



## **Comp mc Managed Health Care Plan**

### **Implementation Process**

Effective July 1, 2007, comp mc will provide the Managed Care Plan services for employees covered under the Commonwealth of Kentucky's workers' compensation program.

Notification of Employees is required for all employees covered in a managed care plan for reported injuries/illnesses. Written notification of Enrollment in comp mc's MHCP is included in the onsite manual. Please note the employee needs to sign the bottom of the second page and return it to their supervisor. Please review and refer to the attached tools for employers and onsite coordinators.

Postings of providers are available on the Commonwealth's website,

[www.personnel.ky.gov/benefits](http://www.personnel.ky.gov/benefits) If an employee requires immediate emergency treatment, send them to the nearest emergency facility.

Assign your site coordinators and train as needed. A site coordinator manual is provided along with a power point presentation and helpful materials, including an Employee Guide. All material is available at the web site above or you may request additional supplies by contacting comp mc at 1-866-361-6899.



***SITE COORDINATOR'S MANUAL***

**COMP MC  
Kentucky Managed Health Care Plan**

**Effective July 1<sup>st</sup> 2007**

**Commonwealth of Kentucky**

**Workers' Comp Claims Administered by CCMSI**



## **Section 1**

### **Site Coordinator's Guide**



## Site Coordinator's Guide

### **History:**

Your employer, and its contracted Third Party Claims Administrator, CCMSI are committed to the well-being and safety of all employees. As part of the commitment, we want to ensure that every employee that has a work related injury or illness obtains prompt medical care, is treated with high standards of care and returns to work as soon as medically feasible. **Comp mc** has been selected to provide a Managed Health Care Plan for your employer. We have medical providers throughout the Commonwealth of Kentucky and in four Indiana counties, (Clark, Floyd, Harrison, and Vanderburgh).

Your employer has designated you to serve as the Site Coordinator regarding this Managed Health Care Plan. A power point presentation specific to employee and one specific for employers is available for your overview with employee/employer groups.

### **DISTRIBUTION OF EMPLOYEE MCHP EDUCATIONAL MATERIALS:**

You are responsible for making sure that all employees receive their individual copy of the **comp mc's** educational materials and the posting.

### **NETWORK PROVIDERS:**

You have been provided with a list of designated "gatekeeper" physicians to be used by injured employees for the initial evaluation and treatment following an injury. This "gatekeeper" listing is required to be posted at the worksite. The "gatekeeper" will have access to a complete listing of providers, including specialist in your county and the surrounding counties, from which employees may choose when referred to a specialist by the designated gatekeeper. The complete directory is available at <http://personnel.ky.gov/benefits/workerscomp/wcpostings.htm>

### **WHEN A WORK RELATED INJURY/ILLNESS OCCURS:**

Assist the injured employee with the selection of a "gatekeeper" provider and immediately notify your work comp claims administrator, CCMSI. CCMSI will notify **comp mc**, who will communicate with your employee.

### **INJURED WORKERS MAY RECEIVE TREATMENT OUTSIDE COMP MC/FIRST HEALTH NETWORK PROVIDER/FACILITY:**

1. For treatment of an injury that began prior to **comp mc's** implementation
2. For emergency/urgent care
3. When an injured worker chooses to continue treatment with the initial emergency room provider, if the provider agrees to abide by the "Plan" utilization review requirements, reporting, and other standards
4. For a second opinion when a network provider recommends surgery
5. When a First Health Network provider refers to a provider outside the Network
6. When authorized treatment is not available from a First Health Network Provider.



## **SECTION 2**

### **WHO IS COMP MC?**



## COMP MC

**Comp mc** has been contracted by your employer, or Third Party Claims Administrator, CCMSI, to provide a Managed Health Care Plan (MCHP) services. Comp mc provides medical management services through professionally trained staff to aid in the recovery of injured work comp employees. **Comp mc** will be working with your employee, the claims administrator, the provider/physician to ensure the injured employee receives quality health care services and returns to work as soon as medically possible.

**If you have questions regarding this plan**, you may call 1-866-361-6899.

If you have questions regarding payments to providers or disability payments to injured workers, please call the claims administrator, CCMSI at 866-320-8456



## **SECTION 3**

# **GRIEVANCE PROCEDURE**



## **GRIEVANCE PROCEDURE**

**The following outline is an outline of the comp mc's MCHP Grievance procedure:**

A grievance is a written complaint submitted by the employee or provider to the comp mc stating the nature of the complaint and the action being requested. All grievances from employees or providers shall be filed within thirty (30) days of the occurrence of the event giving rise to the dispute.

