

A light blue, semi-transparent map of the state of Florida is positioned in the background of the central section. The map shows the outline of the state, including the panhandle and the Florida peninsula.

Florida Managed Care Arrangement

Employer's Handbook



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Introduction

AIG utilizes HDi, a national managed care company, and Coventry, a Preferred Provider Organization (PPO), to assist with the medical management of your company's workers' compensation claims. An effective way to manage your workers' compensation claims is the implementation of a managed care arrangement.

Coventry has developed a managed care program that integrates a qualified, credentialed Preferred Provider Organization (PPO) of primary care and specialty physicians, hospitals and ancillary providers with HDi's utilization review and case management services. In addition, all provider bills are reviewed for appropriate coding, compliance with state fee schedules, and compliance with approved treatment. Based on the outcome of the review, the bills are reduced accordingly.

To access the program, employers will direct injured workers to primary care physicians who serve as medical care coordinators (MCC). Injured employees will be given an identification form, by their employers, at the time of injury. Such employees will present the identification form to the MCC when seeking treatment. The identification form will indicate the instructions the MCC should follow to have treatment plans approved, procedures pre-certified, and referrals to specialists approved.

The managed care arrangement assures that the employee receives quality care while returning the employee to productive employment as soon as possible. It also allows experienced, occupationally oriented physicians to manage the employee's care.



Employer Guidelines

Employee Injury

When an employee sustains a workplace injury that is not an emergency, the employee reports the injury to the employer. The employer will do the following:

- Direct the employee to the nearest, appropriate Coventry MCC. Wallcards listing the approved MCCs and facilities for the respective county are provided, and posted at the employer's locations for this purpose.
- Provide the employee with a Temporary Workers' Compensation Treatment Identification Form to be given to the MCC. This form initiates the managed care process by informing the MCC of the employee's participation in the Managed Care Arrangement (MCA) and providing direction.
- Provide the employee with the employee brochure outlining rights and responsibilities of the MCA.
- Upon the written request of the employee, there will be a one time change of physician during the course of treatment for any one accident. Upon the granting of the one time change of physician, the initial authorized physician in the same specialty shall become deauthorized upon written notification of the employer or carrier.
- Instruct the employee of the requirement that all formal grievances be written (See Grievance Procedure).
- Report the loss through the AIG *Early Notice* toll free number. This service provides notification of the loss to both the HDi nurse case manager and the AIG adjuster.

For any injuries requiring emergency care, the employer will facilitate transportation to the nearest emergency facility. Follow-up care is directed into the network by the HDi nurse case manager. After the loss has been reported by the employer, an HDi nurse case manager will do the following:

- Contact the employer to discuss the injured worker's specific job duties.
- Develop or modify job descriptions, and identify light or modified duty options.
- Facilitate communication between the employer, employee, MCC, and adjuster to identify various return-to-work options to promote early return to work.
- Coordinate any on-site case management requirement and complex early return-to-work activities with local AIG specialists, if needed.

AIG Managed Care: Highlights of Workers' Compensation

When a worker is injured, REMEMBER:

- For non-emergencies, select an MCC from your wallcard listing.
- If you need assistance in directing injured employees to a provider, call HDi at 877-220-6466.



- Complete the Temporary Workers' Compensation Treatment Identification Form and send it with the injured worker to the provider's (MCC) office.
- Call AIG *Early Notice* to report the loss by using the dedicated toll free number, furnished to you when you enrolled in the program.
- In case of an emergency, direct the injured worker to the nearest emergency facility.

Managed Care Arrangement Contact for Employers

Anytime that you, as the employer, are dissatisfied with the workers' compensation managed care arrangement, you may express your opinion by calling 877-220-6466 or by writing to:

HDi
1690 New Britain Avenue, #105
Farmington, CT 06032
Attn: Utilization Management Department

Recommended for Posting: Grievance Procedure for Injured Employees

Anytime an injured employee is dissatisfied with the managed care arrangement or with the medical care provided under such arrangement, he/she has the right to express his/her opinion by calling 800-647-4767 or by writing to:

AIG
Attn: Grievance Coordinator
P.O. Box 25477, Tampa, FL 33622

The employee will be notified in writing as to the outcome of his/her grievance.

Pursuant to the Rules of the Agency for Health Care Administration, Chapter 59A-23, Workers' Compensation Managed Care Arrangements, the following applies:

1. A grievance is considered "formal" only if presented in written format using AHCA Form No. 3160-0019. If the employee wishes to initiate a formal written grievance, he/she will contact his/her employer for appropriate forms to document the grievance. (see Grievance Form)
2. All employee grievances will be processed according to the rules developed by AHCA found in Chapter 59A-006 of the F.A.C.
3. Any requests for medical services, second opinions, or a change in providers will be treated as a request for service, and will not be processed as a formal written grievance. AIG will evaluate the request for medical services within seven calendar days of receipt, and will inform the employee of the decision to grant the request, deny it, or request additional information. If the request is denied, AIG will notify the employee in writing of the denial and the right to file a written grievance using AHCA Form No. 3160-0019, which should be provided to the employee at that time.



