



THE TREASURER OF THE STATE OF FLORIDA  
DEPARTMENT OF INSURANCE

BILL NELSON

January 2000

**TO:** Workers' Compensation Claim Coordinators, Personnel Officers, and Safety Coordinators

**FROM:** Larry Sharp

**SUBJECT:** Important Workers' Compensation Information

---

- **Thank you for your hard work.**

With the closing of 1999, the staff of Risk Management would like to say "thank you" to all agency personnel who are involved with providing workers' compensation benefits to injured state employees. You provide a vital and essential service and we could not do our job without your help. Again, thank you for your good work in 1999 and we look forward to working with you in 2000!

- **Pharmacy Benefits Under Managed Care**

It is very important that all persons involved with workers' compensation claims, especially injured employees, understand pharmacy benefits under managed care. Employees who sustain a job related injury or illness are entitled to pharmacy benefits under the Humana Workers' Compensation Managed Care Program, if the injury has been reported to Humana and it is a covered claim under the workers' compensation system. **Florida law entitles employees to go to the pharmacy of their choice.**

The pharmacies listed in the Humana Provider Network Directory have agreed to bill Humana directly for prescription charges, upon presentation of a Humana treatment access card. Pharmacies not in the Humana Provider Network may or may not agree to bill Humana directly for charges. If the pharmacy requires the employee to pay at the time of service, the employee should submit the prescription receipt to the Humana Claim Center for reimbursement of all work-related injury prescriptions. Send receipt to: Humana Claims Center, PO Box 914700, Longwood, Florida, 32791-4700. If employee selects a pharmacy not listed in the Humana Provider Directory, Humana is required per s. 440.13(12)(b), Florida Statutes, to reimburse the employee or pharmacy for only the amount Humana has contracted for with their pharmacy providers.

January 12, 2000

Page 2

TREASURER • INSURANCE COMMISSIONER • FIRE MARSHAL

LARRY SHARP • BUREAU CHIEF • DIVISION OF RISK MANAGEMENT, BUREAU OF STATE EMPLOYEES' WC CLAIMS  
PO BOX 8020 • TALLAHASSEE, FLORIDA 32314-8020 • (850) 413-4800, SC 293-4800 • TELECOPIER (850) 413-8199

Affirmative Action / Equal Opportunity Employer

Whenever appropriate, Humana may, as outlined within Florida Workers' Compensation Statutes, recommend the substitution of generic-brand prescriptions.

Effective September 15, 1999, Humana expanded its workers' compensation services to include the One Call Comprehensive Care Prescription Drug Program. To take advantage of this program, the injured employee should present the One Call Prescription Drug Card to the pharmacy, eliminating the need for any out of pocket expense or paperwork to complete. For information on pharmacy locations available to the injured worker through this program, please call One Call at 800-256-6333 ext. 107 or 157.

- **New Maximum Compensation Rate Effective January 1, 2000**

Effective January 1, 2000, the maximum compensation rate is \$541.00 per week. This maximum compensation rate relates to injuries that occur on or after January 1, 2000. The compensation rates for accidents occurring prior to January 1, 2000, are not changed by the new maximum compensation rate.

- **Update on Injury Reporting Requirements**

Please review your agency's injury reporting procedures and make sure they comply with the following:

1. In a medical emergency, send the injured employee to the nearest appropriate medical facility or call 911. Call Humana at 1-800-424-6689 as soon as possible to report the injury and arrange future medical treatment.
2. For non-emergency care, call Humana at 1-800-424-6689 to report the injury and arrange for medical care. Remember that the employee can select his/her primary care physician from the Humana network of providers.
3. Complete the "First Report of Injury or Illness" form and mail or fax the report to Risk Management within 24 hours of the injury. Give "Employee" copy of First Report to injured worker to present to medical provider/pharmacy.
4. If it appears the employee is going to miss more than seven days from work (40 hours), complete and forward a Thirteen Week Wage Statement (LES Form DWC-1a) along with the "First Report", if possible. However, do not delay in sending the "First Report" waiting for the "Wage Statement".

**Keep in mind that notifying Humana does not eliminate the requirement to report all workers' compensation claims to Risk Management.** The "First Report of Injury or Illness" (LES Form DWC-1) form must be completed as soon as possible, routed according to agency procedures, and mailed or faxed to Risk Management within 24 hours of the injury.

January 12, 2000

Page Three

- **New Employee Orientation On Managed Care**

It is very important for new employees to receive orientation about managed care to ensure that they know how to properly access medical care. All new employees should be given a copy of the latest Humana Employee Handbook. Employees should complete the "Acknowledgement and Receipt" at the end of the Employee Handbook and a copy should be placed in the employee's personnel file while the original should be sent to Humana at the address shown in the Handbook. Humana will provide a Provider Directory to the injured worker when a claim is submitted. If you need additional Handbooks, or would like a Humana Orientation Video, call Humana at 1-800-424-6689. Please make sure your agency is providing this orientation to all new employees. Providing orientation and information about managed care, and documenting this was accomplished, helps curtail litigation on claims where employees allege they have no knowledge of managed care.

- **Questionable Workers' Compensation Claims**

Contact Risk Management on all questionable workers' compensation claims as soon as possible. If you have a concern about the claim, attach a separate memo to the First Report outlining your concerns. If you disagree with the description of accident, please so indicate on the applicable section of the First Report. If you suspect workers' compensation fraud, call Risk Management at 1-800-262-4402 or the Bureau of Workers' Compensation Fraud's hotline at 1-800-378-0445.

- **Location Codes, Class Codes, and Class Titles**

The location code must be reported on the "First Report of Injury" in the block entitled "Four Digit Location Code". Risk Management must have the location code to process the report and to identify the correct budget entity to which claim cost will be allocated. Your location code is listed in the "What to do When an Employee is Injured" manual.

The "Employee's Class Title" and "Employee's Class Code" must be recorded on the "First Report of Injury". This information is required on the annual "Unit Statistical Report" made to DLES. Both class title and class code can be obtained from the employee's position description.

- **Written Documents Sent to Risk Management**

Written documents sent to Risk Management should include employee's name, social security number, date of accident and if possible the Risk Management claim number. If you need assistance please write or call The Bureau of State Employees' Workers' Compensation Claims. (850) 922-3123 or SUNCOM 292-3123