AIG/HealthSmart Managed Health Care Plan

Your Workers’ Compensation Medical Solution

Employer Manual
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AIG/HealthSmart Managed Health Care Plan

Overview

In 2003, the West Virginia Legislature passed an extensive workers’ compensation reform bill, SB 2013. One of the most important components of this vital legislation supports the development of managed care networks. Through these networks, employers can require their employees to seek workers’ compensation covered services from providers who contract with the employer’s selected managed care network. This provision has broad and significant benefit for all stakeholders of the workers’ compensation system, employees, employers, and providers.

AIG, the claims administrator for your workers’ compensation coverage, has partnered with the HealthSmart Preferred Care II network (HealthSmart) by creating the AIG/HealthSmart Managed Health Care Plan (the AIG/HealthSmart MHCP). AIG selected HealthSmart as the preferred provider network because of their focus in creating a ‘select’ network, choosing physicians and other providers whose history provides an indication of their commitment to our mutual goal of returning injured employees to work as soon as practical, using efficient, quality practices, and care. Modeled after successful managed care programs and national accreditation models, HealthSmart offers a broad array of providers to assure reasonable access and choice for injured workers.

The AIG/HealthSmart MHCP consists of four (4) components: the medical provider network, utilization review, case management, and quality assurance. These initiatives, including uniform standards for treatment, duration of recovery and return-to-work goals are a continuous process. These components are designed to evaluate the adequacy and appropriateness of health and administrative services, pursue opportunities to help improve health and rehabilitation outcomes, and enhance participant satisfaction. AIG will provide training regarding standards of care, return-to-work best practices and treatment guidelines.

Employer participation in the AIG/HealthSmart MHCP provides the benefits of treatment of injured workers right away, and the elimination of delay in the treatment allows employers to proactively address their workers’ compensation issues. As participants in the AIG/HealthSmart MHCP, employers will be trained on how best to assist their injured workers in locating a network medical provider, and participate in the coordination of the injured worker’s return to transitional or full duty employment.

Likewise, provider services will be directed and monitored through quality assurance initiatives, including uniform standards for treatment, duration of recovery and return-to-work. Training will be conducted with providers along with ongoing monitoring of practice patterns.

The AIG/HealthSmart MHCP will continually strive for, and maintain quality and efficiency in all aspects of its operation. Accordingly, several key operating principles have been established including:

- Maintenance of quality standards through provider selection, credentialing, and management of compliance with treatment and process standards
- Proactive provider/employer relations and education
- Ongoing network access management ensuring adequate choice for all employees
- Data analysis and outcome measurement
- Ongoing assessment of provider performance
- Utilization of technology for efficiency in data integration and customer service
- Network integration with nurse case management and claims management functions
Program Description and Objectives

The AIG/HealthSmart MHCP has two basic objectives:

- Provide appropriate, high quality, and timely health care to recovering workers; and
- Expedite a worker’s return to employment by avoiding unnecessary delays thereby minimizing the disability period

To achieve these objectives, we recognize the importance of recruiting and maintaining a network of providers from specialty areas that are involved in treating occupational injuries and illnesses. Some important HealthSmart features include:

- Development of positive and proactive relationships with employers that choose to participate in a managed health care plan.
- Network providers are paid for their services in an expedient manner, while providing them incentive to continue their participation, and to follow program guidelines.
- Adherence to treatment protocols which provide a framework for the treating physician. These protocols define the network’s expectations regarding treatment parameters and duration estimates. They also lend consistency and structure to the treatment of work-related injuries.

The Managed Health Care Plan Components

AIG is the claims administrator that will be managing your workers’ compensation claims. A claim representative will assist in coordinating all necessary services for work-related injuries and illnesses.

HealthSmart will be administering the provider network. Medical providers participating with HealthSmart will realize the benefits of being on a team of professionals, who have access to the necessary resources to accomplish the positive improvements and outcomes necessary for success.

Health Direct Inc. (HDI), a wholly-owned subsidiary of AIG, provides telephonic case management services and utilization review, and is a fully integrated component of the claims management process on lost time claims. All reports from HDI are captured in the claims management system keeping the claim staff current on all medical management activities.

AIG employs pre-injury consultants (PICs) who will be available to educate you and your key management personnel on the components of the AIG/HealthSmart MHCP, to create a successful return-to-work program, and to aid in your understanding the portfolio of cost containment services available to you and your employees.

