



Employee's Guide

Florida Workers' Compensation Managed Care Arrangement

AIG, HDi, and Coventry

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 Workers' Compensation 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 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 of this guide.

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.

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

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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 # 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.

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.

I have read and understand the information provided in this Employee's Guide on the Florida Workers' Compensation Managed Care Arrangement.

Employee Signature

Date

