

WORKERS' COMPENSATION MANAGED CARE (Overview)

The goal of the WCMCA program is to provide injured workers with appropriate medical services as quickly as possible in order to reduce time lost from work. By ensuring that injured workers receive prompt treatment and are satisfied with the care they are receiving, the likelihood that workers will hire an attorney and pursue expensive litigation in order to obtain benefits is reduced. Also, the cost of indemnity benefits for lost time is reduced because workers are returning to work more quickly. The achievement of these benefits is dependent upon the application of managed care principles and systems to the WC environment. It is accomplished by assigning a primary care provider (PCP) who serves as a gatekeeper to medical services. The PCP works with a case manager who has been assigned to the claim in order to monitor the plan of treatment appropriate for the injury, and coordinate the delivery of necessary care to enable the injured person to return to work.

Requirements for approval of a WCMCA include:

- a predetermined, comprehensive network of credentialed health care providers and facilities which are accessible (within reasonable travel times) to injured workers;
- an ongoing quality assurance plan and program to ensure that injured workers are receiving appropriate and timely services in order to return to work as quickly as medically feasible;

- an ongoing system for coordination of care to ensure that injured workers are informed about their treatment plans, how and when to access care, and can communicate with the arrangement about the treatment they are receiving;
- a system of peer review to resolve medical disputes between providers about appropriate treatment;
- a system of utilization management to ensure that health care services are in accordance with standards of medical practice and agency approved practice parameters, and are appropriate for the injured workers' medical condition;
- a formal and informal dispute resolution process to help resolve problems and grievances about the medical care provided;
- educational materials to inform employees about their rights and responsibilities under managed care.

Under a WCMCA, injured workers are required to receive all their medical care from a preselected and credentialed network of providers and facilities. This allows the arrangement to ensure that services provided are appropriate for the injury and are delivered by qualified providers. This also prevents “doctor shopping” by those persons seeking a diagnosis which will allow them to avoid returning to work. In exchange for using only network providers, workers are ensured that they will have timely access to medically necessary care. To balance the control by the WCMCA over the delivery of medical services and ensure that the WCMCA does not restrict access to care in order to save money, injured workers have certain rights. These include:

- the right to information about how and when to access care;

- the right to change their primary care physician within the network at least once should they desire;
- the right to a second opinion from another specialist within the provider network; and
- the right to file a complaint and a formal grievance if they have concerns about the care being provided.

Injured workers continue to have the right to file a petition for benefits with the Judges of Workers Compensation Claims after they have been through the full grievance process of the WCMCA. If injured workers are having problems in obtaining care they may also contact the Employee Assistance Office at the Division of Workers' Compensation or the agency's Managed Care Complaint hotline for assistance.