Service Area

The provider network service area includes the entire state of West Virginia. By incorporating counties surrounding West Virginia borders, employees working in West Virginia, but living out of state, have access to local health care providers. Primary care is available within 75 driving miles of an employer’s facility.
Employer Information

AIG/HealthSmart MHCP – Your Workers’ Compensation Medical Solution

If an employee has a work-related illness or injury and needs medical treatment, he or she MUST seek and obtain medical care from providers within HealthSmart. HealthSmart provides the employee with a choice of network providers within a reasonable distance from the employer’s work location. These providers have agreed to provide your injured employee with medical treatment, and to work with you, the injured worker, the telephonic case manager, and the claim representative to expedite care and facilitate return-to-work. Your employee’s medical expenses or indemnity benefits may not be covered if they choose a medical provider who is not participating in HealthSmart, unless they meet the conditions listed under the Opt-Out section of the manual. A listing of HealthSmart’s medical providers can be accessed at www.aig.com/intellirisk.

Operational Requirements and Priorities

The AIG/HealthSmart MHCP’s operational strategy provides controls involving several key segments of the workers’ compensation process. These controls focus upon selective provider choice by the injured worker, a check-and-balance system for monitoring appropriate medical treatment, and enhanced application of the traditional strategies involved in claims management, telephonic case management, and employer work accommodation.

All parties involved in the workers’ compensation process can derive benefits from these controls. To experience these benefits, each party must be an active participant with a commitment to the best possible collective outcomes. As a participant in the process, each party has specific objectives and priorities.

Employer

AIG will provide you with training focusing on the features of the AIG/HealthSmart MHCP and its value in preserving your human and financial resources. You will also become cognizant of your own role and responsibilities in the recovery and return-to-work process. Communications will specifically involve:

- Participating providers listing in your geographic region. The medical provider directory can be accessed at www.aig.com/intellirisk.
- Identification of key features that control and structure the workers’ compensation process. Thus, reducing the incidence of excessive or inappropriate medical treatment and ensuring proper treatment. These features include utilization of standard treatment guidelines, selective medical provider network, case management, utilization management, and quality assurance programs.
- Emphasis on employer’s communication with the injured worker and the provider regarding return-to-work options and processes.
- Reinforcement of the importance of work site initiatives, such as transitional work expediting recovery and return-to-work.
- Encouragement of employers to foster working relationships with providers in their region by providing opportunities for awareness of work site, and job factors which providers must consider when making treatment or return-to-work recommendations. This may involve direct communications regarding specific claims or work site tours.
Work Site Coordinator

You should consider appointing a work site coordinator to be the primary contact for all your workers’ compensation matters. The work site coordinator will be the primary contact for the claim representative and the telephonic case manager. This person will also serve as the primary resource for your employees to learn about the AIG/HealthSmart MHCP in which you are enrolled.

Return-to-Work Program

A return-to-work program, if not already in place, needs to be established to aid in facilitating a timely return to employment for all employees who have a work related injury. The AIG’s PIC is available to assist you in creating this program should you need assistance. A return-to-work program is pivotal to a successful claims management process. Your program will be shared with the network medical providers for awareness of your ability to accommodate transitional duty so that they can release the injured employee to return-to-work when appropriate. Telephonic case managers and claim staff will also work with the injured worker to coordinate their return to employment. When contemplating a return-to-work program you may consider:

• What is the best return-to-work approach for your company or for a specific site?
• How can the impact of the program be measured for your company to utilize the results to either revise or refine its approach to have the greatest effect?
• What benchmarks and metrics are most useful?
• How can a return-to-work program be successful when working with an organized workforce or with multiple unions?
• What strategies can be used to address resistance and lack of participation among employees, supervisors, and community physicians?

Injured Worker

Training and informational materials are available to all employees including:

• General information about the AIG/HealthSmart MHCP
• The value of the AIG/HealthSmart MHCP, if they become injured
• The process for obtaining treatment for an occupational injury or illness
• The network providers from whom they may seek treatment
• Injured workers choose their own physician(s) from HealthSmart provider directory
• The claim representative and the telephonic case manager monitor and expedite medical care, ensuring quality and a timely return to work
• The claim representative and the telephonic case manager are available to assist the injured worker throughout their medical treatment and recovery process
• The injured worker should report their injury immediately to the appropriate employer contact, or as soon as possible and keep them informed of up-to-date treatment plans
Identification and Verification of Injury or Illness

Once a compensability decision is rendered and a claim is accepted, the injured worker will receive an Identification Verification Notice, which provides instructions on where and how to seek treatment for an occupational injury or illness.

The AIG/HealthSmart MHCP Employee Identification Verification Notice is used to notify workers that treatment must comply with the AIG/HealthSmart MHCP procedures. This verification form is NOT to be construed as authorization for medical services or payment.

