



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE FOR ADMINISTRATION AND FINANCE  
HUMAN RESOURCES DIVISION  
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## Injured Workers' Guide to Medical Treatment

The Human Resources Division (HRD) Worker's Compensation Section is the insurer as well as the Utilization Review agent for your industrial accident. Your agency's workers' compensation agent will provide you with HRD/WCS Notice of Injury Packet and an Express Script (hereinafter ESI) First Fill Form. Please make sure that your agency's workers' compensation designee has completed the entire packet and has advised HRD of your claim. Upon receipt of your claim, the Human Resources Division/Workers' Compensation Section will assign a file number. If you have any questions regarding your claim, you may call the HRD claim's unit at 1-617-727-3437 and ask to speak with the adjuster for your employing agency.

The Division of Industrial Accidents (DIA) requires all workers' compensation insurers to perform utilization review to determine the medical necessity of health care services. You or your medical provider must contact HRD regarding treatment for your work-related injury. You may contact the Utilization Review department once a claim has been filed at 1-800-266-7991 or by fax at 617-727-7816.

Please notify your medical provider of the insurance address listed on the top of this page.

**Under no circumstances should you provide your employing agency as the insurer. HRD does not reimburse for co-payments resulting from the use of another insurance policy.**

The Division of Health Care Finance and Policy (DHCFP) has statutory authority under Massachusetts General Laws of the Commonwealth (M.G.L.) c152s.13 and c118 G to regulate rates of payment for hospitals, health care providers and prescription drugs covered by insurer and other purchasers under M.G.L. c.152, the Workers' Compensation Act. The rates of payment provided by HRD will be consistent with the fee schedule established by the DHCFP. Reimbursement for health care services is considered payment in full; your provider may not bill you in excess of the established rate of reimbursement. **Please inform your medical provider, that in order to be considered for reimbursement, all bills must be received on a HICFA 1500 or UB 90 form with a detailed description of the services rendered attached.**

Injured workers are required to use the First Fill Form referenced above to fill prescriptions related to the work injury. A prescription card will be mailed to you directly from ESI after your claim has been filed. ESI is a pharmacy benefit management company that is uniquely set up to provide prescription medications for work-related injuries. Please refer to the First Fill Form in your notice of injury packet for information and participating pharmacy.