

**C O R V E L**

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**FLORIDA**

**MANAGED CARE ARRANGEMENT**

**Information Guide**

**For**

**The State of Florida**

**Employers/Employees**

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## **Introduction**

### **Reporting Workers' Compensation Claims**

**For dates of accident on or after January 1, 2003**, the Managed Care Arrangement for the Division of Risk Management is **CORVEL CORPORATION**.

#### **What to do if an injury occurs:**

In a medical emergency, transport the injured worker to the nearest medical facility or call 911 for emergency. Following the arrangement of emergency medical treatment for the injured employee, call:

**1-866-786-3351 to report the injury to  
CORVEL CORPORATION.**

If an injury requires non-emergency medical treatment, call **1-866-786-3351** immediately and prior to obtaining medical treatment. **CorVel Corporation** will assist you in selecting an appropriate medical provider, and will arrange the appointment. **CorVel Corporation** provides this service 24 hours per day, 7 days a week.

After medical treatment is arranged, **CorVel's** First Response Unit will provide the Division of Risk Management, the Workers' Compensation Coordinator, and the injured employee with a copy of the First Report of Injury (Form DWC-1).

Section 440.134(17), Florida Statutes **requires** injured workers to utilize care providers who are part of the employer's managed care arrangement or "MCA".

This program ensures quality medical care delivery. The goals of this program are:

- To ensure the injured worker receives quality, cost effective medical care
- To ensure medical care is geared toward expedient recovery
- To ensure the appropriateness of hospitalization
- To ensure an appropriate discharge plan
- To channel injured employees to CorCare network providers and physicians
- To return the employee back to work as quickly as medically feasible

## **DEFINITIONS**

**Managed Care Arrangement** - The arrangements under Florida statute 440.134; means an arrangement under which a provider of health care, a health care facility, a group of providers of health care, a group of providers of health care and health care facilities, or an insurer that has an exclusive PPO or HMO has entered into a written agreement directly or indirectly with an insurer to provide and to manage appropriate remedial treatment, care and attendance to injured workers.

**Medical Care Coordinator** - A primary care physician within a provider network who is responsible for managing the medical care of an injured worker, including other providers and facilities to which the injured employee will be referred. A medical care coordinator shall be a physician licensed under Chapter 458 or an osteopath licensed under Chapter 459.

**Provider Network** - A comprehensive panel of health care providers and health care facilities who have contracted directly or indirectly with an insurer to provide appropriate remedial treatment, care and attendance to injured workers in accordance with Chapter 440.

**Primary Care Provider** -- With the exception of emergency treatment, the initial treating physician and when appropriate, continuing treating physician, who may be a family practitioner or internal medicine physician licensed under Chapter 458; a family practitioner, general practitioner, or internal medicine osteopath licensed under Chapter 459; a chiropractor licensed under Chapter 460; a podiatrist licensed under Chapter 461; an optometrist licensed under Chapter 463; or a dentist under Chapter 466.

**Primary Care Provider Selection by the Employee:** When an injury is reported, CorVel's Intake Unit will assist you with selection of a provider from the CorCare Network. Additionally you will be given assistance in appointment scheduling and follow through if necessary. The workplace poster (located at your work site) will serve as a reminder of the Managed Care Arrangement program and steps to take when reporting an injury and seeking medical treatment.

**Changing your Physician:** You are allowed one change to another provider. Your request may be directed to the treating physician, your medical care coordinator (in most cases this will be your treating physician), your CorVel case manager or your claims adjuster. The provider must be of the same specialty and within the CorCare Network. If you desire a second change of provider, you must file a grievance.

**Grievance Procedure:** The Division of Risk Management encourages open and effective communication between all parties involved in the Managed Care Arrangement. As a part of effective communication, The Division of Risk Management in conjunction with CorVel Corporation has implemented a procedure for hearing complaints and resolving grievances from injured workers and health care providers. This process allows for immediate action aimed at achieving mutual agreement for settlement among all involved parties. Please see "Grievance Policy and Procedures" for complete details.

