



# TBG CLAIMS PROCESS



CLAIM SERVICES

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## TBG Claim Services General Contact Information



Main Toll Free: 1-888-816-7262  
 Main Local: 651-255-2560  
 General Fax: 651-255-2579  
 General Email  
 Address: [tbgclaims@tbgn.com](mailto:tbgclaims@tbgn.com)

# There Are 3 Ways To Submit First Reports Of Injury (FROI):

## 1 Electronic



- A. Visit TBG's website ([tbgmn.com](http://tbgmn.com))
- B. Press the login button in the top right corner of the home page
- C. Use your username and password for your portal to login. If you do not have this information, please contact Bethany Nelson at 651.389.1167 or [bnelson@tbgmn.com](mailto:bnelson@tbgmn.com)
- D. Once you log into your portal, on the left side of your dashboard, click on 'My Claims'.
- E. On the top right corner, click on, 'Report a Claim'
- F. Begin entering the necessary information
- G. To save this First Report of Injury (FROI) information for your own records, you will need to download it once completed and save it to your computer. Once the FROI has been processed and assigned a claim number, you will no longer have the option to save this information for your own records.

## 2 Fax

- A. TBG Claim Services: 651.255.2579
- B. Include a cover sheet with a contact name, a copy of any medical report or return to work slip the employee may have received from the provider and/or the name of the provider the employee saw. If the employee has not yet been seen, include where the employee will be going, if that information is available.

## 3 Email

- A. [tbgclaims@tbgmn.com](mailto:tbgclaims@tbgmn.com)
- B. Put FROI in the subject line
- C. Include contact name, a copy of any medical report or return to work slip the employee may have received from the provider and/or the name of the provider the employee saw. If the employee has not yet been seen, include where the employee will be going, if that information is available.

\*Please do not submit photos of First Reports or medical documentation, as they do not scan clearly into our files and are most often not legible

\*\* It is important that as much of the First Report of Injury as possible is filled out, regardless of whether the claim is Record only, Medical only, or Lost time. This will not only help in setting up the claim but also comply with State of MN requirements when the claim is submitted to them. *Social Security number, date of birth, and notice date are mandatory.*

**MN ONLY**

MN Department of Labor and Industry Workers' Compensation Division (651) 284-5032 or 1-800-342-5354		<b>First Report of Injury</b> See Instructions on Reverse Side		Reset	 FRO 1
Print in ink or type Enter dates in MM/DD/YYYY format					DO NOT USE THIS SPACE
1. EMPLOYEE SOCIAL SECURITY #		2. OSHA case #		3. Time employee began work on date of injury <input type="checkbox"/> am <input type="checkbox"/> pm	
4. DATE OF CLAIMED INJURY		5. Time of injury <input type="checkbox"/> am <input type="checkbox"/> pm		6. Date of death # of dependents (if death is related to injury)	
7. EMPLOYEE Name (last, suffix, first, middle)			8. Gender <input type="checkbox"/> M <input type="checkbox"/> F		9. Marital status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried
10. Home address			11. Home phone #		12. Date of birth
City		State	Zip Code	14. Occupation	
15. Regular department			16. Apprentice <input type="checkbox"/> Yes <input type="checkbox"/> No		
17. Average weekly wage		18. Rate per hour	19. Hours per day	20. Days per week	21. Employment status (check all that apply)
				Normal work schedule Sun - Sat <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer
22. Tell us how the injury/illness occurred, what the employee was doing before the incident (give details), and what the injury/illness was. Examples: "Worker was driving lift truck with a pallet of boxes when the truck tipped, pinning worker's left leg under drive shaft." "Worker developed soreness in left wrist over time from daily computer key entry."					
23. What was the injury or illness (include the part(s) of body)? Examples: chemical burn left hand, broken left leg, carpal tunnel syndrome in left wrist.			24. What tools, equipment, machines, objects, or substances were involved? Examples: chlorine, hand sprayer, pallet lift truck, computer keyboard.		
25. Did injury occur on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		26. Date of first day of any lost time		27. Employer paid for lost time on day of injury (DOI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No lost time on DOI	
Name and address of the place of the occurrence		28. Date employer notified of injury		29. Date employer notified of lost time	
		30. Return to work date		31. RTW same employer <input type="checkbox"/> Yes <input type="checkbox"/> No	32. RTW with restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No
33. Treating physician (name)		34. Extent of medical treatment (check all that apply)			
35. Certified Managed Care Organization (if any)		<input type="checkbox"/> None <input type="checkbox"/> Minor on-site by employer's medical staff <input type="checkbox"/> Minor clinic/hospital <input type="checkbox"/> Emergency room <input type="checkbox"/> Hospitalization more than 24 hours <input type="checkbox"/> Future major medical anticipated			
36. EMPLOYER Legal name			37. EMPLOYER DBA name (if different)		
38. Mailing address			39. Employer FEIN		40. Unemployment ID #
City		State	Zip Code	41. Employer's contact name and phone #	
42. Physical address (if different)			43. Witness (name and phone) - if more than 1 attach a separate sheet		
City		State	Zip Code	44. NAICS code	
				45. Date form completed	
46. INSURER name			51. CLAIMS ADMIN COMPANY (CA) name (check one) <input type="checkbox"/> Insurer <input type="checkbox"/> TPA		
47. Insured legal name and FEIN			52. CA address		
48. Policy # (including effective dates) or self-insured certificate #			City	State	Zip Code
49. Insurer FEIN		50. Date insurer received notice		53. CA FEIN	54. CA claim #
55. To be completed by the CA:	Claim type code:	Type of loss code:	Late reason code:	Salary paid in lieu of comp?	Death result of injury?
MN FRO1 (3/16) Employer: Send copies to Insurer (or Workers' Compensation Division if no insurer), employee, and employee's union (if applicable)					

