



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

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

The Department 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 1(617) 727-7816.

**Please notify your medical provider to forward medical bills and their attachments to HRD/Workers' Compensation Unit, P.O. Box 211134, Eagan, MN 55121.** 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 Executive Office of Health and Human Services (EOHHS) has statutory authority under M.G.L. c. 152, §13 and M.G.L. c. 118G to regulate rates of payment for hospitals, health care providers and prescription drugs covered by insurers under the Workers' Compensation Statute. The rates of payment provided by HRD/WC is consistent with the fee schedule established by EOHHS. Reimbursement for health care services is considered payment in full; your provider may not bill you more than the established rate of reimbursement. Please inform your medical provider, that to be considered for reimbursement, all bills must be received on a HICFA 1500 or UB 04 form with a detailed description of the services rendered attached.



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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.