



**CONNECTICUT
MEDICAL CARE PLAN
(MCP)**

EMPLOYER HANDBOOK

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SECTION 1 INTRODUCTION

ABOUT COVENTRY

Coventry Health Care Workers' Compensation Services, Inc. provides managed care services to the workers' compensation and accident and health industries. Coventry services injured workers, ill and disabled individuals, employers, third party administrators and insurance carriers from office locations throughout the United States.

The Coventry team is comprised of injury management experts, cost containment nurses, medical and vocational case managers and a preferred provider network dedicated to controlling the costs associated with workers' compensation, long term disability, auto liability and accident and health claims. Coventry's staff works with our customers to provide access to high quality medical care at the most reasonable costs, and as appropriate, to manage lost time, returning injured employees to work in a safe and timely manner.

Coventry Health Care Workers' Compensation Services, Inc. has earned a reputation in the health care management industry for the highest caliber of professionalism, consistently providing effective injury management and cost containment services.

As the Managed Care Administrator and a Utilization Review Agent for our customers, Coventry is well equipped to provide Pre-certification Services through our professionally staffed Pre-certification Unit located in Tampa, FL. In addition, Coventry will be working with the injured employees, our preferred providers and client companies to ensure Total Quality Improvement for our Managed Care Programs. As an important member of Coventry's Managed Care Team, we ask for your cooperation in working together to ensure that each injured employee receives quality medical care.

If you would like to learn more about Coventry Workers' Comp Services and about all of the products and services available, please visit our main website at www.coventrywcs.com, or contact our local office at 860-563-4009 or 1-800-992-9331.

SECTION 2 MANAGED CARE PROGRAM DESCRIPTION

Our objective is to provide all injured workers with the best medical care in the most cost-effective manner, and to achieve minimal lost time for employees by providing alternate and/or modified work whenever medically feasible.

In order to maintain a positive relationship, frequent communication with all injured employees is strongly encouraged.

The components of the Coventry MCP are:

- ◆ **MCP Certification** – Coventry is an approved Managed Care Plan. Interested employers must complete the Employer Application Form to begin using an MCP. Once approved, the state will send your certificate.
- ◆ **Report of Injury** - All work-related accidents must be reported immediately by filling out a "First Report of Injury" form either through Coventry Workers' Comp Services' National First Report Program or the company's First Report filing policy.
- ◆ **Designated Preferred Providers** – The Coventry Network is available throughout the state. Coverage is based on location and provider accessibility. Use of providers in the Coventry Network is mandatory for all work-related injuries occurring on or after the effective date of your company's Medical Care Plan. For any recurrence of a prior injury or for the continuing treatment of injuries that occurred prior to the effective date of your company's medical care plan, there will be no change. Posters are hung in each work site to alert workers to the available Urgent Care Providers And Hospitals. If a specialty is unavailable in the network, payors agree to pay the non-network providers, "fee for service."
- ◆ **Employee Medical & Work Status Form** - Medical provider should use this form to document diagnosis, restrictions, and return to work release.
- ◆ **Written Communications To Each Injured Worker** - Whenever an injury is reported which requires medical treatment, the injured worker will receive an **Employee Notice** explaining their rights and responsibilities for medical care and benefits.
- ◆ **Alternate/Modified Work Program** - Whenever an immediate full duty return to work is not possible, we encourage that alternate or modified work which is within the employee's physical capacities be considered for each employee.
- ◆ **Utilization Review/Pre-certification** - As a Utilization Review Agent, Coventry Workers' Comp Services will review medical treatment for appropriateness of treatment, duration of treatment, and utilization of treatment. Coventry Workers' Comp Services will be utilizing sophisticated

software which includes nationally accepted treatment protocols and guidelines and where applicable, specific Treatment protocols and guidelines that are promulgated by your state's workers' compensation legislation.

- ◆ **Case Management** - When an injury occurs, a Telephonic Case Manager or an On-Site Case Manager from Coventry Workers' Comp Services may be assigned. The Case Manager's role will be to work with the employer, the injured employee and the provider to assist in the coordination of the medical and return to work issues presented by the worker.
- ◆ **Provider Bill Audits** - Medical bills relating to workers' compensation claims may be reviewed by Coventry Workers' Comp Services' uniform computerized system in accordance with the state of Connecticut regulations for bill review within an approved Medical Care Plan.

