

INTERPRETIVE GUIDELINES
WORKERS' COMPENSATION MANAGED CARE ARRANGEMENTS

STANDARDS

INTERPRETIVE GUIDELINES

PROVIDER NETWORK	
<p><u>WC-52, 53,54</u> Evidence that appropriate health care providers and administrative staff of the insurer's workers' compensation managed care arrangement have received training and education on the provisions of chapter 440 and the administrative rules that govern the provision of remedial treatment, care, and attendance of injured workers.</p>	<p>The WCMCA or its contracted entity shall ensure that appropriate health care providers within its provider network have received training and education on the provisions of Workers' Compensation. This may be accomplished via</p> <ol style="list-style-type: none"> 1. A provider education program developed and provided by the WCMCA or, its contracted provider network organization. This program shall, at a minimum, address the content of the Division of Workers' Compensation's provider certification program, or by 2. Ensuring that appropriate providers have obtained Division of Workers' Compensation provider certification or exemption. <p>The WCMCA shall identify appropriate ancillary providers who require training on the provisions of Workers' Compensation and shall provide and document the staff training and education program.</p>
<p><u>PROVIDER NETWORK</u> <u>WC.55</u> A. Average travel time from the managed care arrangement geographic services area boundary to the nearest general acute care hospital under arrangement with the insurer to provide health care services is no longer than 30 minutes under normal circumstances. Average travel time from the insurer's geographic service area boundary to the nearest provider of specialty physician services, ancillary services, specialty inpatient hospital services is no longer than 60 minutes under normal circumstances. The agency shall waive this requirement if the insurer provides sufficient justification as to why the average travel time is not feasible or necessary in a particular geographic service area. 59A-23.003(7), F.A.C. B. Emergency care is available 24 hours a day and 7 days a week. 440.134(5)(d), F.S.</p>	<p>The WCMCA shall ensure the availability of and timely access to medical services for injured employees including emergency care, primary care, specialty care, and inpatient hospital care. Medical services shall be available through directly and/or indirectly contracted network(s) of health care providers for injured employees in the geographic area in which they are employed. The hours of operation and availability of after-hour care must reflect usual practices in the community and the WCMCA must demonstrate that:</p> <ol style="list-style-type: none"> 1. All required medical services are available and accessible; 2. Appropriate referrals are provided within the network; 3. There are written agreements describing specific responsibilities for provision of medical services. If the MCA's responsibility for the provision of medical services are to be performed by another entity, then that arrangement must be documented in a written agreement. 4. In the case of covered services, there are written agreements with providers prohibiting such providers from billing or otherwise seeking reimbursement from or recourse against any injured employee. 440.134(5),F.S. <p>The WCMCA shall establish a policy and procedure regarding timely access to services which shall address access times for emergency, urgent, and routine care including referral to specialty services and which reflects usual and customary practices in the community. 440.134(5)</p> <p>The WCMCA shall be authorized to operate within a defined geographic service area which may be a single or multiple counties. Each county requested for authorization by the insurer or its contracted entity will be reviewed for compliance with minimum provider network requirements (see AHCA Form # 3160-0005) and compliance with the 30/60 minute travel time access requirements for medical services.</p> <p>If the minimum provider or travel time requirements cannot be met , then a sufficient justification as to why the average travel time is not feasible must be made to AHCA, Bureau of Managed Health Care for review and consideration. A copy of approvals of exceptions, as documented on the provider network checklist AHCA Form #</p>

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<p>An updated list of providers must be filed with the agency at least semiannually. 440.134(13), F.S.</p> <p><u>WC 55 cont.)</u></p>	<p>3160-0005, will be included in the file of the WCMCA.</p> <p>The WCMCA shall file an updated list of providers by county by specialty with the Agency by January 1st and July 1st of each year in a format approved or prescribed by the agency.</p> <p>The insurer is responsible for the performance of all functions associated with the delivery of compensable medical services to injured workers under section 440.134, F.S., regardless of whether these functions have been delegated via contract to other entities. If functions of the WCMCA have been delegated by the insurer to other entities, the WCMCA shall specify in contract the oversight and reporting requirements for monitoring the performance of these delegated functions. Reports of subcontractors shall be evaluated at least quarterly, and the findings incorporated into the WCMCA's quality assurance program.</p>
<p><u>CREDENTIALING</u> <u>WC.56</u></p> <p>Initial credentialing of all providers contracted to deliver patient care and evidence of an ongoing credentialing process that is implemented at least every two (2) three (3) years; 59A-23.004(3)(b). F.A.C.</p> <p>Evidence that appropriate health care providers and administrative staff of the insurer's workers' compensation managed care arrangement have received training and education on the provisions of chapter 440 and the administrative rules that govern the provision of remedial treatment, care, and attendance of injured workers. 440.134(8), F.S.</p>	<p>The WCMCA shall have policy and procedure and implement a process for credentialing and re-credentialing network providers at least every two three years. The credentialing criteria shall be specified in policy and shall include verification of education of appropriate providers as required by 440.134(8), F.S.</p> <p>The re-credentialing process shall incorporate quality assurance findings and complaints and grievances regarding individual providers.</p> <p>If the WCMCA delegates all or part of the credentialing process to other organizations, the WCMCA shall specify the responsibilities of the contracted entity and reporting requirements in the contract and shall perform oversight of the delegated activities at least annually.</p>

March, 2005