Medical Provider

Medical providers form the service component of HealthSmart. HealthSmart is designed to address many of the barriers and frustrations experienced by providers treating workers’ compensation patients in the past, resulting in enhancing their ability to produce quality outcomes. HealthSmart features essential to providers include the following:

• Medical providers have the opportunity to develop positive and proactive relationships with area companies. HealthSmart facilitates these relationships by encouraging and sponsoring joint training opportunities, work site tours, and ongoing dialog among key representatives of employer and provider entities.

• HealthSmart participants are paid for their services in an expedient manner, providing them incentive to continue their participation and to follow HealthSmart program guidelines.

• HealthSmart utilizes treatment protocols that provide a framework for the treating physician. These protocols define their expectations regarding treatment parameters and duration estimates. They also lend consistency and structure to the treatment of work-related injuries.

Treatment Outside of HealthSmart

Before receiving care from an out-of-network provider, the employee should check with his or her employer, his or her claim representative or the telephonic case manager regarding available in-network services. Your employee’s medical expenses and indemnity benefits may not be covered if he or she uses a medical provider who is not a participating HealthSmart provider, unless one of the following conditions is met:

• For emergency care when access to a health care provider within HealthSmart is unobtainable for the acute phase of care

• When authorized treatment is unavailable through the managed health care plan

• To obtain a second opinion when a managed health care plan physician recommends surgery, and another qualified physician within the plan is not available for consultation.

• The injured worker has a right to seek care from a provider outside HealthSmart at his or her own expense.
Injured workers may access providers who are not participating in HealthSmart for treatment purposes only if the injured worker has established by competent evidence all of the following:

- The injured worker has been treated by providers solely within the employer’s managed care plan for a period of at least one (1) year;
- That for reasons related to the treatment alone, the injured worker has not made progress toward recovery that is reasonably consistent with the West Virginia Workers’ Compensation treatment guidelines;
- That the injured worker establishes to a reasonable certainty that proposed treatment outside the employer’s managed care plan would more likely provide the injured worker with a better clinical outcome than the current treatment or rehabilitation plan.

**Pharmacy Benefits Management**

Should your employee receive a prescription for their work-related injury or illness, you may refer them to AIG’s pharmacy benefits management program, Tmesys®. Prescriptions processed through this program are at no cost to the injured worker. A listing of participating pharmacies can be accessed at [www.aig.com/intellirisk](http://www.aig.com/intellirisk), or contact the PIC for more details.

**Emergency Care**

Employees may seek emergency medical care from any emergency facility, regardless of the facility’s participation in the AIG/HealthSmart MHCP. If a HealthSmart participating facility is available and convenient, it should be the emergency facility of choice. However, access to emergency services is not restricted by the West Virginia Workers’ Compensation rules/regulations. The referral from the emergency services provider should be within HealthSmart providers for either primary care or specialty care.

In an emergency situation, have your employee go to the nearest emergency facility.

**Quality Management**

A core component of the AIG/HealthSmart MHCP is the medical management services, which includes quality management (QM), telephonic case management (TCM), and utilization review (UR). Collectively, these services will ensure the delivery of efficient, appropriate health care services to those injured workers covered by the AIG/HealthSmart MHCP. The QM program encompasses a proactive approach to analyzing and measuring the quality of program operations. The quality assurance activities are a continuous process designed to monitor and evaluate the adequacy and appropriateness of health and administrative services, and pursue opportunities to help improve health and rehabilitation outcomes.
Case Management

Telephonic case management may be assigned to provide medical management on lost time claims. If assigned, the injured employee will receive a call from the telephonic case manager within 24 hours after the nurse has been notified of the injury. The claim representative and the telephonic case manager assigned to a claim will be your key points of contact. They will coordinate initial health care services and answer questions that you or your employee may have. The claim representative and/or the telephonic case manager will communicate with you, and the employee to assist in determining appropriate return-to-work activities during the recovery period.

TCM serves as a means for achieving wellness and autonomy through advocacy, communication, education, identification of service resources, and service facilitation. The telephonic case manager helps identify appropriate providers and facilities throughout the continuum of services, while ensuring that available resources are being used in a timely and cost-effective manner to obtain optimum value. TCM is based on the underlying premise that when an individual reaches the best possible level of wellness and functional capability, everyone benefits including the injured workers, their support systems, the employer, the health care delivery systems, and reimbursement sources.

Regarding telephonic case management and vocational rehabilitation, it is our belief that services are best offered in an environment, which allows direct communication among the telephonic case manager, the injured worker, the employer, and the appropriate service personnel in order to optimize the outcome. Cooperation through a team approach, based on sound principles of practice, promotes success. HealthSmart providers’ information is incorporated into the case and claims management systems allowing easy identification of HealthSmart participating providers.