THE ROLE OF THE EMPLOYER

Employers are instrumental to the success of the Coventry MCP. Below are key responsibilities for the Employer:

- Educate employees, including all new hires, of how and where services are available and that treatment received outside of the network may result in suspension of benefits.
- Provide Access to Provider Network, upon request and for review by employees.
- Post the work site posting in a prominent place where covered workers are employed.
- Develop safety committees in accordance with C.G.S. Section 31-40v-1 through 31-40v-11.
- Ensure that insurance carrier is advised of injury as soon as possible.
- Provide temporary modified duty to expedite returning the injured employee to productivity as soon as feasible.
- Provides job descriptions to medical providers about the modified duties to assist with the return to work plan.

EMPLOYEE RESPONSIBILITY

Maintaining constant, consistent communication with the employees will help when the injury occurs. Through the Employee Notice, the injured worker will be instructed to do the following:

- Report injury to supervisor immediately.
- Seek treatment at Urgent Care Center listed in provider network.
- Stay in touch with supervisor – communicate the status of the employee's medical progress and issues regarding return to work.
- Cooperate and communicate with insurance claims staff and case management specialists.

SECTION 3 DISPERSAL OF DOCUMENTS & FORMS

INITIAL NOTICE TO THE EMPLOYEES

Once the State's certificates are received, employers should send an initial notice of the MCP to the employees. A sample letter is attached for your review and convenience. This letter may be sent by mail, distributed in a workers' compensation benefits' meeting or included as a payroll stuffer; however, all employees must receive this initial communication.

For New Employees – Please include this letter at the time of hire.

FIRST REPORT OF INJURY

Upon notice of an injury, please notify the carrier as soon as possible. Copies of the first report should be distributed as follows:

- Original generated by employer
- One (1) to Personnel
- One (1) to supervisor
- One (1) to employee
- One (1) to claims payor

DISTRIBUTION OF THE EMPLOYEE NOTICE

Immediately upon notice of the injury, the employer should supply the employee with a copy of the Employee Notice. This provides the employee with information about the role and responsibilities of the MCP.

MEDICAL REPORT

We have instructed the Coventry Network Providers to supply medical reports as quickly as possible to the payor. Medical Reports should be distributed as follows:

- Original generated by medical provider
- One (1) to the employer
- One (1) to the employee or the employee's attorney

In addition to submitting the appropriate paperwork, the following accidents / injuries must be reported immediately to Employee Relations, Safety Officer or insurance company.

Fatalities, spinal cord injuries, paralysis, possible amputation, serious burns, heart attacks, multiple fractures, massive internal injuries, severe eye injuries or head injury.



All medical bills should be sent to:

Your company's claims payor or if self-insured and self-administered to your company's workers' compensation claims payment department.

SAMPLE MEDICAL REPORTING FORM

An Employee Medical & Work Status Report Form has been developed for the purpose of establishing a uniform system for all of our providers and work sites. A sample of this form is attached. Although all injured workers are instructed to bring a form with them at the time of treatment, there may be occasions when they arrive without one. This may be true especially on a follow-up visit. If you do not have access to a Coventry Workers' Comp Services Employee Medical & Work Status Report Form, please complete your own facility's medical report form.

It is very important that the treating physician or provider complete the Medical & Work Status Report form and distribute the forms as indicated.

EMPLOYEE MEDICAL & WORK STATUS FORM

To Be Completed by Attending Physician/Office

Employee Name (Last) _____ (First) _____ SS# (optional): _____ D.O.B. _____

Employer _____ Department/Division _____ Address/Location _____

Initial or follow-up visit (circle one) _____ *Payer/Managed Care Plan Name* _____ *Claim#* _____

Date of Injury/illness: ___/___/___ Date of this visit: ___/___/___ Employee will be seen in this office for F/U on ___/___/___.

Physician aware of pre-existing condition? No Yes (If yes, explain) _____

Employee's job (as stated by employee): _____

Work Status: Having evaluated/treated this employee today, in my opinion:

There is no change from prior visit. Employee may return to his/her regular work on ___/___/___ without restriction.

Employee can return to work on ___/___/___ w/ the **following functional capabilities:** In an 8 hour workday, employee may:

| | 1-2 hours | 2-4 hours | 4-6 hours | 6-8 hours | None |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Stand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bend/Squat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Climb | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Twist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crawl | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Patient is able to lift Patient is unable to lift greater than _____ pounds.

Patient may use RIGHT LEFT BOTH foot/feet for repetitive movement as in operating foot controls.

Patient may use RIGHT LEFT BOTH hands for repetitive single grasping fine manipulation pushing and pulling.

The restrictions noted above are in effect until ___/___/___.

Employee is Temporarily Totally Disabled until ___/___/___ or pending recheck here on ___/___/___.

