

Customer Workers Compensation Jurisdictional Resource - Arkansas

Issue	Mandatory	What & How	Impact	State Forms
Timely Reporting of Claims	<p>Yes</p> <p>Injuries resulting in death or in loss of time in excess of 7 days must be reported within 10 days, as must cases where compensation is due for permanent disability. Injuries other than these must be reported monthly on prescribed form. See Rule 099.08 of the Arkansas Code and Section 11-9-529 of the Arkansas Code</p>	<p>Information to be submitted on required forms to Arkansas Workers' Compensation Commission.</p>	<p>Intended to promote prompt reporting of claims for proper claim administration and information compilation required by AWCC.</p>	<p>Arkansas Form - First Report of Injury (FROI)</p> <p>Arkansas Form AR-M - Monthly Report on Injury</p>
Drug Free Workplace	<p>No</p> <p>Voluntary program establishes testing standards, types of testing, and employer/employee protections. Successful compliance results in premium credit. See Rule 099.36 of the Arkansas Code and A.C.A. Sections 11-14-101 through 11-14-112.</p>	<p>Employer shall apply to AWCC for acceptance in program and shall thereafter complete and submit annually a form approved by the Director of the Health & Safety Division of the AWCC.</p>	<p>Purpose of program is to promote drug-free workplace with sanctions for offending employee that include risk of unemployment and being precluded from receiving workers' compensation medical and indemnity benefits.</p>	<p>Arkansas Form 36 - Application for a Voluntary Drug-Free Workplace Program</p>

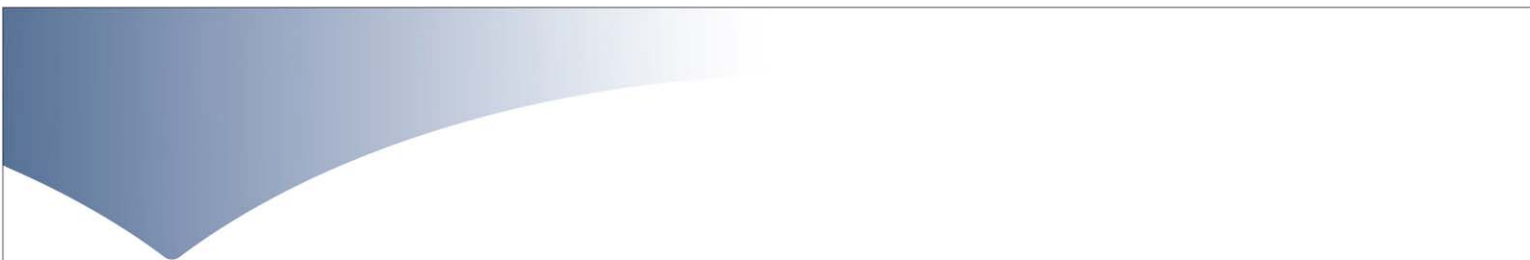
Managed Care Law	<p>No</p> <p>There is no requirement for managed care in Arkansas. Employer/Insurer may use services of nurse case manager (with agreement of Claimant). See, however, Rule 099.33 of the Arkansas Code, A.C.A. Section 11-9-508 & 11-9-530.</p>	<p>While not required it is possible to participate in managed care. To do so employer contracts with managed care organization (MCO) certified by AWCC or obtains AWCC certification of Internal Managed Care System (IMCS). Medical Cost Containment division of AWCC is contact entity.</p>	<p>Permits greater control over medical care cost inflation and utilization of medical resources while maximizing outcomes.</p>	N/A
Utilization Review	<p>Yes</p>	<p>Travelers holds a UR license in AR</p>		
Timely Reporting of Out of Work Status	<p>No</p> <p>Required only by employer's 1st report of injury. There is no separate mandatory reporting requirement. While not required, form AR-S is preferred by AWCC.</p>	<p>If employee is out of work, this information should be communicated to insurer as soon as possible.</p>	<p>Permits timely payment of benefits where appropriate.</p>	<p>Arkansas Form - First Report Of Injury (FROI)</p> <p>Arkansas Form AR-S - Supplemental Report</p>
Timely Reporting of Employee Returning to Work	<p>No</p> <p>Though not required, it is preferred that form AR-S be submitted.</p>	<p>Employer should notify insurer as soon as possible so that temporary-total benefits may be terminated at appropriate time.</p>	<p>Timely reporting prevents overpayment of benefits.</p>	<p>Arkansas Form AR-S - Supplemental Report</p>

<p>Bona Fide Job Offers</p>	<p>Voluntary</p> <p>But employers are encouraged to facilitate return to work for injured employees. Moreover, in cases where employee has unscheduled permanent partial disability, and is entitled to allege permanent partial disability benefits ("wage loss") in excess of an anatomical rating, a bona fide offer of employment at wages equal to or greater than those received at time of accident must be made in order to avoid finding of "wage loss".</p>	<p>If employer has light duty, written offer should be made as soon as possible in order to mitigate any temporary total disability claim. The same reasoning applies to those situations where "wage loss" is alleged. Such an offer of employment should be in writing and delivered either personally or by method requiring proof of receipt by employee.</p>	<p>Mitigates employer's exposure for payment of indemnity benefits if they are able to accommodate injured worker's light duty restrictions. It also eliminates "wage loss" claim if work at same or greater pre-injury wage is offered.</p>	<p>No form, but see A.C.A. Section 11-9-522.</p>
<p>Wage Statements</p>	<p>Yes</p> <p>If compensation rate is less than maximum. No specific requirement regarding time for submission but Commission will most certainly remind carrier if it is not submitted.</p>	<p>Travelers sends an AWCC form AR-W to the employer on all lost time claims. While there is no required time for completion it would be prudent to request completion and return to the carrier within 30 days from the date of injury.</p>	<p>There are no statutory sanctions for failure to submit, but every effort should be made to acquire this information. It is needed in order to determine an accurate average weekly wage.</p>	<p>Arkansas Form AR-W - Wage Statement Immediately Preceding Injury Date</p> <p>See also A.C.A. Section 11-9-518</p>

