixie

Who is myMatrixx?

myMatrixx is an industry-leading pharmacy benefit manager for work-related injury claims. Some features/benefits of the FutureComp prescription program include:

- ❖ Availability to all employees injured at work
- ❖ Access to a nationwide network of more than 70,000 pharmacies
- ❖ Significant savings beyond fee schedule
- ❖ Immediate claim adjudication
- ❖ Contact center and pharmacy support, as well as availability of a registered pharmacist, 24 hours a day, 7 days a week

Core Components of the FutureComp Prescription Program

- 1) **First Fill Program** – Offers up to a 15-day supply of medication to the injured worker at the time of injury. The employer gives the employee a temporary ID card form, which provides a listing of participating pharmacies and instructions to assist those pharmacies with processing any medications.
- 2) **Retail Program** – The injured worker receives a prescription-drug ID card from myMatrixx based on the eligibility provided by Medata. The card is valid only for medications related to the work injury, and the injured worker may use the card at any network pharmacy. The injured worker also receives a courtesy phone call notifying the injured worker the card is in the mail and encourage the use of a network pharmacy.
- 3) **Home Delivery** – myMatrixx can fill up to a 90-day supply of medication for injured workers through Home Delivery from the Express Scripts Pharmacy. To request that an injured worker be contacted to convert to Home Delivery, please contact the Mail Conversion Center at 1.866.533.6227.
- 4) **Formulary and Prior Authorization** – In consultation with a myMatrixx clinical pharmacist, and in compliance of state regulations, FutureComp selected the most appropriate formulary(ies) for their pharmacy program. The formulary covers certain medications based on the acute, sub-acute and chronic phases of the claim life cycle. Note: Any state with a mandated formulary will be enforced on all applicable claims based on claim's state of jurisdiction.
 - If a medication is on the formulary, it is not necessary to contact myMatrixx in advance for approval.
 - However, if a medication is not on the formulary and should require authorization for a specific claim, myMatrixx will notify the adjuster/claims examiner for appropriate approval.

WORKERS' COMPENSATION

Contact Center:

Card requests, pharmacy assistance, new claims, eligibility updates and medication approvals, etc.

24 hours a day, 7 days a week
1.800.945.5951

Mail Conversion Center:

Provides support transitioning patients to the Express Scripts Home Delivery pharmacy.

M-TR, 7:30 a.m. – 5:30 p.m., CDT
F, 7:30 a.m. – 5:00 p.m., CDT
1.866.533.6227

WorkCompMCC@Express-Scripts.com

Clinical Pharmacist Support:

Provides support regarding formulary, therapy, and other drug-related inquiries.

ConsultRx@Express-Scripts.com

Account Manager:

Provides support for all reporting and program related inquiries.

Michael Harley
mharley@mymatrixx.com
813.521.4259

Account Executive:

Jason Storner
jstorner@mymatrixx.com
314.692.4167

RESEARCH-DRIVEN SOLUTIONS.
PROVEN PHARMACY RESULTS.

FutureComp Billing Information

This information can be provided directly to the patient or pharmacy, in the event that they do not have the correct billing information.

Bin Number - 003858

Control Number - WC

Rx Group Number - NX5A

Member Number - Claim Number

DOI Field - Date of Injury (in YYYYMMDD)

Note: If a claim number is not available (new claim) the patient's SSN can be used to facilitate processing of the medication.

myPassport Authorization Tool

- To set up a new user with access, email accountmanagement@myMatrixx.com
- If you forget your password, please utilize the forgot password link in the login page

Frequently Asked Questions

Q: Who can I contact if I have questions on drug to drug interactions, drug uses, or formulary questions?

A: E-mail our Clinical Team at ConsultRx@express-scripts.com

Q: What is the process if I decide to reverse a decision on a medication (e.g. if I deny the medication and later decide to accept it)?

A: You should contact the Contact Center at retailcard@express-scripts.com or 1.800.945.5951

Q: What if I need request assistance accessing the myPassport portal?

A: Contact the accountmanagement@myMatrixx.com

Q: How can I set up an Injured worker on Home Delivery?

A: Contact the Mail Order Conversion Department at WorkCompMCC@express-scripts.com or call 1.866.533.6227

Q: Who can the Injured worker reach out to if they need to check the status of, or re-order Home Delivery medications?

A: Call the Contact Center at 1.800.945.5951

Q: Who can I reach out to should I have a question or concern about the Express Scripts Pharmacy Program?

A: Contact your Account Manager, Michael Harley at 813.521.4259 or mharley@myMatrixx.com

Q: How do I obtain transaction history for a patient?

A: Transaction history can be exported via the transactions tab in the myPassport portal. You may also email accountmanagement@myMatrixx.com

Q: What if a patient needs a new pharmacy card?

