Zurich Handbook

Managed Care Arrangement program summary

A Managed Care Arrangement (MCA) is being used to ensure that employees receive timely and proper medical treatment with respect to work-related injuries or diseases sustained or arising in the state of Florida. Zurich in North American ("Zurich") has developed a MCA plan that meets regulatory requirements, provides medical and disability management and delivers quality care and treatment to injured workers.

The following components are included in Zurich's MCA plan.

- Preferred Provider Organization (PPO) network services for primary physician care, specialty physician referrals, second surgical opinions and medical care coordination
- instructions on how to file grievances relating to MCA services received by employees and healthcare providers
- quality assurance activities to support prompt and appropriate care by medical providers and administrative staff within the MCA program
- telephonic and on-site case management by experienced nurses who assist in the coordination of injury management services and development of early return-to-work plans
- prospective, concurrent and retrospective utilization review services using provider bill review and nurse and physician treatment evaluations to promote appropriate, quality healthcare services while controlling the cost of medical services and supplies

Full descriptions of these programs, processes and materials and contact names, addresses and telephone numbers are provided in this handbook.

Preferred Provider Organization (PPO) network services

Zurich has contracted with Coventry Health Care for Florida MCA network provider services. MCA healthcare service providers include hospitals, physicians, ambulatory surgical centers, physical therapy centers, chiropractors, etc. Participating providers within your service area can be located by consulting a PPO panel posted in your workplace or by calling Coventry at 800-243-2336.

Provider services glossary

Medical Care Coordinator (MCC) – MCA network physician who is responsible for managing and coordinating the medical care given to an insured worker, including primary and secondary medical services and healthcare facilities to which a patient may be referred for treatment. A MCC will be a Florida-licensed medical doctor or an osteopath.

Primary Care Physician (PCP) – Except for emergency care, a MCA network PCP is the patient's attending physician for all primary care services. The PCP may be a MCC or another Florida-licensed physician (medical doctor or osteopath) or healthcare practitioner (chiropractor, dentist, etc.).

MCA network providers – Medical doctors and healthcare practitioners serving as MCC's or PCPs are required to demonstrate proof of completion of a minimum five-hour instructional course certified by the Florida Division of Workers Compensation as mandated by Florida law. All MCA network providers must meet the requirements of Florida regulations by referring patients only to other MCA network providers, including hospitals. Referrals for secondary or specialist provider care must be authorized by the patient's MCC. The same referral authorization process must be used for out-of-network provider services if the MCA provider network does not include providers with specific, specialty healthcare services or facilities needed by a patient.

The following information notice should be posted by employers throughout the workplace and/or distributed to employees and supervisory/management staff.

Notice to all employees in case of injury or illness on the job

Zurich **in North America** and your employer want to make sure you obtain the proper medical treatment in a timely fashion to help ensure your prompt return to employment. As a result, a Managed Care Agreement has been implemented that includes selected local medical providers who will provide treatment for a job-related injury or illness. According to Florida workers compensation law, the implementation of a MCA program at your work site requires you to receive medical treatment from a physician, hospital or other healthcare provider who is a member of the MCA network. Unless it is for an emergency, if you receive treatment from a physician or other healthcare professional or facility that is not a participating medical provider in the MCA, you may be held responsible for the payment of fees for such out-of-network treatment.

If you are injured at work, please follow these three steps:

1. Notify your supervisor or manager of your injury or illness immediately.

2. If you feel you need medical attention, assist your employer in completing a notice of injury form (DWC-1).

3. Your employer will make MCA provider information available. Choose one of the primary care physicians listed who is within your city or county service area for the treatment of your condition or call **800-243-2336,** for a referral to a primary care physician in your area.

Hospitals

Whenever emergency medical treatment is required, do not call first. Please go immediately to the nearest emergency room treatment facility. This does not have to be one of the hospitals listed in your MCA service area.

If you do receive emergency care from a facility or healthcare provider that is not a member of the MCA provider network, either you, a family member or your physician should contact Zurich's Managed Care Services at **800-451-8731** within 48 hours of receiving care. Nonemergency hospital services should, however, be received at one of the MCA network hospitals.

