

THE MANAGED CARE ORGANIZATION (MCO)...

INITIAL ACTION STEPS

Through the Health Partnership Program (HPP), the County selects a Managed Care Organization to medically manage its workers' compensation claims. The Managed Care Organization's duties include case management, review of medical bills for payment by the Bureau, provider referral, responding to C-9's, Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease, medical and rehab appeals, and education.

Within 24 hours of receiving the claim, the Managed Care Organization will make contact with the Hamilton County Workers' Compensation Specialist, the employee, and the treating physician. If the Managed Care Organization cannot complete the investigation within that time, the file is clearly documented as to what is needed, how information is to be obtained and expected follow-up date.

During the initial investigation of an injury, the Bureau will work with the Managed Care Organization to ensure that appropriate medical evidence is obtained to determine if a claim is compensable. The coordination of information between the Managed Care Organization, the Bureau, and Hamilton County will help to establish the causal relationship between the employee's work-related injury and employment.

The MCO receives and processes all FROI-1's, (Hamilton County form, HAMC0047) in a timely manner to ensure all claims are monitored. Claims examiners maintain responsibility for authorization and payment of necessary medical treatment and services in conjunction with MCO and state workers' compensation guidelines.

The MCO shall retain records received from providers to develop electronic billings to the Bureau, and to perform its medical management functions or to substantiate the delivery, value, necessity, and appropriateness of goods and services to injured workers. The MCO must retain all records including hard copy and electronic transactions and files, related to the injured worker's claim.

The MCO supervisors keep every file on diary. They review each file after the first 30 days. Active files are then reviewed at least every 90 days and inactive files at least every 180 days. In addition, diaries may be set to monitor specific situations. Case managers maintain a diary system to keep cases on-track toward successful resolutions. They see active files at least every 30 days and inactive files at least every 90 days. As the file moves to closure, all pertinent information is recorded in the claims system. Return to work information is updated every 30 days through the Workers' Compensation Specialist who contacts the Departmental/Agency Workers' Compensation Liaisons for updates via email.

MEDICAL TREATMENT

The Managed Care Organization will provide a telephonic claim reporting service. Calls are answered by Registered nurses trained to provide medical information and to channel patients into Hamilton County's Preferred Provider Network. These First Reports of injury are electronically transmitted to claims within one hour of their receipt. The claims examiner authorizes appropriate C-9, Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease, and Treatment Plan requests.

RETURN TO WORK

The Managed Care Organization manages the processing of referrals, including scheduling evaluations, coordinating clinical services, and communicating with appropriate individuals regarding the employee's program if applicable.

The Managed Care Organization assists in obtaining physician releases for participation in the Transitional Work Program. They ensure that the provider completes a MEDCO-14, (Hamilton County form, HamCoo49), or similar form provided by the Physician of Record and copies are sent to the Hamilton County Workers' Compensation Specialist.

The Managed Care Organization will utilize the services of Vocational Case Managers to assist the return to work of injured workers when appropriate.

The Vocational Rehabilitation Case Manager may be involved once a claim reaches lost-time status and a need for assistance with the return-to-work process is identified and agreed to by the physician of record, the Managed Care Organization, Hamilton County, and the Ohio Bureau of Workers' Compensation.

The Vocational Rehabilitation Case Manager usually assumes the role of service coordinator, communicating with physicians, therapists, and the Hamilton County Workers' Compensation Specialist to include:

- Coordinating prescribed restorative services such as physical therapy and work conditioning.
- Arranging for a Functional Capacities Evaluation (FCE) to assess current physical abilities.
- Communicating with medical service providers regarding the injured worker's medical progress.
- Assisting the injured worker with the development of a feasible vocational goal.
- Facilitating the injured worker's acquisition of job seeking and interviewing skills to obtain employment when appropriate.

Within the Transitional Work setting, the Vocational Case Manager may:

- Communicate with physicians, therapists, and the Hamilton County Workers' Compensation Specialist regarding injured worker's medical condition and progress.
- Assist with ensuring compliance with treatment plans and program guidelines.
- Coordinate a gradual return to work or assist with the development of a Transitional Work assignment by matching current physical ability with essential job functions or modifications thereof.