4. Any complaints about medical issues that the employee shall report to AIG will be resolved within ten calendar days of receipt, unless all parties agree to an extension. If a complaint is denied, AIG will notify the employee in writing of the denial and the right to file a written grievance using AHCA Form No. 3160-0019, which should be provided to the employee at that time. In addition, AIG will also advise the employee of the right to contact the Division's Employee Assistance Office for additional information by writing to:

Division of Workers' Compensation
Employee Assistance Office
200 E. Gaines St.
Tallahassee, FL 32399-4225

5. A written grievance will be processed within fourteen calendar days of receipt. A written grievance can be filed at any time, and the employer should receive notice when a written grievance has been filed. The grievance coordinator shall render a determination within fourteen calendar days of receipt of the written grievance, and will send written notice of the outcome to the employee within seven days of the final determination.
6. If the grievance involves the collection of information outside the service area, an additional fourteen days will be allowed to process the grievance. AIG shall notify the employee in writing within seven days of receipt of the written grievance that additional information is required to properly complete review of the grievance.
7. If the determination is not in favor of the employee, the grievance coordinator will notify the employee that the grievance is being forwarded to the grievance committee for further consideration, unless the employee withdraws the grievance in writing. The committee has thirty days to render a determination.
8. A grievance which is arbitrated pursuant to Chapter 682, Florida Statutes is permitted additional time not to exceed 210 days from receipt of the written request for arbitration from the employee.
9. The employee shall be considered to have exhausted all managed care grievance procedures if a determination has not been rendered within the required timeframe, or any timeframe mutually agreed to in writing by all parties to the grievance. Upon completion of the procedure, the grievance coordinator shall inform the employee in writing of his right to file a petition for benefits with the Division pursuant to Section 440.192, F.S.
10. If the employee desires a meeting during the formal grievance process, the managed care arrangement shall offer to meet at its administrative offices within the service area convenient to the employee.
11. A grievance means a written complaint other than a petition for benefits filed by the injured worker pursuant to the requirements outlined herein expressing dissatisfaction with the refusal to provide medical care or the medical care provided through the managed care arrangement.

AIG and Coventry

Managed Care Arrangement Temporary Workers' Compensation Treatment Identification Form

This is a Temporary Workers' Compensation Program I.D. Form. This Form is not a Guarantee of Eligibility or Compensability for Workers' Compensation Benefits.

To Be Filled Out By Employer

Employer Name _____

Employee Name _____

Social Security Number _____ State of Injury _____

Place of Injury _____

State Body Part Injured _____

Issued By _____

Important Information for Hospitals & Physicians

AIG utilizes Coventry and HDi to administer the Managed Care Arrangement under Florida statute 440.

Providers: You Must Call HDi at 877-220-6466 prior to any Treatment/Admission other than an Emergency Situation; In an Emergency, You Must Call Within 24 Hours of Treatment.

Send Bills to: AIG
 PO Box 25477
 Tampa, FL 33622-5477

For Billing Analysis: Call AIG at 813-218-3000

PPO Networks: Coventry



Employee Information

Employee's Guide to the Florida Workers' Compensation Managed Care Arrangement

AIG utilizes HDi, a national managed health care company, and Coventry, a Preferred Provider Organization (PPO),* to form a Workers' Compensation Managed Care Arrangement.

The Managed Care Arrangement is committed to working with you to help ensure that you receive appropriate medical care while returning you to productive employment as soon as possible.

What Is A Workers' Compensation Managed Care Arrangement

A Managed Care Arrangement is one in which a health care provider enters into a written agreement with a workers' compensation insurer to coordinate appropriate remedial treatment, care, and attendance to injured employees.

How Does It Work

By following guidelines established by the Florida Agency for Health Care Administration, the Managed Care Arrangement provides you with geographic availability of providers and services, and reduces inappropriate or excessive treatment. At the time of your injury, your employer will refer you to a physician, one of Coventry's medical care coordinators, for treatment. You will also be given an Identification Form to present to the medical care coordinator at the time of treatment. Your employer will report the injury to AIG and the care management process with HDi and Coventry will begin.

Your Role in the Managed Care Arrangement

You are responsible for obtaining care from a medical care coordinator. Treatment received outside of your workers' compensation Managed Care Arrangement **WILL NOT BE COMPENSABLE, UNLESS AUTHORIZED BY A COVENTRY MEDICAL CARE COORDINATOR** prior to the treatment date, except in emergency situations. That is, you pay for medical care given by providers who are not part of this workers' compensation Managed Care Arrangement.