Contact the TBG Claims Department by phone or email to receive a member specific, pre-filled First Report of Injury Form. Main Line: 1.888.816.7262; 651.255.2560 (local) • Email: [tbgclaims@tbgmn.com](mailto:tbgclaims@tbgmn.com)

MN FROI Link (links to the Work Comp Forms page at MN DOLI, click on the QR Code)

<http://dli.mn.gov/business/workers-compensation/work-comp-forms>



## Claim Reporting Fact Sheet for Claims/FROI *Outside of Minnesota*

Report accidents or injuries immediately, even if you don't have all the information. When you immediately notify Sentry, it helps them determine the severity of the claim, deliver timely claim benefits, and reduce claim costs.

You can report a claim anytime—24 hours a day, 365 days a year.

CLAIMS REPORTING—ALL LINES OF COVERAGE

Phone: 800.4SENTRY (800.473.6879)

Fax: 800.999.4642

Online: <https://customer.sentry.com>; Available at no cost, but pre-registration is required

Mail: Sentry Claims Service

P.O. Box 8032—for workers' compensation

P.O. Box 8026—for all other departments

Stevens Point, WI 54481



CROSS BORDER COVERAGE

## NurseCare Hotline: 1.844.412.7951

- ***Always call 911 first for any life-threatening situation.***

The TBG NurseCare Hotline is a free service that gives members instant access 24/7 to medical professionals to help you assess injuries and suggest treatments when injuries are non-life threatening.

After an injury occurs, call the TBG NurseCare Line to receive direction on proper medical care. When necessary, the NurseCare Hotline will refer you to the most effective medical care to ensure you get the right care at the right time.

- **Please note that use of this service still requires the employer to file a separate First Report of Injury to TBG.**



**NURSECARE**  
HOTLINE

## Medical Bills and Prescriptions

- **TBG's Medical Review Service is Innovative Claims Strategies (ICS). Medical providers should direct all medical bills to:**

**Innovative Claims Strategies, LLC**

Attention: Medical Bill Review Department  
30 Knightsbridge Road, Suite 525-229  
Piscataway, NJ 08854

Phone: 877.427.9091

Fax: 866.906.1076

Email: [mailstat.ics@reviewstat.com](mailto:mailstat.ics@reviewstat.com)



**Medical Providers with bill related questions and for payment status are encouraged to contact:** [status@icstrategies.com](mailto:status@icstrategies.com)

## TBG's Prescription Provider/Approver Service is AWPx

- **Injured employees needing prescriptions should have their pharmacy call AWPx at: 888.356.3332**
- AWPx now provides a prescription card and welcome letter via text to the injured workers' personal cell phone, which will enable faster access to physician-prescribed drugs due to the work injury. This replaces the traditional physical card, however, employers may also provide the injured employee with a copy of the attached AWPx form (page 7) to bring with them to the RX provider along with their RX for the initial fill.





## TEMPORARY PRESCRIPTION FORM

**Client Name:** TBG

**1. Instructions for the EMPLOYER:**

- Provide this form to your injured worker to have any prescription filled for a temporary **7 Days**, and please fill out the information below:

<b>Injured Worker Name:</b>	<b>SS#:</b>	
<b>Injured Worker DOB:</b>	<b>Injured Worker Phone:</b>	
<b>Injured Worker Employer:</b>	<b>Date of Injury:</b>	
<b>Injured Worker Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

**2. Instructions for the INJURED WORKER:**

- **You, the injured worker will need to bring this form and provide it to the pharmacy along with your prescriptions related to the treatment of your work related injury/illness**

**3. Instructions for the PHARMACY:**

- Please submit workers' compensation claims to **AWPRx** using the following information:

BIN	PCN	Group Id	Member Id
610237	AWPRX	AWPMRM01	Injured Worker SS#

- Prescription(s) will fill for a **7 Days**. If there is a remaining balance on the script after the **7 Days** is filled, AWPRx will call back if and when the balance has been approved. If you need assistance, please call **AWPRx** at **(888) 356-3332**.

Representative's on-call 24 hours/7 days a week.

**FOR ALL REJECTIONS OR QUESTIONS CALL: (888) 356-3332**

The Right Med. At The Right Time. At The Right Price.

# State of Minnesota Claim Submission Requirements

## When should a claim/First Report of Injury (FROI) be filed?

In the event of an emergency, first call 911.

A work injury claim should be filed as soon as possible after either the occurrence, or when it is reported to you, or when you have any knowledge of it; preferably within 24 to 48 hours of the occurrence or notice to you, and especially if the injury will require medical attention. If an employee provides knowledge (notice) to you that an incident /injury has occurred, you are obligated to file a claim on their behalf. The claim can be filed in one of three ways listed on page 2 of this document.



\*\* It is important for you to fill out as much of the First Report of Injury as you can regardless of whether the claim is lost time, medical only, or Record only. This will not only help in setting up the claim faster, but will also ensure appropriate benefits are delivered timely and also comply with the State of Minnesota requirements when the claim is submitted to them.

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## MNOSHA COMPLIANCE: REPORT AN ACCIDENT, FATALITY OR SERIOUS INJURY:

Minnesota employers must report the following to Minnesota OSHA:

- all work-related fatalities within eight hours;
- all work-related inpatient hospitalizations within 24 hours;
- all work-related amputations within 24 hours; and
- all work-related losses of an eye within 24 hours.

To file a report with MNOSHA, the employer must call MNOSHA Compliance during regular business hours, 8 a.m. to 4:30 p.m., Monday through Friday: 651.284.5050 or 877.470.6742

Outside of MNOSHA Compliance business hours, on a weekend or holiday, the employer must call federal OSHA: 800.321.6742

*For more information go to:*

<https://www.dli.mn.gov/business/workplace-safety-and-health/mnosha-compliance-report-accident-fatality-or-serious-injury>





# If Your Company Is A Member Of The Union Construction Worker's Compensation Program (UCWCP)

## What is the UCWCP?

This organization was founded for the exclusive use of union employees whose collectively bargained contract includes a provision for participation in the UCWCP. If you are a member, you are entitled to specific rights and benefits of that membership. The TBG claims department works closely with the UCWCP to coordinate care for the injured worker, resolve disputes, and create a prompt and safe return to union work. Refer to the link provided in this communication or discuss with your TBG claims specialist if you need further information.



## If a member of the UCWCP:

- Please see the EPO medical providers listed on their website for a provider that the injured worker can be referred to. [They must select a physician on this site.](#)
- **Notify your employees.** Provide the "Union Employee's Guide" brochure to all union employees annually, at new-hire and most importantly, when an injury occurs.
- Find these items on the UCWCP website ([www.ucwcp.com](http://www.ucwcp.com)):
  - Union Employees Guide
- Request FREE glossy tri-folds from the UCWCP
- **Designate an occupational medicine clinic for work injury care.** Inform your employees of your designated EPO provider for injury care. Remind them that injury care must be provided by an EPO Provider except for minor injuries needing only urgent care, or 911 emergencies.
- Please utilize the following resources from the UCWCP website ([www.ucwcp.com](http://www.ucwcp.com)):
  - Identifying a Medical Care Provider
  - Establishing a Designated Provider Relationship
  - Designated Provider Map Template
  - QRC Selection. If needed, the injured worker can only select a QRC from the authorized list on the UCWCP website.

## General FAQ's About Workers' Compensation

### What happens after the claim/FROI is filed with TBG?



- If the claim is for record only /incident only, meaning no medical attention is required or going to be obtained, the claim will be put in a “suspended or closed status” and nothing further will occur. Should the injured worker decide to seek medical attention, please notify TBG Claims as such.
- If the injury requires medical attention outside of your facility, the claim will be created as a “medical only” unless it is determined that there will be compensable lost time (more than 3 consecutive days away from work). Any medical treatment incurred will be paid off of the claim. A letter of acknowledgment will be sent to you with the claim number and name of the claim specialist. You can call the NurseCare Hotline if medical advice is needed for non-life threatening injuries by calling: 1-844-412-7951. If you are a member of the UCWCP, please see the medical providers" listed on their website for an EPO provider that the injured worker can be referred to. Refer to page 9 of this brochure for more information.
- If the injury is or will become lost time, it will be created as an “indemnity” claim. An indemnity reserve will be set and lost time benefits will be paid off of the claim per the MN statute. A letter of acknowledgement will be sent to you with the claim number and claim specialist name. Lost time payments need to be made within 14 days or the State could penalize both TBG and the employer, so **timely claim filing is essential.**

### What are the employer responsibilities?

- For the safety and work-life integrity of the employee, ensure that appropriate medical care is obtained before filing a First Report of Injury (FROI).
- Complete the First Report of Injury completely and file the claim as soon as possible following the incident, so the claim can be set up and managed appropriately. \*\*\*
- Let your TBG claims specialist know who the appropriate point of contact is and keep this updated.
- Notify the claim specialist of any medical treatment or lost time as soon as possible.
- Provide the claims specialist with a 26 week wage statement so that timely and accurate payments can be made.
- Provide the claim specialist with any medical updates, return to work slips, or employment changes.
- Provide light /limited duty within the established restrictions when possible to avoid lost time payments or additional claim costs/assessments. Call the claim specialist with any questions. See page 15 for limited duty suggestions.
- Communicate with the injured employee regularly if possible; this keeps you informed, and keeps them engaged and feeling that they are valued, and motivates them to return to work.

- Work with the QRC /Rehab person if assigned to the claim.
- If you receive any legal documents or requests for information from anyone other than TBG, please contact your TBG claims specialist before responding, and they will assist you.
- Employees should NOT report their own claim.



\*\*\* It is important for you to fill out as much of the First Report of Injury as you can regardless of whether the claim is lost time, medical only, or Record only. This will not only help in setting up the claim faster, but will also ensure appropriate benefits are delivered timely and also comply with the State of Minnesota requirements when the claim is submitted to them.

#### **What are the claim specialist's responsibilities?**

- Contact the employer, injured worker, and medical provider, confirm / provide claim information.
- Determine whether or not claim is compensable and manage the claim to established guidelines.
- Determine if resources are needed to manage the claim, ie: Nurse, QRC, Defense Attorney, etc.
- Obtain wage information from the member and calculate the benefits owed as applicable.
- Work with the member to get the employee back to work as soon as medically released.
- Manage the litigation process as necessary.
- Coordinate resources and follow up for claim finalization or settlement as applicable.

#### **What are the employee's responsibilities?**

- Report the claim to the employer timely (this is known as "notice").
- Obtain timely and appropriate medical treatment for the injury, and attend all medical appointments to maximize recovery from the injury.
- Provide all workability reports to the employer to confirm medical and disability status after each medical appointment.
- Cooperate with QRC /Rehab individuals, the employer, and TBG claims specialist.
- Return to work as soon as released and don't work outside of any established medical restrictions.

## General FAQ's About Workers' Compensation (cont.)

### What is the waiting period in Minnesota before lost time benefits are paid?

In Minnesota, the Initial Date Disability Began is always the first date of any claimed lost time or wages due to the injury, whether or not it was a full day or authorized by a health care professional. This date is also *always* the first day of the Waiting Period, regardless of whether the employee returns to work on that day. The Waiting Period is always *three consecutive calendar days*, regardless of whether the employee returns to work and/or was scheduled to work on any of those days. It is important to note that counting the Waiting Period and owing benefits for the Waiting Period are two separate issues. page 13 for suggestions.



### How are lost time benefits under workers' compensation calculated?

Lost time benefits are generally calculated based on the employee's average weekly earnings for the 26 weeks prior to the date of injury. The employer provides that information to the claims department. The "AWW" is then multiplied by 2/3 (.666) and the result is the temporary total disability or TTD rate. If there is a return to work at less than full time or pay, temporary partial disability or TPD is paid until full duty and pay is reached. This payment is determined from the gross weekly earnings, which need to be supplied to the TBG claims department.

