City of Springfield Workers' Compensation Claim Coordinators Claim Kit

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City of Springfield Injury Reporting Form

When to File:

File this form for any injury which the employee does not miss 5 or more calendar days, a medical only claim (medical treatment with no lost time) or a report only claim (no lost time or medical treatment).

Where to File:

This form should be e-mailed or faxed directly to FutureComp as soon as it is completed. This form is **not** to be mailed to State of Massachusetts Department of Industrial Accidents:

FutureComp

711 East Main Street, Suite 201

Chicopee, MA 01020

Fax: (413) 739-9330

E-mail - Sandra.Feinstein@usi.com and Carolyn.Scyocurka@usi.com

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Workers' Compensation claims are administered by FutureComp
(800) 688-7256
Fax 739-9330

City of Springfield, Massachusetts

Human Resources Department

Employee's Notice of a Work-related Injury and/or Occupational Disease

Department	MUNIS Location Code	Last Name	First Name	M.I.

Home Telephone #	Mailing Address:	City/State	Zip Code

Social Security #	Date of Injury	Day of the Week	Time of Day	Age	Sex	Date of Hire (MM/DD/YYYY)
/ /	/ /					/ /

Regular Job Title	Work Telephone #	Location of Accident/Illness/Exposure

1-None **3**-Doctor/Medical Center	**2**-First Aid Only **4**-Hospital ER	
Primary Treatment Sought—circle numbered response		Doctor/Medical Center/Hospital Name and Location

Please describe what, where and how the accident/incident and injury/illness/exposure occurred, nature of injury(ies) (fracture, cut, sprain, strain, etc.) and specifically which body part(s) (left arm, right leg, lower back, neck, etc.) and attach additional sheets if necessary, including any doctors slips:

Name(s) of Witness(es):

I certify that the information I have provided on this form is accurate to the best of my knowledge, and I am aware that false statements could result in disciplinary and/or legal action.

_____ / /

Employee's signature — Date of signature

THE AFFECTED EMPLOYEE MUST REMEMBER TO COMPLETE "RELEASE OF INFORMATION FORM" ON THE REVERSE SIDE

The supervisor is required to review this injury/illness report **within twenty-four (24) hours** of the injury/illness/exposure incident and ensure that both sides of it have been completed and is immediately submitted to FutureComp by faxing it to (413) 739-9330.

_____ / /

Supervisor's name clearly printed, signature, and contact telephone number — Date of signature

[EMPLOYEE MUST COMPLETE "RELEASE OF INFORMATION" ON THE REVERSE SIDE.]

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FUTURECOMP AND CITY OF SPRINGFIELD
CONSENT FOR RELEASE OF MEDICAL INFORMATION

Claim Number[1]:

Injured Worker:

Date of Injury:

Date of Birth:

Social Security Number:

I authorize the release of medical information and facts regarding this injury, including reports and records, results, or diagnosis, treatment and prognosis, estimates of disability, and recommendations for further treatment relating to this injury. This information is to be used for purpose of evaluating and handling my claim for injury as result of an accident on or about date of injury as identified above on this form.

This will also authorize FutureComp Medical Case Manager if assigned to me, and the City of Springfield Human Resources Department, to have access to all medical records and Utilization Review Records. The Case Manager may discuss pertinent information with professionals involved in my case to share information as appropriate and necessary for coordination of health care services and coordination with employer for return to work. I understand authorization for Case Management purposes is voluntary and not required.

I am willing that a photocopy of this authorization be accepted with the same authority as the original.

_____ _____

Signature of Injured Worker or Authorized Representative | Date

[1] To be assigned later on by FutureComp

Section III

Wage Reporting Form 117

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State of Massachusetts Department of Industrial Accidents Form 117

When to File:

File this form as soon as it is known that the injured employee will miss 5 or more days from work. This form is used for the calculation of the injured employee's compensation rate.