**Employee Request for a Second Medical Opinion:** Injured workers have the opportunity to request and obtain one second medical opinion in the same specialty within the Provider Network. This process is as follows:

1. A request is generated from the employee either by phone or in writing to the case manager or claims adjuster.
2. The case manager conferences with the employee to confirm understanding of the request and to explain the procedure. The request is forwarded to the medical care coordinator.
3. The medical care coordinator approves the request and a Network provider is selected.
4. The case manager notifies the treating physician of the new provider.

**Independent Medical Examination (IME):** Should you or the Division of Risk Management wish for an independent medical exam to be performed due to a dispute concerning medical benefits, compensability or disability, you must contact the CorVel Corporation medical case manager immediately (either verbally or in writing). The medical case manager will coordinate the medical exam.

**Workers' Compensation Prescription Drug Program:** CorVel offers a comprehensive prescription drug program. The program includes utilization reporting which allows for early intervention and effective claims management.

A pharmacy card is mailed to the injured worker upon notice of a claim and network pharmacies also receive electronic notification. For more information about the drug program, please call 1-800-749-2481.

## **CorVel Corporation Grievance Policy & Procedures**

### **POLICY:**

To take appropriate, prompt corrective action when necessary to address valid complaints and grievances.

- The complaints/grievances shall be thoroughly investigated using supportive and written information from both parties.
- Complaints and grievances will be handled in a timely manner following the appropriate procedures.
- If a grievance is valid, appropriate quality improvement steps will be taken to handle the individual issue and also to prevent a recurrence.
- Education will be an important part in the corrective action process.

### **PROCEDURE:**

Your employer encourages open and effective communication between all parties involved in the Managed Care Arrangement. As a part of effective communication, your employer in conjunction with CorVel Corporation will implement the following procedures for hearing complaints and resolving grievances from injured workers and health care providers. This process allows for immediate action aimed at achieving mutual agreement for settlement among all involved parties. The designated form as prescribed by this Managed Care Arrangement will be utilized for the filing of grievances. **(See AHCA 3160-0019 (November 2000) Grievance Form** included in this packet). The AHCA 3160-0019 (November 2000) Grievance Form is also available from your employer.

<b>CorVel Corporation Grievance Policy &amp; Procedures</b>
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**DEFINITIONS:**

**Request for Services** – *Initial request for services, request for medical services, second opinions, or a change in providers.*

**Complaint** - *Dissatisfaction expressed by an injured worker or provider concerning medical issues and employees' rights concerning an insurer's workers' compensation managed care arrangement.*

**Written Grievance** – *A written expression of dissatisfaction with the medical care by an injured worker by an insurer's workers' compensation managed care arrangement health care providers, utilizing the AHCA Form No. 3160-0019 (November 2000) Grievance Form*

**Urgent Grievance** – *An urgent grievance means that in the judgment of the primary care physician or medical care coordinator, the injured employee's clinical condition requires a response within 72 hours, and the clinical condition is at significant risk of deterioration if a response is not made within that timeframe.*

**Grievance Coordinator** - *A member of the CorVel Quality Assurance Committee who is responsible for the implementation and follow through of the grievance process and procedures.*

**Grievance Committee** - *A committee designated to review and resolve written grievances. The Committee will consist of three or more of: the employer representative, grievance coordinator, case manager, MCC and/or PCP, medical advisor, or CorVel Administration Representative. One member must be a physician other than the treating physician who has expertise relevant to the issue and licensed under Chapter 458 or 459, F.S.*

Grievances are to be mailed to:

**CorVel Corporation  
Attn.: Grievance Coordinator  
725 Primera Blvd. #210  
Lake Mary, FL 32746**

If desired by the employee or provider, a meeting will be held between the medical advisor, nurse case manager and the provider during the grievance process. Upon request by the employee or CorCare provider, CorVel Corporation will allow for a meeting at its administrative offices within the service area convenient to the employee or provider.