Physician and other healthcare provider referrals

Whenever it is necessary to receive additional medical treatment from a physician other than your primary care physician, a referral will be made by your Medical Care Coordinator (MCC) to an appropriate medical specialist who is qualified to provide the additional treatment needed. All physician referrals must be made by your MCC to a participating MCA specialist physician unless the type of treatment needed is not available within the MCA provider network.

You are allowed to change to another physician who is within the MCA healthcare provider network **one time.** You must contact your MCC/Medical Case Manager/Claims Representative with your request and select another physician within the MCA network who can perform the type of healthcare service you need. If carrier fails to provide a change of provider within 5 days after receipt of request, the employee may select the provider of his/her choosing. If you wish to request an additional change after your first change of physician, you must contact Zurich at 800-835-7169 or submit a completed Grievance Form. Please refer to the notice on the MCA Grievances Procedure and the attached Grievance Form.

With the 10-2003 WC law reform, the IW (injured worker) no longer has the right to obtain a second medical opinion, in the same specialty and the same network during the course of treatment for a work-related injury. However, the IW does have the right to obtain an Independent Medical Examination (IME) as provided for in s.440.13(5). a) In any dispute concerning overutilization, medical benefits, compensability, or disability under this chapter, the carrier or the employee may select an independent medical examiner. The examiner may be a health care provider treating or providing other care to the employee. An independent medical examiner may not render an opinion outside his or her area of expertise, as demonstrated by licensure and applicable practice parameters.

(b) Each party is bound by his or her selection of an independent medical examiner and is entitled to an alternate examiner only if: 1. The examiner is not qualified to render an opinion upon an aspect of the employee's illness or injury which is material to the claim or petition for benefits: 2. The examiner ceases to practice in the specialty relevant to the employee's condition: 3. The examiner is unavailable due to injury, death, or relocation outside a reasonably accessible geographic area: or 4. The parties agree to an alternate examiner. Any party may request, or a judge of compensation claims may require, designation of a division medical advisor as an independent medical examiner. The opinion of the advisors acting as examiners shall not be afforded the presumption set forth in paragraph (9)(c).

(c) The carrier may, at its election, contact the claimant directly to schedule a reasonable time for an independent medical examination. The carrier must confirm the scheduling agreement in writing within 5 days and notify claimant's counsel, if any, at least 7 days before the date upon which the independent medical examination is scheduled to occur. An attorney representing a claimant is not authorized to schedule independent medical evaluations under this subsection.

(d) If the employee fails to appear for the independent medical examination without good cause and fails to advise the physician at least 24 hours before the scheduled date for the examination that he or she cannot appear, the employee is barred from recovering compensation for any period during which he or she refused to submit to such examination. Further, the employee shall reimburse the carrier 50 percent of the physician's cancellation or no-show fee unless the carrier that schedules the examination fails to timely provide to the employee a written confirmation of the date of the examination pursuant to paragraph (c) which includes an explanation of why he or she failed to appear. The employee may appeal to a judge of compensation claims for reimbursement when the carrier withholds payment in excess of the authority granted by this section.

(e) No medical opinion other than the opinion of a medical advisor appointed by the judge of compensation claims or division, an independent medical examiner, or an authorized treating provider is admissible in proceedings before the judges of compensation claims

(f) Attorney's fees incurred by an injured employee in connection with delay of or opposition to an independent medical examination, including, but not limited to, motions for protective orders, are not recoverable under this chapter.

MCA grievances procedure

Initial requests for services, such as a **request for medical services, second opinions, or a change in providers,** are not considered a complaint or grievance. 59A-23.006(4)(a), F.A.C.

Grievances by injured employees, medical providers and other interested parties concerning MCA services can be filed as either **informal** (oral) or **formal** (written). **Informal** grievances will be directed to MCA customer service staff. **Formal** "written" grievances will be directed to a Zurich Grievance Coordinator. Specific contact personnel, telephone numbers and addresses are available for communicating both informal and formal grievances. All telephone contact numbers will be toll free and will provide access five days a week during normal business hours.