Where to File:

The form should be mailed or faxed to:

FutureComp

711 East Main Street, Suite 201

Chicopee, MA 01020

Fax: (413) 739-9330

E-mail - Sandra.Feinstein@usi.com and Carolyn.Scyocurka@usi.com

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AVERAGE WEEKLY WAGE COMPUTATION SCHEDULE

PLEASE PRINT OR TYPE:

Date (MM/DD/YY): / /

Employer Name and Address		Insurer Case File Number
Employee Name	# Children Under 18 Years Old	Dependents Other Than Children
Date of Injury (MM/DD/YY):	First Date of Disability (MM/DD/YY):	Date Employed (MM/DD/YY): / /
Has Employee been certified by U.S. Veterans Administration for any type of disability? ❑ Yes ❑ No		

Indicate only those wages earned by the injured employee during the 52 week period immediately preceding the accident. If the injured employee has worked less than 52 weeks, report wages for the time worked and, for the remaining weeks on this schedule, substitute wages of a fellow employee in the same class of employment who has worked for one year or more.

Week No	Year / Week Ending Month	Day	Gross Amount Paid Including Overtime	No. of Meals Per Week	Week No	Year / Week Ending Month	Day	Gross Amount Paid Including Overtime	No. of Meals Per Week	Week No	Year / Week Ending Month	Day	Gross Amount Paid Including Overtime	No. of Meals Per Week
1					19					37				
2					20					38				
3					21					39				
4					22					40				
5					23					41				
6					24					42				
7					25					43				
8					26					44				
9					27					45				
10					28					46				
11					29					47				
12					30					48				
13					31					49				
14					32					50				
15					33					51				
16					34					52				
17					35									
18					36					TOTAL:				

Was Room Furnished To Employee?
❑ Yes ❑ No

If Tips or Other Benefits Were Earned, Describe and State Value Per Week:

Comments

THIS IS A TRUE COPY OF THE PAYROLL RECORDS OF THE ABOVE NAMED EMPLOYEE OR OF A FELLOW EMPLOYEE IN THE SAME CLASS OF EMPLOYMENT.

Name of Fellow Employee	Employer Preparer's Signature	Preparer's Title

Section IV

FutureComp Dedicated Claims Unit

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Dedicated Claims & Case Management Team

Steve Grahn 413-750-4250
Claims Manager
Steve.Grahn@usi.com

Kimberly Ferris 413-750-4246
Managed Care Manager
Kim.Ferris@usi.com

Carolyn Scyocurka 413-750-4254
Senior Claims Adjuster
Carolyn.Scyocurka@usi.com

Susan Dise R.N. 413-750-4230
Utilization Review
Susan.Dise@usi.com

Sandra Feinstein 413-750-4264
Claims Adjuster
Sandra.Feinstein@usi.com

Pat Gipps 413-750-4397
Senior Loss Control Consultant
Patricia.Gipps@usi.com

Sarah Depergola 413-750-4273
MIS Manager
Sarah.Depergola@usi.com

Tony Szwez 413-750-4261
Senior Vice President, FutureComp
Tony.Szwez@usi.com

Ryan Foye 781-376-2622
Vice President, FutureComp Division
Ryan.Foye@usi.com

Fax: (413) 739-9330

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Section V

Utilization Review

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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 day's a week basis.

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Section VI

Medical Case Management

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Medical Case Management

Medical case management is a collaborative process which assesses, plans, implements, coordinates, monitors and evaluates 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 systems and the reimbursement sources or payors.

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.
- To 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 VII

The 10 Most Frequently Asked Questions

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

1. Do the first reports of injury need to be completed in their entirety?

Yes, all the information is needed to input the claim accurately and monitor the information for loss runs.

2. Should my employer give me time off during the workday to attend medical appointments?

Yes, the employer is obligated to allow you time off during the workday to attend medical appointments.

3. I am the Workers' Compensation Coordinator, who do I contact for claim reports?

- Dedicated Loss Run Email : FutureComp-WCSupport@usi.com
- Any customized report request should be directed to Sarah Depergola, Data Coordinator at 413-750-4273.

4. Is it all right to fax first reports of injury instead of mailing them?

Yes, in fact faxing is preferred as the first report of injury arrives in an expeditious manner allowing FutureComp to begin the claims process.

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 should we send them to FutureComp?

All information regarding workers' compensation claims should be directed to FutureComp: 711 East Main Street, Suite 201,Chicopee, MA 01020.

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

Reimbursement checks are mailed every Thursday unless Thursday happens to fall on a holiday in which case the checks would be mailed on Wednesday.

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

Yes, the injured employee is paid $.45 per mile; toll 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 can help you. 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. Am I entitled to any financial remuneration 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.

Thank You!!

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