<p>Posting of Notices</p>	<p>Yes</p> <p>Typewritten or printed must be posted in conspicuous place in and about place of business in accordance with form prescribed by the AWCC. Notices must state employer has secured payment of compensation and contain name and address of carrier and date of expiration of policy. See Rule 099.07 of the Arkansas Code and A.C.A. Section 11-9-407.</p>	<p>An Arkansas Form AR-P must be posted in accordance with the requirements of A.C.A. Section 11-9-407.</p>	<p>When notice is posted employees are more likely to report claims quickly. This enables the investigation to begin sooner, thereby increasing the chances for a better outcome. Further, an employer failing to post the notice may lose the use of Arkansas Form AR-N - Employees Notice of Injury as a defense in litigation. Precedent has also held that an employer not posting a notice can be stopped from asserting the statute of limitations.</p>	<p>Travelers provides a copy of this form, or it can be downloaded from here: Arkansas Form AR-P to be posted</p>
<p>Directing Medical Treatment</p>	<p>Yes</p> <p>The employer has the right to direct initial health care for an injured employee. The employee can subsequently petition the AWCC for a one-time only change of physician. See A.C.A. Section 11-9-508.</p>	<p>The employer selects the health care provider.</p>	<p>The employer selection of a health care provider is an important aspect of claim management. If the employee refuses to consult the employer's choice of providers and chooses his or her own care it can result in the defense of unauthorized medical treatment and be the sole responsibility of the employee.</p>	<p>N/A</p>

Forms	<p style="text-align: center;">Yes</p> <p>There are many forms pertaining to various aspects of workers' compensation administration, most of which are mandatory and which have specific time limits for completion.</p>	<p>Depending on the particular form requirement, the employer must complete and submit the form/s to the AWCC in timely fashion. The various forms contain instructions concerning completion and submission requirements.</p>	<p>The purpose of the forms is to insure the orderly administration of claims and accurate statistical information required by the AWCC. Failure to submit forms within specified time limits, or the submission of erroneous forms, can result in sanctions against the carrier. Form submission is graded for timeliness and a "report card" is issued at prescribed intervals. A failing grade can affect the right of the carrier to conduct business in Arkansas.</p>	<p>Various forms can be downloaded from Arkansas Workers Compensation Commission Website</p>
Maintain Copies of All Injuries	<p style="text-align: center;">Yes</p> <p>See A.C.A. Section 11-9-528.</p>	<p>The employer shall keep a record with respect to any injury to an employee. The record must contain such information of disability or death with respect to the injury as the AWCC by rule or regulation may require. The record shall be available for inspection by a representative of the Commission or by any state authority at such time and under such conditions at the AWCC may by rule or regulation prescribe.</p>	<p>The specific statute requiring the record of injury doesn't prescribe a penalty for non-compliance.</p>	<p style="text-align: center;">N/A.</p>

<p>Employer May Not Discharge Employee Based On WC Claim</p>	<p>Yes Severe sanctions. See A.C.A. Section 11-9-107.</p>	<p>Employer subject to significant penalties for willful discrimination in regard to the hiring or tenure of work.</p>	<p>An employer who is determined by the AWCC to have willfully discriminated against an employee, for instance, termination based upon the filing or maintenance of a WC claim, faces a fine of up to \$10K (to be paid by the employer and not the carrier) and may also be guilty of a Class D felony.</p>	<p>N/A</p>
<p>Employee Must Not Pay Into WC Premium</p>	<p>An agreement by the employee to pay any portion of premium is not valid</p>	<p>No agreement by employee to pay any portion of premium paid by his/her employer to carrier or to contribute to safety program, benefit fund or department maintained by employer for purpose of providing compensation or medical services and supplies shall be valid. See A.C.A. Section 11-9-109.</p>	<p>An employer who makes a deduction from the pay of an employee to pay for compensation coverage or the other purposes listed in this statute shall be guilty of a Class D felony.</p>	<p>N/A</p>
<p>Employee Cannot Waive Right to Compensation</p>	<p>An employee cannot waive his/her right to compensation.</p>	<p>The employer or carrier cannot be relieved, in whole or in part, from any liability under the Arkansas Workers' Compensation Act. See A.C.A. Section 11-9-108. However, there is no apparent statutory penalty for violation, though clearly the employer would be held liable for payment of compensation benefits.</p>	<p>This section was intended to protect employees against the practice of unscrupulous employers seeking to avoid compensation liability by having employees agree to waive rights to compensation in consideration of being employed.</p>	<p>N/A</p>



<p>Medical Provider List</p>	<p>Voluntary</p> <p>Essentially for utilization by carriers contracting with a certified Managed Care Organization (MCO).</p>	<p>The Medical Provider List is found under <u>Rule 099.30 (F) (51) of the Arkansas Code</u> and specifies the various providers recognized within the Medical Cost Containment Program. This program also maintains lists of approved providers associated with certified Managed Care Organizations.</p>	<p>The purpose of Medical Cost Containment is to attempt to contain medical costs by certification of suitable providers, promulgation of fee schedules and billing practices, medical bill dispute resolution and other elements impacting medical costs.</p>	<p>N/A</p>
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