

WCMCA APPLICATION INSTRUCTIONS

Applications for initial authorization or renewal of an authorization to provide workers' compensation services under a managed care arrangement should complete the application as specified under items I through IV. below.

Applications for an addition or expansion of a service area or provider network for a previously authorized managed care arrangement may file an application to amend the original application. For expansions, the applicant is only required to file information on the provider network in the proposed expansion counties and the proposed arrangements for quality assurance and medical services coordination in these counties. For renewals or amendment of a previously authorized managed care arrangement, the applicant is only required to file information relating to changes in the plan of operation. An additional application filing fee is not required for amendments or changes to the plan of operation or service area.

- I. Type of Application. Please place a check after the type of agency action which is being requested by the applicant.

- II. Type of Insurer. Please place a check after the type of workers' compensation insurer which best describes the applicant. Organizations licensed through the Florida Department of Insurance should attach a copy of their currently valid certificate of authority.
Applicant Information. List the legal corporate name of the applicant as registered with the Department of State.
List the mailing address and telephone number of the applicant along with the name, position and phone number of the designated individual employed by or representing the applicant who will be responsible for responding to the agency on behalf of the applicant.
Service Area. Place a check mark next to each county in which the applicant is requesting certification for a workers' compensation managed care arrangement. Only check as many or as few counties as you wish to justify as having a comprehensive network of services. You are not required to provide a managed care arrangement in each county within a region.
Service Arrangements. Indicate in the matrix or on an attached sheet information on those entities which are performing key functions for the WCMCA. For example, if the applicant has contracted with an HMO, EPO, PPO, PHO or other entity to provide a comprehensive network of health service providers, indicate the type of arrangement(s) and list the entity with whom the network arrangements have been made by the applicant. If the WCMCA is using more than one network, managed care organization, etc., attach a separate table or matrix for each distinct plan of operation in which the parties performing the functions differ. Attach a copy of the signed contract(s) with each managed care organization under contract and each HMO, EPO, PPO or other provider entity which has contracted directly with the insurer as the comprehensive network in an area. This does not apply to contracts with individual providers or multiple provider groups who are not serving as a comprehensive network. The name and telephone number of the individual who has been designated as the grievance coordinator for the arrangement must be included.

- III. For initial or renewal applications attach a check for \$1,000 made out to the Agency for Health Care Administration.

IV. Attachments

1. Provide a summary of the applicant's managed care arrangement(s) for providing health services to injured employees. If the applicant has more than one plan of operation (i.e., a variation of the original plan using different contracted entities) a description of how this differs should be included. The summary should explain how the network(s) would ensure access, provide and coordinate necessary health services to an injured worker. Include as an example a description of the activities which would occur from the time of injury to the workers' return to work. In addition, the summary should address the following areas:
 - a. the organizational structure of the WCMCA including the names and relationship of any entities which are performing delegated functions for the managed care arrangement;
 - b. the proposed service area in which the managed care arrangement will be available to employers (you may refer to the map under item 2 below);
 - c. the expected number of employees to be served in each county;
 - d. the type of arrangements available in each network area for providing covered health services;
 - e. provisions for educating providers on workers' compensation goals and process, and roles and responsibilities in a managed care arrangement;
 - f. provisions for educating employers and employees on workers' compensation goals and process, and roles and responsibilities in a managed care arrangement;
 - g. the types of quality assurance activities which will be carried out by the insurer to ensure the provision of high quality care and return the injured employee to work as quickly as is medically feasible;
 - h. arrangements made to provide medical services coordination and how those services will function in coordinating care so as to return the injured employee to work as quickly as possible.
2. Provide a map of Florida indicating those counties in which a managed care arrangement will be available to employers.
3. Provide a listing of all health care providers which are either employed by or under contract with the applicant to provide health services under the managed care arrangement. This listing may be a copy of the materials which will be made available to employers and employees. The listing should indicate the name, address, telephone number and specialty of physicians and should be grouped by county or service area. For those applicants who are subcontracting with one or more managed care or other type of organizations for provider services, a copy of the signed contract(s) between a network or networks of providers and the insurer must be included. Also include a scale map(s) of each service area which shows the location of primary care physicians, specialty physicians, and hospitals. The boundary of the service area should be within 30 minutes average travel time for primary care physicians and hospitals and within 60 minutes for specialty physicians.
4. Provide a description of the insurer's grievance procedures for workers' and providers of the managed care arrangement. These procedures must be consistent with Section 59A-23, F.A.C. Please include the name, address and phone number of the grievance coordinator.

5. Provide a description of the quality assurance program which addresses each of the items listed under 5a. through 5k. of the Attachments section and the following areas: medical care coordination and case management, quality enhancement activities, peer review, utilization management, medical records review, and certification and recertification. For each network please indicate the type of financial arrangement between the insurer and provider for reimbursement of services. In addition, provide a signed affidavit certifying that providers have been credentialed and contracted.
6. Explain how the network will ensure the reporting of management and other types of information from network providers to the insurer in order to meet oversight requirements of the insurer.
7. Provide a copy of the plan for training appropriate providers and administrative staff in workers' compensation statute, rules to ensure that workers' are returned to work as early as medically feasible. Training of health care providers may be satisfied by requiring certification training provided via an organization or individual which has been approved by the Division of Workers' Compensation. If an alternate method is used for training providers, such training must contain at least that information required for the certification training. The plan for training of administrative staff should address orientation of new employees, training of case management staff, and ongoing training regarding changes to the organization.
8. Describe the arrangements for utilization management and peer review. The discussion of the utilization management program should address delegated and non-delegated activities; the process used to review and approve the provision of medical services, the qualifications of persons making pre-authorization and concurrent review decisions, how utilization review decision protocols or practice parameters are to be used. (This discussion may be included in the discussion of the quality assurance program under item 5).
9. Describe the arrangements for aggressive medical care coordination of workers' compensation injuries in order to return injured employees to work as soon as medically feasible. The description should address whether medical services coordination will be delegated or subcontracted (if subcontracted indicate the name and address of the entity which will provide the service), the duties and qualifications of the individuals performing medical services coordination, the expected ratio of staff to injured employees, and how medical services coordination will facilitate implementation of a medical care plan (This discussion may be included in the discussion of the quality assurance program under item 5).
10. Describe how the managed care arrangement will adopt and incorporate practice parameters into the delivery of health services by network providers (May be included with the discussion of items 5 and 8).
11. Provide copies of the informational materials which will be made available to employers and employees who are eligible to receive services through the managed care arrangement which describe the rights and responsibilities of employees including how to access to health services, changing primary care physicians, requesting a second opinion, the dispute/grievance resolution process, the telephone number for the grievance coordinator, the telephone number for the Employee Assistance Office of the Division of Workers' Compensation, etc.