To file a grievance:

1. Obtain a grievance form from your employer or by calling comp mc at 866-361-6899, extension 3050 to request a form.
2. Forms must be submitted within thirty (30) days of the dispute, event or complaint to:  
comp mc  
Grievance Coordinator  
10503 Timberwood Circle, Suite 204  
Louisville, KY 40223  
Telephone: Local 502-425-7474 or  
Toll Free 866-361-3899, extension 3050
3. The comp mc Grievance committee will gather all information pertinent to your grievance and shall render a written decision within thirty (30) days of receipt of your Grievance Form.
4. Appeals may be filed when there is dissatisfaction with comp mc's findings or decision. You may request a review by an Administrative Law Judge (ALJ) as appointed by the Kentucky Office of Workers' Claims. To be eligible for an Administrative Review by the ALJ, you must submit in writing directly to the Kentucky Office of Workers' Claims your request for the ALJ review and the grounds on which you base your complaint. If you have questions on how to file for a review, you may contact the Office of Workers' Claims at 502-564-5550.  
Address: Office of Workers' Claims  
657 Chamberlin Ave.  
Frankfort, KY 40601
5. If you have questions, please call comp mc at 866-361-6899.

Grievances or disputes involving urgent or critical medical care will be expedited within forty-eight (48) business hours of the time of receipt so as not to interrupt delivery of medical care for the reported work comp injury.

Records of each formal grievance will be maintained for a period of two (2) years. The record shall contain a description of the grievance, the employee's name and address, names and addresses of the health care providers relevant to the grievance; and the employer's name and address. Also included will be the description of the findings, conclusions and disposition of the grievance.





## comp mc Grievance Notification Form

If you have a complaint or dispute you wish to report, you must complete and mail or fax this form to comp mc's Grievance Coordinator within thirty (30) days of the event giving rise to the grievance.

comp mc  
Grievance Coordinator  
10503 Timberwood Circle, Suite 204  
Louisville, KY 40223  
Telephone: 800-361-3899, extension 3050  
Fax: 502-426-9516

Date of grievance/incident:
Name of person completing this form:
Phone # (include area code):
Employee name and employer if applicable:
Employer's address:
Your daytime phone number:
Member or provider name and address with whom you have a complaint/dispute:
Treatment dates relevant to the dispute:

Description of  
dispute/grievance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Aggrieved Party's Request for Action to be taken against violating party: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Individual Submitting  
Grievance \_\_\_\_\_



## **SECTION 4**

### **PREFERRED PROVIDER NETWORK**

#### **KENTUCKY GATEKEEPERS\***

\*See <http://personnel.ky.gov/benefits/workerscomp/wcpostings.htm>



## **SECTION 5**

### **POWERPOINT OVERVIEWS**

**(COMMONWEALTH and EMPLOYEE)**

\*\*\*See <http://personnel.ky.gov/benefits/workerscomp/default.htm>



## SECTION 6

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6. Prescription Card Letter-Emeric
7. Patient Encounter Form (used by comp mc) and Employer Provider Intro Letter
8. Employee Guide



Date

Name  
Street Address  
City, State, Zip

**RE: Notice of your Enrollment in Comp MC's Kentucky Certified Managed Health Care Plan**

Dear (Commonwealth of Kentucky Employer) Employee:

Effective July 1, 2007, your employer is working in conjunction with (TPA) and comp mc to provide a Certified Kentucky Managed Health Care Plan (MHCP) for employees injured on the job, which requires medical treatment.

comp mc's role is to ensure medical treatment is provided in a manner which is convenient, effective and timely for you. Under the requirements of a Managed Health Care Plan, you must do the following when you have an injury on the job that requires medical treatment:

- **In emergencies**, go to the nearest available provider. You may receive immediate, 24 hours a day, emergency medical treatment for compensable injuries from any medical provider or hospital.
- For **non-emergency care**, for treatment of your compensable injury or disease, see your employer for a listing of **The First Health Network providers** in your area or, you may call 1-866-361-6899 for assistance.
- You must **select a gatekeeper physician** when it becomes apparent that continuing care is required for an injury or disease compensable under KRS 342. Your gatekeeper may refer you to other providers for specialized or diagnostic studies.
- **Complete the state Form 113/Notice of Designated Physician immediately.** Have your selected physician sign it and return the form to your claims adjuster within 10 days. Your claims adjuster will immediately send you a wallet size card with the Designated Physician information. Present this card at each appointment.
- **Note: Kentucky's Managed Care Regulation (803 KAR 25:096) requires that you comply with the requirements for provider selection.** *"The unreasonable failure of the employee to comply with the requirements of this section may suspend all benefits payable under KRS Chapter 342 until compliance by the employee and the receipt of the Form 113 by the medical payment obligor has occurred."*