# **CorVel Corporation**

## **Grievance Policy & Procedures**

### **GENERAL PROCEDURES:**

#### **Requests for Services**

- If the injured worker has an initial request for service, such as a request for medical services, second opinions, or a change in providers, they may contact their case manager, adjuster, medical care coordinator or the grievance coordinator. Initial requests for medical assistance or services are forwarded to the medical care coordinator for approval or denial of the request.
- The party receiving the request for services will document the nature of the request and forward it along with the resolution to the grievance coordinator for tracking and trending purposes.
- At the time, the injured employee will be informed of the steps that will be taken to help resolve the particular concern, as well as, the expected time frame for resolution. It is understood that request for services must be resolved within seven (7) calendar days upon receipt of the request from the injured employee, unless the parties mutually agree to an extension. If the matter is resolved, there is no further action.
- If the request for service is denied or remains unresolved after seven (7) days of receipt, the injured employee shall be notified in writing of the results and advised of their right to make a complaint or file a written grievance. A copy of the AHCA Form No. 3160-0019 (November 2000) shall be provided to the injured employee.

#### **Complaints**

- If the injured worker has a complaint related to a medical issue, they may contact their case manager, adjuster, medical care coordinator or the grievance coordinator either telephonically or in person. Initial requests for medical assistance or services are forwarded to the managed care coordinator for approval or denial of the request.
- The party receiving the complaint will document the nature of the complaint and forward it along with the resolution to the grievance coordinator for tracking and trending purposes.
- At the time, the complainant will be informed of the steps that will be taken to help resolve the particular concern, as well as, the expected time frame for resolution. It is understood that

# **CorVel Corporation**

## **Grievance Policy & Procedures**

### **Complaints continued:**

complaints must be resolved within ten (10) calendar days upon receipt of a personal or telephone contact from the injured employee, unless the parties mutually agree to an extension. If the matter is resolved, there is no further action.

- If the complaint is denied or remains unresolved after ten (10) days of receipt, the complainant shall be notified in writing of the results and advised of their rights to activate the grievance process. The written notification shall include the name, address and toll-free telephone number of the grievance coordinator responsible for activating the grievance steps. In addition, the complainant shall be advised of their rights to contact the Division's Employee Assistance Office for additional information on rights and responsibilities and the dispute resolution process.

### **Written Grievance**

- The injured employee fills out the Grievance Form (AHCA Form 3160-0019 November 2000).
- The grievance coordinator will provide assistance to an injured worker unable to complete the grievance form and to those persons who have improperly filed a grievance.
- Upon receipt of the written grievance, the grievance coordinator shall gather and review medical and related information pertaining to the issues being grieved. The grievance coordinator shall consult with appropriate parties and shall render a determination on the grievance within 14 calendar days of receipt. If the determination is not in favor of the aggrieved party the grievance coordinator shall notify the aggrieved party that the grievance is being forwarded to the grievance committee for further consideration unless withdrawn in writing by the employee or provider.
- The grievance committee shall review information pertaining to the issues being grieved and render a determination within 30 calendar days of receipt of the grievance by the grievance committee unless the injured employee or provider and the grievance committee mutually agree to an extension that is documented in writing. If the grievance involves the collection of information outside the service area, the grievance coordinator will have fourteen (14) additional calendar days to render a determination. The grievance coordinator will notify the employee or provider in writing within seven days of receipt of the grievance by the grievance committee if additional information is required to complete the review of the grievance.
- Upon receipt of a written urgent grievance, the grievance coordinator shall consult with appropriate parties and determine a resolution or forward the urgent grievance to the grievance committee to render a determination and notify the injured employee within three (3) calendar days of receipt. If grievance coordinator has initiated an expedited grievance procedure, the injured employee shall be considered to have exhausted all managed care grievance procedures after three (3) days of receipt.
- Upon completion of the grievance procedure, the grievance coordinator shall provide written notice to the injured employee of the right to file a Petition for Benefits with the Division. An injured employee may contact the local Employee Assistance Office of the Division at (800) 342-1741 prior to filing a Petition for Benefits.

**CORVEL CORPORATION**

**Florida Workers' Compensation Managed Care Arrangement  
FORMAL GRIEVANCE FORM**

See Reverse Side of Form for Information Regarding Filing a Grievance

An 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?