A: Contact retailcard@express-scripts.com. Cards may also be requested via the "Send Card" feature on the eligibility tab in the myMatrixx portal

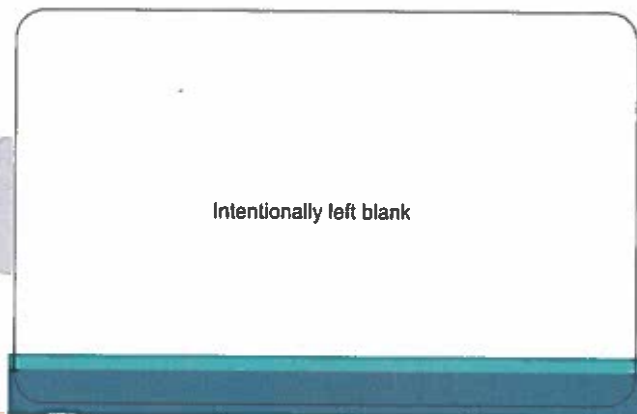
WORKERS' COMPENSATION

For Injured worker questions:
Call the Contact Center

24 hours a day, 7 days a week
1.800.945.5951

RESEARCH-DRIVEN SOLUTIONS.
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FutureComp® FUTURECOMP
711 E MAIN ST STE 201
CHICOPEE, MA 01020
NX6



2019999999 - 000000001 CID PMM-CWK



JOHN Q SAMPLE
123 ANYSTREET
APT. 456
SOMETOWN, US 99999-9999

00101010000006565650

Your Workers' Compensation Prescription ID Card

FutureComp has chosen myMatrixx, an Express Scripts company to manage your Workers' Compensation pharmacy program. Attached above is your prescription ID card that you can use immediately at an in-network pharmacy for your work-related injury or illness. By using your prescription ID card at an in-network pharmacy you won't pay up front or need to submit reimbursement requests to FutureComp.

In-Network Pharmacies Located Near You

Here is a partial list of in-network pharmacies located close to the address we have on file for you. For additional pharmacy locations, go to www.myMatrixx.com and click on Pharmacy Search or call the customer care number on the backside of your pharmacy card.

*This list is subject to change without notice

Pharmacy1Name
Pharmacy1Addr1
Pharmacy1Addr2
P1City, S1

Pharmacy2Name
Pharmacy2Addr1
Pharmacy2Addr2
P2City, S2

Pharmacy3Name
Pharmacy3Addr1
Pharmacy3Addr2
P3City, S3

Protection from Unsafe Drug Interactions

It is important to fill your prescription through an in-network pharmacy rather than receiving medication directly through your doctor because it does not go through the customary safety checks provided at a pharmacy. A pharmacist provides oversight and knows about all medications you may be taking as well as your medical history. This can help protect you against unsafe drug interactions.

Sign Up for Home Delivery

myMatrixx utilizes the Express Scripts Pharmacy to provide home delivery of medications for greater convenience, service and safety. The benefits of home delivery are:

- Get a 90-day supply conveniently by mail
- Delivered to your home with free standard shipping
- Easy refills online, phone or mail

To sign up for home delivery, call myMatrixx today at 800.945.5951.

Questions?

Call myMatrixx at 800.945.5951, 24/7.

Sample Utilization Review Card

MA Utilization Review - Letter of Introduction for Employee

Agent: #12-020

Dear John Doe:

Massachusetts workers' compensation insurers are required to undertake utilization review of the health care services provided to insured workers in accordance with the Utilization Review and Quality Assessment Program (452 CMR 6.00).

FutureComp is the claims administrator of your employer's and/or insurer's workers' compensation program. The Commonwealth of Massachusetts Department of Industrial Accidents has approved FutureComp to conduct utilization review on Massachusetts workers' compensation claims. FutureComp is an approved UR agent (#12-020). As part of the utilization review process, FutureComp's health care professionals assess the medical treatment suggested by your Practitioner to determine if the medical care is reasonable and appropriate and in accordance with 452 CMR 6.00.

At the bottom of this letter is your identification card that you should present to your treating medical practitioner each time you receive medical treatment for your work related injury. This card lists the toll free number that you or your treating medical practitioner should call before you begin treatment. This card is for identification purposes only and does not guarantee payment for services.

In case of emergency, utilization review agents allow 24 hours after an emergency admission, service of procedure for you or your representative to notify us and request approval of treatment at (855) 874-0123.

If at any time an injured employee, ordering provider, or employee representative believes the utilization review agent's conduct to be in violation of the Code of Massachusetts Regulations, 452 CMR 6.00 et seq. a complaint may be filed with the Department of Industrial Accidents by contacting the Department by phone at (617) 727-4900 x438 and requesting a UR agent complaint form (133A). A copy of this form is posted on the Department's website at www.mass.gov/lwd/workers-compensation/dia/

Please feel free to call your claims adjuster at (855) 874-0123 if you have any questions or concerns regarding Utilization Review. Please note that FutureComp has an appeal process if you are not in agreement with any Utilization Review decisions. The Utilization Review staff is available Monday through Friday from 9:00 a.m. to 5:00 p.m.

All eligibility/financial questions should be referred to your claims adjuster in the claims department at the number of (855) 874-0123.

If you have any questions regarding this letter or need a replacement Utilization Review identification card please contact FutureComp Claim Department.

FutureComp

John Doe
59 GLENN DR
WILBRAHAM, MA 01095

For Utilization Review please call FutureComp
Direct Fax: (866) 255-8028
Fax: (415) 237-0130
For billing inquiries or to speak to an adjuster please call:
(855) 874-0123

FutureComp

05/30/2017
John Doe
6490011