Informal grievances

MCA customer service representatives are responsible for the receipt of informal grievances and can be reached at this toll-free telephone number: 800-835-7169. Grievances are issues and problems concerning the provision of MCA services raised by employees, providers, and to escalate grievance issues to senior management for resolution. Customer service staff conducted with the aggrieved party(s). Informal complaints will be investigated and resolved within ten (10) calendar days of receipt.

Formal grievances

Formal written grievances should be directed to the MCA Grievance Coordinator:

Grievance Coordinator
Zurich Services Corporation
P.O. Box 968084
Schaumburg, IL 60196

However, a grievance is not considered to be a formal one until a written complaint has been received by Zurich. The Grievance Coordinator will contract the individual who initiated a grievance by telephone and/or by written letter to try and resolve any issues that may have occurred.

The Grievance Coordinator has problem-solving authority and the ability to elevate the grievance to Zurich's senior management for resolution of any problems. All relevant parties will be kept informed of the grievance resolution process by telephone and by written correspondence. The final resolution decision will be communicated in writing to all involved parties.

Grievance procedure

Whenever you are dissatisfied with the workers compensation healthcare services provided by the MCA, you have the right to express that opinion **informally** by calling 800-835-7169 or **formally** in writing to:

Grievance Coordinator
Zurich Services Corporation
P.O. Box 968084
Schaumburg, IL 60196

A **copy of the grievance procedure and forms** for filing a written grievance shall be made available to providers, employees, or their designated representative **within seven calendar days of receipt of a request.**

If you want to file a **formal** grievance, please use the attached Grievance Form and complete all of the information.

All formal grievances will be processed within 60 days unless you or the healthcare provider and Zurich mutually agree to an extension.

If the grievance involves the collection of information outside the service area, an additional 30 days will be allowed to process the grievance. A grievance arbitrated pursuant to Florida law is permitted additional time, not to exceed 210 days from receipt of the written request for arbitration from an employee or healthcare provider. The grieving party will be notified in writing of the outcome of the grievance within seven (7) days of the final determination.

You may appeal to the Department of Labor and Employment Security, Division of Workers Compensation upon completion of the full formal grievance procedure or while the formal grievance is in arbitration.

Please note: Under Florida law, a grievance is considered "formal" only if presented in written format. Oral notification is considered an "informal" grievance.

The grievance form is available at:
www.fdhc.state.fl.us/MCHQ/Managed_Health_Care/WCMC Click on Workers' Compensation Managed Care Arrangements. Go to forms.

Copies of the form required for filing a grievance shall also be **available at the same location as the compensation notice** required under Rule 38F-6.007, F.A.C. (The broken arm poster).

Quality assurance program

Medical treatment rendered by healthcare service providers within the MCA will be governed by the following treatment standards and protocols:

- there will be an emphasis on medical care management to ensure prompt, proper and adequate medical treatment for job-related injuries and illnesses with recovery and return to active work as their goal
- treatment will be provided in a timely manner without inappropriate delay, interruption, premature termination or excessive or prolonged duration
- seek the employee's cooperation and participation in the treatment decisions made and medical care rendered and the employer's cooperation where necessary
- treatment will be based on accepted principles of medical science professionals and the application of appropriate and efficient medical technology and other healthcare resources
- medical and rehabilitative care and treatment will be coordinated with return-to-work and vocational planning objectives

Zurich's quality assurance program includes procedures for identifying and resolving any quality issues associated with healthcare services rendered to an injured employee. It is Zurich's aim to deliver high-quality and appropriate medical care to an injured worker. This program also includes steps to return the patient to a positive state of health and enable the worker to return to his or her previous occupation or part-time and/or modified duties as quickly as possible. Zurich's quality assurance methodology has the following elements:

- determining appropriateness and necessity of inpatient and outpatient treatment plans
- continuous training and education programs provided by the appropriate Zurich management staff, for utilization review and case management nurses and physician advisor staff
- the use of nationally and regionally accepted treatment guidelines, including health service practice parameters adopted by AHCA, which apply to compensable diagnoses as tools for the quality measurement of treatment proposed or rendered by healthcare providers

Medical care management programs

Case management services

Case management nurses

Telephonic and when needed, on-site medical case management services will be provided by Zurich's case management nurses. Case management nurses will assist network MCCs in coordinating medical and rehabilitative care and the development of claimant return-to-work-plans.