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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.

**Exemptions:** The following items are specifically excluded from the grievance process: Indemnity Benefits; Vocational Benefits; MMI and Permanent Impairment; Medical Mileage Reimbursement; Provider Payments; Compensability; 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: \_\_\_\_\_ Date Form Completed/Signed \_\_\_\_\_  
Injured Worker/ Provider/ Other  
Signature of Grievance Coordinator Date Grievance Coordinator Signed

**MAIL TO:**  
**CorVel Corporation**  
**Attn: Grievance Coordinator**  
**725 Primera Blvd., Suite 220**  
**Lake Mary, FL 32746**  
**Telephone: (407) 805-0060 or (800) 229-4637**  
**Fax: (407) 804-8775**

## **EMPLOYEE ACKNOWLEDGEMENT**

In order to provide the most timely and suitable quality medical care in the event of an injury on the job, we have instituted a Managed Care Program for Workers' Compensation with the CorCare Network and CorVel Corporation.

The following procedures must be followed for all work-related injuries and illnesses. It is important to note that Florida Statute 440.134(17) states "...Treatment received outside the Workers' Compensation Managed Care Arrangement is not compensable unless authorized by the carrier prior to the treatment date."

- Report promptly any work-related injury to the supervisor.
- Follow the Primary Care Physician or "PCP's" instructions for any medical specialist referral or treatment.
- Ensure all medical treatment is handled only through the PCP (Primary Care Physician).
- Direct all questions about the level of care to the PCP (Primary Care Physician), who is the focal point for all medical treatment.
- Follow established grievance procedures to resolve any dissatisfaction with medical treatment. I understand that a grievance form and a copy of the grievance procedures will be provided to me in the event that I am injured on the job.
- A directory of medical care providers and a manual explaining fully the managed care process is available at my request through my employer.

Please sign below to indicate that you have read and understand the procedures to follow in the event of an injury and your duties under our Managed Care Program.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Employer Representative

**AN EMPLOYEE MANUAL, AS WELL AS A COPY OF THE CORCARE PPO DIRECTORY  
IS MADE AVAILABLE FROM YOUR EMPLOYER OR ADJUSTER UPON YOUR REQUEST.**

# ATTENTION ALL EMPLOYEES

EFFECTIVE JANUARY 1, 2003

Employees of the State of Florida who are injured or exposed to illness at work are required to utilize medical care providers (doctors and hospitals) that are part of the State's Managed Care Arrangement or MCA. The State's MCA is **CorVel's CorCare Provider Network**.

## **If you are injured on the job...**

1. Report your injury to your Supervisor/Manager *immediately*. The supervisor will report the injury to CorVel's Intake Center 1-866-786-3351 who will complete the First Report of Injury form.

**IN CASE OF EMERGENCY, INSIDE OR OUTSIDE YOUR SERVICE AREA, SEEK IMMEDIATE MEDICAL ATTENTION AT THE NEAREST HOSPITAL.**

The injured employee will be advised of the following information:

- Appropriate provider/facility for treatment
  - Advised of the prescription drug program
2. If you require medical treatment, a **CorCare Network physician** (or other health care provider) is available for you to see. The CorCare Network provider will become your Primary Care Physician and will provide the necessary and appropriate treatment for your work related injury. Your Primary Care Physician will direct your care overall and refer to specialists as required. All care must be pre-authorized. Any treatment sought that is not pre-authorized may not be covered. A **CorVel** Case Manager may be assigned to interact with you, your provider and employer.
  3. If you are on business-related travel or away from your work site when an injury occurs, call your Supervisor/Manager to report your injury immediately. They will help you in seeking medical attention.
  4. You may only use physicians within the CorCare Network and must have authorization prior to seeking treatment.
  5. A Medical Case Manager will be assigned to assist with medical care coordination and can be reached at 1-866-352-7915.

**YOU ARE RESPONSIBLE FOR ANY UNAUTHORIZED MEDICAL SERVICES OR TREATMENTS PERFORMED BY PROVIDERS OUTSIDE OF THE CorCare Network.**