*EMPLOYERS:* **WHAT TO DO WHEN AN EMPLOYEE REPORTS AN INJURY**

1. If emergency medical treatment is required, obtain assistance by calling the emergency phone number.
2. If the injury is not an emergency, document the injury and complete the First Notice of Loss in accordance with your employer's reporting requirements.
3. If medical treatment is needed, reference the Gatekeeper list and assist the employee with selecting a physician. The website for accessing The First Health gatekeeper network is <http://personnel.ky.gov/benefits/workerscomp/wcpostings.htm>. You will be able to select the physician in your county, pull up directions and phone number, as well as the hours of operation.
4. Direct the employee to the Gatekeeper he/she has chosen. Contact the physician to schedule an appointment.
5. Provide the injured worker with a Form 113, Emeric prescription card and a Form 106. These forms allow the physician to know the employer, the claims administrator and **comp mc**, the Managed Care Plan provider. If prescriptions are ordered, the injured worker will be allowed to get the prescription filled without any out of pocket expense.
6. Report the claim to your supervisor or designated work comp coordinator as required who will then report the claim directly to the Third Party Claims Administrator.
7. Notify your Risk Manager about any follow up activities required, such as availability of modified duty, additional facts surrounding the reported injury, injured worker contact information, wage statement, job description, etc.
8. If ongoing treatment is required and/or the injured employee has lost time from work, he/she must designate a gatekeeper physician to coordinate care for the injury/illness. In this instance the claims administrator will send the employee a Form 113 used to name the gatekeeper provider. This form requires the provider's signature and it must be submitted to the claims administrator within 10 days of receipt. The claims administrator will then send the employee a card to be presented to the designated provider at each visit.
9. Modified duty is highly recommended. **comp mc/Commonwealth Return-to-Work Program** will coordinate with the injured workers' physician to identify specific limitations during the recovery period.



**See the address below to locate these forms:**

**Form 113-First Designated Physician  
Form 113- Second Designated Physician  
Form 106-Medical Waiver and Consent**

<http://personnel.ky.gov/benefits/workerscomp/default.htm>





August 27, 2004

Name  
123 Peach Street  
Frankfort, KY 70012

Re: John Doe  
Claim Number: 123456

Dear Mr. Doe:

Employer ( \_\_\_\_\_ ) contracted workers' comp administrator, CCMSI, has designated Emeric to provide you with a Workers' Compensation prescription program. This program allows injured employees to quickly fill their prescriptions at almost any pharmacy with no out-of-pocket expense, eliminating the wait for reimbursement. To utilize this plan, please follow this simple procedure:

- When your physician dispenses a prescription for medication related to your injury take it to your local pharmacy or any National chain pharmacy.
- You **must** present this letter to the pharmacist with your prescription to enroll in the program. This will provide the information necessary to process your prescription.
- The pharmacist will process your prescription on-line with Emeric.
- Your prescription will be filled at no cost to you. Your insurance company will be billed directly.
- If you currently have a prescription that is due to be refilled; present this letter to your pharmacist at the time you present your refill.

If you have any questions regarding this process, please do not hesitate to contact Emeric toll-free at (800) 661-1494 or your workers' compensation adjuster.

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**Please Remove this Portion and Give to the Pharmacy**

Pharmacist:

***Please use the following information to process the prescription. If you have any questions or problems please call the pharmacy help desk at (800) 661-1494.800-661-13  
Facsimile: 1-850-671-2561***

***CLAIMANT'S NAME: John Doe***

***PLAN: Emeric***

***MEMBER ID: SSN DOLGROUP : XXXXXXXX***

If your local pharmacy is not a participating provider, please have them call 1- 800-661-1494 to become a member of our network.



**See the address below to locate these forms:**

**Provider Introductory Letter use with Report of Medical Status-Form WCF-5  
Employee Guide**

<http://personnel.ky.gov/benefits/workerscomp/default.htm>