Catastrophic medical case management

For patients with very serious conditions and/or long-term, lost time and disability and rehabilitation recovery periods, catastrophic major case management programs are available.

Utilization management

Utilization review

All proposed or rendered inpatient and outpatient claimant medical treatment must be reviewed and authorized through Zurich's utilization review program. Retrospective review will also include a preliminary provider bill review. Requests by employees, employees' relatives or healthcare providers for utilization review services can be made in writing, by calling a toll-free telephone number, 1-800-451-8731, or via fax to the Zurich Managed Care Service Center.

Supervisors, managers, and/or human resource staff should receive the attached MCA Notice to All Employees poster (please refer to page three of this handbook) and employee identification cards for reference and distribution when an employee injury occurs.

Employer MCA Information

Network provider information/location	800-243-2336
Utilization review program	800-451-8731
Utilization review program – fax number	866-743-1658
Case management services	800-340-8602, Ext. 8684

See Reverse Side of Form for Information Regarding Filing a Grievance

Florida Workers' Compensation Managed Care Arrangement
FORMAL GRIEVANCE FORM

All Injured Worker or Health Care Provider may use this form to request a formal review about dissatisfaction with medical care issues provided by or on behalf of a Workers' Compensation Managed Care Arrangement.

This Grievance is Filed by: ____ Provider ____Injured Worker or a Designated Representative: _____Family Member _____Attorney ____Other
Date of Injury_______________

INJURED WORKER'S/ PROVIDER'S NAME: ____

Social Security Number: ______________________

Address:
____

Home Telephone: ________________________________ Work/ Alternate Phone: _________________________________

Contact if other than injured worker or provider ________________________________ Telephone: ____________________________

PRIMARY CARE/ TREATING PHYSICIAN: ____

Address:

Office Telephone:

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

Why is this Grievance Being Filed? (Nature of the Problem):

____

Has a grievance been previously filed? ___YES___NO IF YES, Date Sent? ____

What Action Would You Like to See Taken?

____

____

Have you receive any information regarding your rights and responsibilities under WC Managed Care? Yes____ No____

FormJ160-0019 November, 2000

INTENT: The grievance procedure is intended to be self-executing and easy to use. An injured worker may call the grievance coordinator directly without completing this form. The grievance coordinator may complete the form for the injured worker. A review regarding the requested medical care will begin immediately, and a decision made within 44 days of receipt unless additional information is required from outside the service area. The review period may be extended by mutual agreement between the injured worker and the grievance coordinator, with notice provided to all other participating parties.

The injured worker's participation in the grievance process is important to the resolution of medical issues. Individuals reviewing the grievance may need to speak directly with and receive input from the injured worker. If the injured worker is unable to participate actively in the grievance process, a patient advocate may participate on behalf of the injured worker.

Exemptions: The following items are specifically excluded from the grievance process: Indemnity Benefits; Vocational Benefits; MMI and Permanent Impairment; Medical Mileage Reimbursement; Provider Payments; Compensibility; and Causation. Concerns regarding any of the issues listed above should be directed to the employer, adjuster, or the Florida Division of Workers' Compensation Employee Assistance Office at 1-800-342-1741.

If the injured worker, employer, or carrier is dissatisfied with the final decision of the grievance committee, the dissatisfied party has the right to file a petition for Benefits with the Florida Division of Workers' Compensation.

Any person who, knowingly and with intent to injure, defraud, or deceive any employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.

Form Completed by: ____ ____________________

Injured Worker/ Provider/ Other — Date Form Completed/ Signed

____ ____________________

Signature of Grievance Coordinator — Date Form Completed/Signed

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MAIL TO:

Zurich North America Grievance Coordinator

P. O. BOX 968084

Schaumburg, IL 60196

1-800-835 -7169

Claimant's Attorney Name:

Address:

Telephone

Fax:

Form 3160-0019 November 2000