Utilization Review

In compliance with Series 21, the West Virginia Workers’ Compensation Managed Care Rule, AIG has established procedures and oversight for utilization review (UR) of medical services to assure that a course of treatment is medically necessary; diagnostic procedures are not unnecessarily duplicated; the frequency, scope, and duration of treatment is appropriate; pharmaceuticals are not unnecessarily prescribed; and that ongoing and proposed treatment is not experimental, cost ineffective, or harmful to the employee.

UR evaluates the necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities under the auspices of the workers’ compensation program. Licensed healthcare professionals including physicians conduct the services.

The UR process is used selectively to assure quality standards are being met and to continue to evaluate the health care providers against benchmark treatment protocols developed by the state. This allows HealthSmart to examine utilization patterns of network providers, and provide information on intensity of approaches to diagnosis and treatment of an injury, evaluate the medical necessity of any given treatment plan, reduce unrelated and inappropriate services and therefore reducing costs, as well as expedite appropriate and related services and therefore limiting lost working days, affecting indemnity. The UR team affords communication of key medical information and clinical rationale for opinions rendered to help the employer and AIG make informed decisions regarding authorization of requested health care services. Appropriate decision-making regarding medical necessity relating to compensable diagnosis helps decrease litigation of medical issues.

When UR is conducted, a written notification is sent to your employee and the provider. If the service(s) requested are non-certified due to lack of medical necessity, instructions are provided on how to appeal the decision.
Contacting AIG Claims

AIG is staffed five (5) days a week, Monday through Friday, from 8:00 a.m. to 5:00 p.m., Eastern Standard Time and can be reached by calling 1-800-428-2422. Calls made after business hours, on holidays, or weekends will be returned the next business day.

To locate a HealthSmart medical provider, call 1-866-426-6763 or go to www.aig.com/intellirisk and click on “Find Medical Care” to search for providers and their contact information.

Complaints

AIG encourages effective communication between all parties involved in the managed health care plan to take appropriate, prompt corrective action, when necessary, to address valid concerns and issues. Concerns shall be thoroughly investigated using supportive and written information from both parties. These concerns will be handled in a timely manner following the appropriate receipt of the Employee Complaint Form (Appendix A) describing the nature of the issue and the action requested and any supporting documentation. The complaint form should be sent to:

AIG
Attention: West Virginia Complaint Coordinator
PO Box 305903 Nashville, TN 37230-5903

The complaint must be filed within thirty (30) days of the event in which the dispute occurs. If a concern is substantiated, appropriate quality improvement steps will be taken to handle the individual issue and to prevent a recurrence. Education will be an important part in the corrective action process. A complaint coordinator has been designated to review and resolve written expressed appeals. Within thirty (30) days of receipt of the appeal, a decision will be rendered. A record of the appeal will be maintained for two (2) years as required by law.

These procedures are neither a substitute for nor a prerequisite for the right to file a protest with the Office of the Insurance Commission Office of Judges within sixty (60) days of the disputed decision.
Appendix A
AIG/HealthSmart Managed Health Care Plan
Employee Complaint Form

See Employer’s Manual for further information regarding filing a concern or issue.

An injured worker may use this form to submit a complaint about a concern with the AIG/HealthSmart Managed Health Care Plan on a specific medical issue, network medical provider, or any other problem that cannot be resolved by direct discussion with the appropriate parties.

Exemptions: The following items are specifically excluded from the appeal process: Indemnity Benefits; Vocational Benefits; Maximum Medical Improvement and Permanent Impairment; Medical Mileage Reimbursement; Provider Payments and Compensability. Concerns regarding any of the issues listed above should be directed to your employer or your claim representative.

This Form Is Filed By:

Injured Worker’s Name: ____________________________

Claim Number: ____________________________ Date of Injury: ____________________________

Social Security Number: ____________________________

Primary Care/Treating Physician: ____________________________

Physician Address: ____________________________

Physician Office Telephone: ____________________________

If the space provided below is inadequate to fully explain your concern or the action you desire, continue your statement on a sheet of plain paper. Please be sure your name, Social Security Number, and the date of injury appear on each page of any attachment.

Describe the nature of the issue or concern: ____________________________

What action would you desire? ____________________________

Has a concern been previously filed for this issue? □ Yes □ No If yes, date filed: ____________________________

Form completed by: ____________________________

Injured Worker’s Signature ____________________________ Date ____________________________

Mail to: AIG Claims, Inc.; Attention: West Virginia Complaint Coordinator
PO Box 305903 Nashville, TN 37230-5903