How Will You Benefit From This Program

You will benefit from the Managed Care Arrangement by receiving prompt, quality medical services which help to speed your recovery, enabling you to return to work.

What Is the Procedure For Changing Your Assigned Provider

You are allowed to change to another provider **ONE** time within the provider network. You must write to your current medical care coordinator to request a change to another provider. The medical care coordinator will review your request, and will identify another provider within the network. Any special request for a specific provider will be considered, and every attempt will be made to satisfy such requests. You will be informed of all decisions by letter. Approval letters will contain the new provider's

* PPO is a group of physicians and medical providers under contract to adhere to quality assurance, utilization review, and referral standards.



name, telephone number, and address. A copy of the decision letter will be sent to the new provider. If more than one such change is required, it must be requested through the grievance procedure as outlined in the *How Can You Express Concerns Regarding Treatment* section.

What Is the Referral Process

Any time it becomes necessary to receive additional health care services from a provider other than your medical care coordinator, a referral is made by your medical care coordinator to the appropriate specialist qualified to provide the medical care needed for recovery and return to work. It is **REQUIRED** that the referrals be made by your medical care coordinator to a participating network provider, unless the referral is for emergency treatment not available within the network. Limitations on referrals relating to chiropractic treatment should be verified by your employer.

How Can You Express Concerns Regarding Treatment

If at any time you are dissatisfied with the workers' compensation Managed Care Arrangement or with the medical care provided under the Managed Care Arrangement, you have the right to express your opinion by calling 877-220-6466 to speak to a case manager or by writing to:

AIG
P. O. Box 25477
Tampa, FL 33622

Any grievance against a medical provider must be in a written form and submitted on AHCA Form No. 3160-0019. An oral complaint about a provider will not be considered a grievance.

Please Note:

- A grievance will not be formally considered unless it is submitted on AHCA Form No. 3160-0019.
- Please contact your employer for appropriate forms to initiate a "formal" grievance or for more information concerning this procedure.
- All grievances will be processed according to the rules developed by the Agency for Health Care Administration found in Chapter 59A-23.006 of the Florida Administrative Code. You will be notified in writing of the outcome of your grievance.

What If You Require Non-Emergency Care

In case of an injury or illness on the job, notify your employer immediately. Your employer will refer you to a Coventry medical care coordinator for treatment. A listing of your medical care coordinators has been posted by your employer on a wallcard.

What If You Require Emergency Care

In the event of an emergency, proceed immediately to the nearest emergency facility.

Care received as follow-up to an emergency treatment must be obtained through selection of a medical care coordinator. For assistance, call a case manager at 877-220-6466.



Coventry's and HDi's Responsibilities

Coventry's Responsibilities

Medical Care Coordinator (MCC)

- Examines patient, determines diagnosis, and establishes a treatment plan.
- Sends treatment plan to Coventry as indicated on the employees Temporary Identification Form.
- Completes all forms as required by the Division of Workers' Compensation.
- Coordinates all referrals to hospitals, specialists, clinics, or labs. On-going medical treatment, diagnostic tests, medical therapies, and interventions done by the referred provider will be closely monitored and evaluated by the MCC and an HDi case manager.

HDi's Responsibilities

HDi Nurse Case Manager

- Reviews proposed treatment plan considering:
 - Medical outcome expectations
 - Practice patterns for that diagnosis
 - Utilization criteria
 - Return to work criteria
- Certifies an acceptable treatment plan.
- Notifies AIG adjuster of authorized plan.
- Conducts on-going, concurrent evaluation of utilization, and monitors adherence to treatment plan, and practice protocol.



FAQs By Employer

What is the role of the Medical Care Coordinator?

The medical care coordinator (MCC) is a licensed M.D. or D.O. (Doctor of Osteopathy) who is responsible for managing the injured employee's medical care. The MCC monitors the effectiveness of medical treatment. Referrals to other provider specialists and health care facilities are coordinated by the MCC.

What is the role of the HDi Nurse Case Manager?

The HDi nurse case manager acts as a liaison between the MCC and the AIG adjuster. The nurse works in partnership with the MCC to evaluate the medical treatment of the claimant. Return to work goals will be discussed by the HDi nurse case manager with the employer.

Who determines compensability?

AIG determines compensability. The HDi nurse case manager will communicate with the adjuster on any issues pertinent to compensability determination. Neither the MCC nor the HDi nurse case manager will take any action on matters of compensability.

What happens if the provider's treatment is not certified by the MCC?

Non-certification of treatment will be communicated to the employee, the adjuster and the provider by the HDi nurse case manager. The provider can appeal any non-certification of treatment. The appeal will be reviewed by one of HDi's staff physicians.

What happens if an injury occurs after business hours and/or over the weekend?

Coventry should be notified within one business day of the injury in order to commence the medical management process.



Bring on tomorrow

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New York, NY 10038