Employee is on medication that will restrict his/her ability to work safely. Explain: _____
 I HAVE DISCUSSED THIS PATIENT'S WORK RESTRICTIONS TELEPHONICALLY TODAY WITH HIS/HER EMPLOYER'S REPRESENTATIVE, OR HAVE COMPLETED THE EMPLOYER'S WORK STATUS FORM IN LIEU OF COMPLETING THE RESTRICTION PORTION OF THIS FORM. RELEASE TO REGULAR DUTY WITHOUT RESTRICTIONS AND/OR TOTAL DISABILITY MUST BE DOCUMENTED USING THIS FORM OR THE EMPLOYER'S STANDARD FORM.

DIAGNOSIS: _____ TREATMENT PLAN: _____

Provider Name (Print) _____ Provider _____
 Address: _____

Provider Signature: _____ **Date:** ___/___/___.

I have received a copy of this document. Employee Signature: _____ Date: ___/___/___.

| | | |
|--|--|---|
| Provider: Fax a copy to Berkshire Hathaway GUARD at 570-825-0611 within one business day of visit. | Provider: File a copy in medical file. | Provider: Give a copy to employee at time of visit. |
|--|--|---|

SECTION 4 DIRECTION TO THE COVENTRY NETWORK

Coventry has a comprehensive network configuration available in Connecticut, supporting the CT MCP. Participating providers from the Coventry National Network, First Health and FOCUS are combined to cover access in all counties. While certification is based on employer locations, we have confidence to support you everywhere.

To locate a provider through an electronic directory, go to the Coventry website at: www.coventrywcs.com. Each client will have a separate log in ID number that should be used. Your login ID was provided with the letter you received from your insurance carrier with your policy.

For Telephonic directory services, employers, claims examiners or injured workers may call Coventry at 800-937-6824 to locate a provider.

Provider Choice – Injured Workers may choose any MCP provider they want as long as it is in the MCP. If an injured worker goes outside the MCP without approval, he/she may risk suspension of workers' compensation benefits, subject to order of a Workers' Compensation Commissioner.

In the event an employee requires treatment in a specialty not covered in this network, the employee may choose a provider from the Workers' Compensation Commission's list of approved non-network providers. Under these circumstances, the payor agrees to pay the provider's fee for service.

For Directories – A quarterly electronic directory will be supplied by Coventry. The online directory will replace the printed provider directories, and will offer more accurate and up to date information. Additional directories may be downloaded from the electronic website. If you need assistance with downloading the directories, please contact your Coventry representative.

In the event you do not have internet access, a printed directory is available upon request by calling the number noted below.

SECTION 5 PRECERTIFICATION, UTILIZATION REVIEW & APPEALS

PRECERTIFICATION

The rising costs of medical care have forced employers, insurance carriers and service providers to develop aggressive programs to contain medical costs while continuing to provide the highest quality care. As a Utilization Review Agent, Coventry Workers' Comp Services will pre-certify a number of medical services that are listed on the following page. When an injured employee presents at a provider's office with a pre-certification card, it is the medical provider's responsibility to contact the designated Coventry Workers' Comp Services Utilization Review Department at the number listed below to pre-certify those services listed on the following page.

Coventry Workers' Comp Services' Utilization Management program provides expert review and consultation by our nurse, physician and allied health reviewers regarding the appropriateness and timeliness of medical treatments proposed for both inpatient and outpatient care. Our Utilization Review program provides Pre-certification and Concurrent Review services for patients actively involved in receiving medical treatment.

Pre-certification is conducted by Coventry Workers' Comp Services nurse reviewers via telephone. Patients, patient representatives, physicians, hospitals or facilities receive immediate attention to facilitate appropriate, cost effective treatment at our toll free number.

Concurrent Review consists of a telephone follow-up to ensure that discharge and treatment milestones are reached. Any requested extension of service is reviewed and its appropriateness determined. If the extension is approved, a repeat review is conducted at the end of the treatment program or length of stay. All cases are followed until discharge or until treatment is completed.

Discharge Planning utilizes our highly skilled nurses in telephonic case management to guide patients into practical, cost effective plans which will enable them to continue receiving necessary care and resume productivity quickly.

The treating medical provider may be asked by the Utilization Review In-take Nurse to submit a written treatment plan, which will be used in the pre-certification process.