### When do lost time benefits under workers' compensation begin?

Lost time benefits begin on the 4th day of disability following the three day waiting period. The first payment is due by the 14th day following the first day of lost time. If the disability lasts beyond 10 calendar days, the three day waiting period is also then paid. No workers' compensation benefits are paid for the first three days of disability unless the disability lasts beyond 10 days. An injured worker must be medically authorized off of work to be paid.

### **What is “Notice”?**

An employers’ actual knowledge of the occurrence of the injury by the employer, or written or verbal notice to the employer by the injured worker or a dependent or someone on behalf of either. Notice can be given to anyone at the employer such as a foreman, supervisor, lead, manager, human resources, etc. This should trigger the filing of a First Report in Injury.



### **What is a “QRC”?**

A QRC is a Qualified Rehabilitation Consultant. They are licensed by the State of MN and are mandated on certain claims. They work as a liaison between the employee, employer, and insurance company. Their job is essentially to communicate the status of the individual and coordinate the return to work at the employer. In the event that a return to the date of injury employer is not possible, the QRC will coordinate job search or other activities necessary that lead to successful re-employment. See special rules on page 9 if you are a UCWCP member.

### **What do I do if I receive a request for information on a claim or what appears to be a legal notice?**

Notify the TBG claims department in all instances where information is being requested from you other than from TBG or TBG defense counsel, or if you receive any legal /litigation notices such as a Claim Petition or Rehabilitation Plan, etc. The claims specialist will provide you with any necessary direction relative to this. If the situation requires legal representation, the TBG claims department will assign an attorney who will then follow up with you as needed.

## Helpful Workers' Compensation Links:

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MN FROI Link (links to the Work Comp Forms page at MN DOLI)  
<http://dli.mn.gov/business/workers-compensation/work-comp-forms>



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UCWCP Link  
[http://www.ucwcp.com/Default\\_ucwcp.aspx](http://www.ucwcp.com/Default_ucwcp.aspx)



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Fatality / Serious Injury Reporting:  
<https://www.dli.mn.gov/business/workers-compensation/work-comp-fatality-serious-injury-reporting>



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MNOSHA Fatality / Serious Injury Reporting  
<https://www.dli.mn.gov/business/workplace-safety-and-health/mnosha-compliance-report-accident-fatality-or-serious-injury>



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The MN Workers' Compensation Claim Process:  
<https://www.dli.mn.gov/business/workers-compensation/work-comp-claim-process>



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General Benefits:  
<https://www.dli.mn.gov/business/workers-compensation/work-comp-benefits-general-information>



## Return to Work: Light Duty Task Ideas

1. Answering phones	26. Packing
2. Attending classes or seminars	27. Painting
3. Calculating estimates	28. Performance reviews
4. Calling in orders	29. Performing safety checks
5. Changing light bulbs	30. Picking up debris
6. Checking and repairing safety equipment	31. Purchasing
7. Cleaning and inspecting tools	32. Repairing tools
8. Cleaning break rooms	33. Reporting
9. Gassing up equipment	34. Running errands
10. Conducting site, building, vehicle or other inspections	35. Sanding
11. Counting inventory	36. Inspecting fire extinguishers
12. Driving parts and supplies	37. Restocking restrooms
13. Stocking shelves	38. Sharpening saws, drill bits, tool
14. Filing	39. Sorting and organizing tools
15. Washing vehicle windows	40. Stuffing envelopes
16. Gluing	41. Supervising
17. Hammering	42. Sweeping
18. Handling mail	43. Tagging loads
19. Inspecting sites	44. Updating job descriptions
20. Inventory tasks	45. Updating safety manuals and SDS sheets
21. Janitorial tasks	46. Visit jobsites
22. Maintenance tasks	47. Parking lot inspections
23. Office tasks	48. Security guard
24. Organizing shelves	49. Working on paperwork or at the counter
25. Online courses (ex:OSHA 30hr)	

**Thank You For Being  
A Member Of TBG.**

**TOGETHER,  
We Make Workers' Comp Work!**

**TBG CLAIMS  
PROCESS**



**CLAIM SERVICES**

The material contained herein is intended for reference purposes only. It is not intended to meet any contractual agreements, or requirements of applicable Federal, State or Local law regulation or ordinance. It should be reviewed by appropriate counsel before use.