For compensable Workers' Compensation claims, your employer provides medical care through its Workers’ Compensation Managed Care Arrangement (“WC/MCA”).

Although everyone is committed to promoting a safe and healthy work environment, work-related illnesses and accidents can occur. In order to provide you with the best possible medical care, should a work-related illness or accident occur, your employer has implemented the Workers’ Compensation Managed Care Arrangement. This Arrangement includes an independent network of preferred providers available through The First Health® Network (“Network”).

The Network offers many benefits including the following:
* Primary Care Physicians (“PCP”) and medical specialty physicians
* Network Providers are credentialed to stringent standards and criteria
* Providers within the Network are experienced in treating work-related injuries and want to aid in your return-to-work when medically appropriate.

Except in emergency situations and other specific circumstances, you must obtain medical care from a Primary Care Physician within the Network in order to receive full workers’ compensation benefits. Your employer is prepared to assist you in accessing/selecting a Primary Care Physician who is part of the Network.

The WC/MCA promotes a team approach to treating workers’ compensation injuries. The team includes you, your employer, your Primary care Physician (PCP) and/or Medical Care Coordinator (MCC), your Claim Adjuster and your Medical Case Manager. This approach provides timely, appropriate and efficient medical treatment for you and a timely return-to-work. Everyone benefits from this partnership.

Since we anticipate that you may have questions regarding the Workers’ Compensation Managed Care Arrangement, we have prepared the attached reference materials.

Sincerely,

Workers’ Compensation Unit
# Questions & Answers

## The Workers’ Compensation Managed Care Arrangement

| 1. Goal of Managed Care Arrangement | A. Ensure provision of prompt, high quality medical care with Network physicians following a work related injury  
B. Facilitate returning to work as soon as medically possible. |
<table>
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<td>2. What is a Managed Care Arrangement?</td>
<td>A plan approved by the State of Florida for providing timely medical care through a partnership of the following participants:</td>
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<td>Participant</td>
<td>Role in Your Claim</td>
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| Network physicians | · Diagnose and Treat your work related injuries and make referrals to network specialty care as needed  
· Coordinate return to work with your employer |
| Employers | · Develop transitional duty program  
· Ensure timely treatment following an injury  
· Facilitate return to work as soon as medically feasible |
| Carrier Claims Adjuster and Medical Case Manager | · Contact you to discuss your accident and injury  
· Ensure you receive necessary treatment  
· Coordinate referrals and initial appointments with network providers  
· Answer questions about the WCMCA  
· Work with you, your employer and provider to facilitate return to work |
| Injured Employee | · Report injury as promptly as possible  
· Participate in treatment as ordered by authorized physician  
· Keep employer informed about work status and restrictions  
· Return to Work when recommended by physician and accommodated by employer  
· Discuss any problems or concerns with carrier |
| 3. Is use of WC/MCA mandatory? | Yes. Only treatment provided by authorized network physicians will be compensable. Failure to follow treatment recommendations from authorized physicians may impact your claim benefits. |
| 4. What if I need emergency treatment after an accident? | You will treat at the nearest hospital or appropriate facility. Treatment will be authorized and bills will be paid. When you no longer require emergency treatment, you will be sent to a Network Primary Care Physician (PCP) for continued care. |
| 5. Where do I go if I do not need emergency treatment? | Your employer will either direct you to a physician /clinic for initial medical care, or will provide you with a list of physicians/clinics from whom you may choose your initial treating Network physician. **All compensable treatment must be with a Network physician authorized by your employer or the carrier before treatment begins.** Many network Primary Care Physicians are conveniently located 15-30 miles from your work-site, and many specialists are 30-60 miles from your work-site. |
| 6. What do I do when I am working for my employer outside my area and need to see a doctor? | · **If the injury is not an emergency**, contact your employer for directions. You will be provided with a local treatment center in that area and will be referred to a physician in Network when you return to your service area, if further treatment is needed.  
· **If it is an emergency** situation, seek immediate medical attention at the nearest hospital or facility. |
| **7. How can I find network physicians in my area?** | The names, addresses and phone numbers of Primary Care Physicians have been posted by your employer. If you do not know where the list has been posted, ask your employer for the location. If you have access to the Internet, selecting "Locate Network Medical Providers" on the www.mywcinfo.com webpage will also take you to the list of network providers. |
| **8. What is a Primary Care Physician (PCP) and what does the PCP do?** | The Primary Care Physician is a network physician licensed as a family practitioner, general practitioner, occupational medicine, occupational/urgent clinic, internist or osteopath (or other physician which your Medical Case Manager or Claim Adjuster agrees is appropriate to treat your injury). The Primary Care Physician is responsible for providing evaluation and treatment of your work related injury. |
| **9. What is a Medical Care Coordinator (MCC) and what does the MCC do?** | The Medical Care Coordinator (MCC) is a licensed network physician who serves as the "gate keeper" for medical issues related to your work injury. The MCC will help make final medical decisions in your Workers Compensation claim. You will probably be examined at least one time to evaluate your work injury, treatment needs and return to work needs. The MCC may or may not be your treating physician. Once assigned to your claim, the MCC probably will not change during the length of your claim. If you have specific concerns about your medical care, you can discuss them directly with the MCC. |
| **10. What if the PCP decides I need to see a specialist (such as an orthopedist)?** | If you would like to see a specialist, gain a referral from the authorized physician in your claim. All specialty referrals must be made by network physicians already authorized to provide you with treatment. Following receipt of a referral, the Claims Adjuster or Medical Case Manager will direct you to an orthopedic surgeon or other specialist within the Network. Before the first appointment with a new physician, authorization must be gained from the Claims Adjuster or Medical Case Manager. |
| **11. What if I am not happy with my physician or the treatment plan for my work injury?** | Contact the Medical Case Manager and/or Claim Adjuster to discuss your options.  
· Florida Workers Compensation law allows for one change in provider during the life of your claim. All changes must be made to network physicians in the same specialty and you cannot change physicians without prior authorization. Your Medical Case Manager or Claims Adjuster will make the necessary arrangements for any change in network physician. You may be able to select a new network physician from a list provided by the Claims Adjuster only if authorization of the new physician is not provided within 5 days of receipt of your written request for the one time change in physician.  
· A second opinion may be possible if there is a referral from an authorized physician with documentation that supports the medical necessity of the need for further evaluation. |
| **12. After changing an authorized treating physician, what should I do if I am still dissatisfied?** | You should immediately contact your Claim Adjuster or Medical Case Manager and express your concerns and/or dissatisfaction. If you still wish to change your Primary Care Physician or specialist, you must follow the formal grievance process (please refer to the document entitled "Grievance Procedure" attached to this document). |
| **13. What is an Independent Medical Examination (IME)?** | Once, during the life of your Workers Compensation claim, if there is a major disagreement with the medical recommendations from an authorized treating network physician, the injured employee and the carrier/claim administrator each have the right to gain an other medical opinion through an Independent Medical Examination (IME). The carrier/claim administrator will pay for the employee’s IME only when a network physician is selected for the opinion, or a decision is made to authorize the treatment recommended in the IME report. An IME physician can not become a treating physician. |
| **14. Who do I contact to file a grievance?** | Contact the Grievance Coordinator by phone using 1-800-842-6771 or 800-448-0798  
Address: Travelers Workers’ Compensation Managed Care Arrangement,  
Attention: Grievance Coordinator, P. O. Box 715, Orlando, FL 32802  
(Please see the "Grievance Procedure" and Grievance form attached to this document). |
THE WORKERS' COMPENSATION MANAGED CARE ARRANGEMENT
EMPLOYEE RIGHTS & RESPONSIBILITIES

Your Employer and workers’ compensation Carrier/Claim Administrator are committed to seeing that you receive appropriate medical treatment if you are injured on the job. Because you are a significant partner in your recovery, it is important that you understand your Workers Compensation Managed Care rights and responsibilities.

**Employee Rights**

- Prompt emergency treatment when needed (preferably through network facilities)
- Timely coordination of medical care ordered by authorized network physicians
- Return to Work as soon as medically feasible (possibly to modified duty, initially)
- Assistance in selection of Primary Care Physician
- Use of Grievance Policy (attached) to resolve disagreements about medical care
- Discussion of medical and Return to Work plans with the Medical Care Coordinator (MCC - gatekeeper) including:
  - Referral to a network physician or specialist
  - One time change in network physician during life of your claim
  - Possible second opinion with network provider
- Use of an Independent Medical Examination (IME), to gain another opinion about medical care
- Once during the life of the claim, a change in authorized physician, to another Network physician in the same specialty
- Medical treatment within reasonable distance from your usual work site (i.e., primary care within 30 miles and specialty care within 60 miles.)
- Medical care with a non-Network physician only if:
  - Physician is providing emergency care
  - Compensability of the claim has been denied
  - Physician provides medically necessary service that is not available through the Network and the service has been ordered by an authorized treating Network physician
- You should not receive billing from any authorized provider treating your work related injury. If you receive billing, contact your Claims Adjuster.
- For additional information about rights and responsibilities, contact the State of Florida’s Workers Compensation Employee Assistance Office using 800-342-1741

**Employee Responsibilities**

- Report your injury to your employer as promptly as possible
- If you are not clear about your rights and responsibilities, ask your employer and/or Travelers for assistance
- Participate in medical care with Network providers
- Participate in medical care as ordered by the authorized treating Network physician. If you are not working, participating in medical treatment is your job until you are able to Return to Work.
- For each medical appointment be sure to gain documentation of your Return to Work status and restrictions and give the document to your employer.
- Return to Work when released by your authorized treating Network physician and work within the restrictions (if any) identified by the physician.
- If you would like new or different medical care, discuss your request with the Medical Care Coordinator (MCC – gatekeeper) and/or treating Network physician
- If you have a complaint about your care, contact the Claims Adjuster or Medical Case Manager so that they can help resolve the problem.
- If the problem continues, by Florida law you must utilize the Grievance procedures to attempt to resolve the problem before filing a Petition for Benefits.

*Failure to cooperate with medical treatment may negatively affect (reduce or eliminate) your claim benefits.*

Any person or entity who willfully and knowingly makes any material false statement or representation for the purpose of obtaining any benefit or payment, or for the purpose of defeating or wrongfully increasing or decreasing any claim for benefit or payment for workers' compensation coverage, or who aids and abets for said purpose, may be subject to civil or criminal penalties, or both.

If you have any questions, you may contact the WORKERS COMPENSATION MANAGED CARE ARRANGEMENT at 1-800-842-6771 or your employer.
GRIEVANCE POLICY

Your employer and the WC/MCA want to ensure that you receive appropriate medical treatment in the event you are injured on the job. If you would like treatment with a specialist or other medical services, you may contact your MCC or authorized treating physician to gain a referral. The grievance policy only applies to medical requests from authorized treating physicians in a specific claim.

1. Your first request for authorization of a physician or a medical service should always be made to the Case Manager or Adjuster who will strive to resolve your issue as promptly as possible. Your request may be referred to the MCC assigned to your claim, or an independent Physician Advisor. An opinion will be provided concerning the medical necessity and/or appropriateness of the request as related to your injury. You will receive a response to your concern within 7-14 days after we receive your request.

2. If at any time you are dissatisfied or have a complaint concerning the medical care and treatment provided for your work related injury, you should contact your Case Manager or Adjuster. Every effort will be made to resolve your complaint within 10 days of receipt. With your agreement, additional time may be utilized (if necessary) to resolve the problem.

3. If a specific request has been denied, within one year from the date of denial, you may file a formal written Grievance with the Grievance Coordinator of the WC/MCA. The Grievance Coordinator will review your case and make administrative decisions concerning your request. A decision will be provided within 14 days from the date we receive your written Grievance Form, and you will be promptly notified in writing of the results.

Specifically when you are requesting a second change in physician (after your statutory 1 time change in physician), you must attach medical documentation to the Grievance Form which substantiates that: you have not made significant progress in recovery after 6 months of treatment; treatment is not consistent with AHRQ guidelines; and/or treatment is not consistent with established codes of ethical medical conduct. The grievance process does not begin in this case without the necessary documentation attached to the Grievance Form.

Following review of your request by the Grievance Coordinator, if the request continues to be denied, you will be informed that your request will be forwarded to the Grievance Committee for review. The committee, including a Florida licensed physician, will review the request within 30 days of the committee’s receipt of the grievance. Occasionally, an additional 14 days is needed because additional information is required. You will be promptly informed in writing, of the Grievance Committee status and decision.

4. You may file an “Urgent Grievance” if your PCP or MCC determines that your medical status is at significant risk of deterioration if a response is not made within 72 hours. The Grievance Coordinator will review the request and notify you of the decision within 3 days.

For both the formal Grievance and the Urgent Grievance requests, completion of AHCA form No. 3160-0019 is required. According to Florida law, you may file a Petition for Benefits only upon completion of the grievance process above. The Petition for Benefits form may not be used to replace the Grievance Form. The Grievance Form is attached, or you may use the contact information below to request the form.

According to Florida law, you may file a Petition for Benefits only upon completion of the grievance process above. The Workers’ Compensation Employee Assistance Office can be contacted at 200 East Gaines St., Tallahassee, FL 32399-4225. You may also contact the Employee Assistance Office using 800-342-1741.

Every effort will be made to resolve your grievance at the earliest possible time. Most verbal requests or complaints can be resolved at the time of the initial telephone conversation. At any time during the processing of your grievance, you may request a personal meeting to be held at a convenient location.

If you have any questions concerning the WC MCA Grievance Process, please call 1-800-448-0798 or write:

Travelers
Workers’ Compensation Managed Care Arrangement
ATTN: GRIEVANCE COORDINATOR
P.O. Box 715
Orlando, FL 32802
Florida Workers' Compensation Managed Care Arrangement

FORMAL GRIEVANCE FORM

An Injured Worker or Health Care Provider shall 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.

The Grievance isFiled 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 received any information regarding your rights and responsibilities under WC Managed Care? ___ YES ___ NO
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.

If the injured worker, employer of 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 Grievance Coordinator Signed

MAIL TO:
The Workers Compensation Managed Care Arrangement
Travelers
Grievance Coordinator
Post Office Box 715
Orlando, FL  32802-0715