Coventry Workers' Comp Services
5130 Eisenhower Blvd. Ste. 150
Tampa, FL 33634
Pre-certification Unit
800/354-3053

SERVICES RECOMMENDED FOR PRECERTIFICATION

1. All non-emergency hospitalizations, outpatient surgery, and transfers between facilities.
2. Psychiatric or psychological therapy or testing.
3. All external and implantable bone growth stimulators.
4. All chemonucleolysis, facet or trigger point injections.
5. Repeat baseline diagnostic studies and laboratory testing.
6. Biofeedback therapy.
7. Physical therapy or occupational therapy.
8. Work hardening.
9. Work conditioning.
10. All durable medical equipment.
11. Nursing home, convalescent, residential and all home health care services and treatments.
12. Pain clinics, chemical dependency clinics or weight loss clinics.
13. All non-emergency dental services, including reconstructive dental care or dental appliances.
14. Magnetic Resonance Imaging (MRI), Nerve Conduction/Velocity studies, CT scans, EMGs and Thermography.
15. Video Fluoroscopy.
16. Radiation or chemotherapy.

APPEALS PROCESS

In the event that either the employee or medical provider wishes to appeal a decision made by the Utilization Review department, either party may write to:

**Coventry Workers' Comp Services
Utilization Review Department
5130 Eisenhower Blvd., Ste. 150
Tampa, FL 33634**

To initiate an appeal, please call (800) 354-3053 or submit the request via facsimile to (781) 290-5341.

The provider, employer or the employee may, within fifteen (15) days of the written notice of non-certification, notify the plan of his intent to appeal a determination to deny payment for the recommended treatment. Upon such appeal, the plan shall provide, at the request of the employee, employer or provider, a practitioner in a specialty relating to the employee's condition for the purpose of reviewing the plan's initial decision.

Within fifteen (15) days of the request for such review and submission of any further documentation regarding the review, the reviewing practitioner shall submit his opinion regarding such recommended treatment to the physician advisor of the medical care plan who shall, within fifteen (15) days thereafter, render a written decision regarding such treatment.

At any time during the appeals process at the request of any affected party, if the reviewing physician and physician advisor determine that the proposed treatment falls outside the boundaries of acceptable care, and if an agreement cannot be reached with the treating physician, the employee may be referred for an Independent Medical Examination (I.M.E.). This examination will be scheduled with a provider of the same specialty within the network. The I.M.E. will provide the employee and physicians the benefit of a physical assessment, expediting a resolution.

The employee, the provider or the employer may request a further review of the physician advisor's written decision; such request for further review shall be in writing and shall be submitted to the chief executive officer of the medical care plan within fifteen (15) days of the physician advisor's written decision. The party requesting further review shall have an opportunity for a hearing if such party requests it in writing and may, at such party's expense, produce whatever written support or oral testimony it wishes at any such hearing. Such hearing shall be conducted within fifteen (15) days of the written request therefor. The chief executive officer of the medical care plan shall make any final determination of such request for further review and may utilize an advisory committee to assist him in his determination. The chief executive officer shall issue a final written decision on the request for further review as soon as practical but, in any event, within thirty (30) days of the later of the date of

submission of the written request for such review or the date of conclusions of the hearing requested as part of such review.

In the case of an emergency condition, an employee or his representative shall be provided a minimum of 48 hours following an admission, service or procedure to request certification and continuing treatment for that emergency condition before a utilization determination is made. If a determination is made not to provide such continuing treatment and the employee or his representative, the provider, or the employer requests a review of such determination, an expedited review shall be conducted by the physician advisor and a final decision rendered within two (2) days of the request for review.

The necessity and appropriateness of medical and health care services recommended by providers of a medical care plan shall not be subject to review by a Workers' Compensation Commissioner until the plan's utilization review and dispute resolution review and appeal procedures, as described above have been exhausted. The decision of the chief executive officer of the plan relating to payment for such medical and health care services shall be subject to modification only upon showing that it was unreasonable, arbitrary or capricious.

SECTION 6 CASE MANAGEMENT

CASE MANAGEMENT (CM)

The Coventry MCP includes the opportunity for case management. Referrals for case management can be initiated by the adjuster following notice of injury. In addition, Coventry monitors its UR activities. There may be circumstances where the injured worker may benefit from CM services. Coventry may recommend to the adjuster for CM services.

SECTION 7 TRANSITIONAL WORK PROGRAM

Part of the MCP responsibilities is to support a Transitional Work Program. An injured worker's restrictions will be reviewed and assessed on a case by case basis. Based on the injured worker's ability, he/she will be able to safely return to work in a modified duty position. Assignments will be made in accordance with the medical restrictions and shall be within the same union, and to the extent possible, shall be within the same department and related to the type of work normally performed by the employee. If a transitional work duty position is unavailable, the employee can qualify for continued benefits under section 31-308 (a).

In the event that an employee receives work restrictions from their treating physician and are therefore unable to return to their regular job, each employer should define some alternate duty work positions that would be available to the injured worker, consistent with their restrictions:
