



Your Workers' Compensation Medical Solution

Employee Manual

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Providing Workers' Compensation Medical Care That Works For You

This is your CompNET employee manual. Please read it carefully to understand how you must obtain medical treatment if you have a work-related illness or injury. If you have any questions regarding the procedures outlined here, please contact your employer, your claim adjuster or call **CompNET** at 1.866.4COMPNET.

West Virginia State Law Provisions

West Virginia State Law now allows carriers to participate in a managed health care plan for workers' compensation illness and injuries. The Plan will promote quality and occupationally focused medical care for a work-related injury or illness. Your employer has chosen to participate with **CompNET**. **CompNET works in conjunction with** your employer's workers' compensation carrier, Zurich.

CompNET – Your Workers' Compensation Medical Solution

If you have a work-related illness or injury and need medical treatment, you **MUST** seek and obtain medical care from providers within the CompNET network. CompNET provides you with a choice of network providers within a reasonable distance from your work location. These providers have agreed to provide you with medical treatment and to work with you, your employer, CompNET, and your employer's workers' compensation administrator to expedite your care and facilitate your return to employment. Your medical expenses or indemnity benefits may not be covered if you choose a medical provider who is not listed in the CompNET directory unless you meet the conditions listed in your CompNET Employee Manual. Before receiving care from an out-of-network provider, check with your employer, your claims representative, or with CompNET regarding available in-network services.

CompNET coordinates with your employer's workers' compensation carrier in regard to authorizations of medical treatment.

What YOU Should Do If You're Injured On The Job

We know that a work-related injury or illness can be very unsettling. Of course, your recovery and return to your job is your major concern, but you may also find it confusing to know where to go for help. Along with your employer, CompNET will help you manage your recovery and your return to work.

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A timely recovery and return to work requires a team approach. Your team consists of:

- **You**
- **Your Employer** who will be involved in planning for your return to work
- **Zurich American Insurance**, your employer's workers' compensation insurance carrier
- **CompNET**, the network of medical providers—physicians, therapists, hospitals, case management and other health care professionals, and facilities who are best qualified to treat your work-related injury or illness.

The following is a brief description of the steps to help you through the workers' compensation process and back to your normal routine as quickly as your recovery allows. Of course, if you have any questions or comments, please talk with your employer, your claims adjuster, or CompNET. The CompNET toll-free telephone number is **1.866.4COMPNET**.

Step 1 - Report the Injury To Your Employer

Tell your employer that you've experienced an on-the-job injury or illness immediately or as soon thereafter as possible. You may be required to notify your employer by completing an employer's accident report when you are injured. You must provide your employer with written notice within (2) two working days from the date of the occurrence of your desire to file a workers' compensation claim. Written notice should include: name and address of the employer, the name and address of the employee, the time, place, nature and cause of the injury, and whether temporary total disability has resulted from the injury.

Step 2 – Complete Initial Report of Injury/Illness Form

Step 3 – Choose A Network Provider And Seek Medical Attention

If your injury is an emergency, you'll be taken to the nearest medical facility that can treat your illness or injury. If your situation is not an emergency, you'll need to select a **TREATING PHYSICIAN** from the network directory and schedule an appointment for treatment. When you go to your treating physician appointment, you'll need to take all of your CompNET Identification and Verification Notice with you.

Step 4 - Keep Your Team Informed

Keep your team, including your claim adjuster and your nurse case manager (if one is assigned to you), up-to-date on your treatment and any recommendations from your physician that will affect your return-to-work status. CompNET will be in contact with you, your employer, and your physician to coordinate your care and your return to work.

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About Your Medical Provider

We hope that you'll be pleased with the treating physician you have chosen. However, if for any reason you would like to change your treating physician, simply inform your employer's workers' compensation insurance carrier claims adjuster **in writing** (Appendix A). Remember to include the name and address of your new requested treating physician, which must be selected from the CompNET provider directory. Also include your claim number, social security number, and date of injury in your written request.

If your treating physician needs to make a referral to a specialty provider, your treating physician must select from the CompNET provider directory. If the specialty is unavailable from the directory, please refer to "Treatment Outside of CompNET" on page 5 of this manual.

CompNET's approved plan procedures for transitioning employees between non-network and network providers to assure continuity of care, include:

- Workers who are undergoing a course of treatment with a non-network provider at the time the approved CompNET managed care plan goes into effect or at a time when a provider is terminated by the plan should be able to continue seeing their current providers for up to 60 days to allow for transition of care.
- Paying for one or more transition visits with a non-network provider until the transition is completed.
- Workers with a chronic or disabling condition may continue to see the specialty provider for up to 90 days to allow for transition of care.
- Providers who continue to treat such employees must accept the plan's fee schedule as payment in full and promptly transfer all medical records during the transition period.
- When a provider is terminated for breach of contract or ethical misconduct, the employee must select another in-network provider without delay.

What Can You Do To Help?

- Be involved with your treatment; talk with your physician; ask questions; and, above all, if you don't understand something, contact your Zurich claims representative at 1-800-987-3373 or CompNET for help.
- Stay informed about your progress.
- Know what forms are needed and when they are needed to make sure all treatment is approved and to prevent delays. Remember that your doctor cannot charge you for

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completing workers' compensation forms or for providing care beyond the amount workers' compensation pays.

- If you report a work-related injury or file an application for adjustment of a claim, you authorize any physician, psychiatrist, chiropractor, podiatrist, hospital, or health care provider, after written request by the employee, employer, or your employer's workers' compensation administrator, to provide the requesting party with any information or written material reasonably related to any injury or disease for which you claim compensation.
- Stay in communication with your claims adjuster and your CompNET case manager, if assigned, regarding treatment plans and return-to-work goals.

Returning To Work

You may be able to return to work during your recovery period. Your claims adjuster or case manager will consult your physician in regard to your physical capabilities and return-to-work status. Your employer's workers' compensation administrator's claims representative or case manager will work with your employer to determine if a **transitional duty** position is available and coordinate your return to work with your physician.

Physicians and Treatment

CompNET network physicians have experience in the treatment of work-related illness and injury. They are responsible for developing a treatment plan with recovery and return-to-work goals.

- You will choose a physician from the CompNET provider list. This list can be obtained from your employer or from CompNET by calling **1.866.4COMPNET** or on the Zurich website.
- All care and services for your work-related injury must be provided within the network.
- Co-payments or deductibles are not required for medical services rendered in connection with a work-related injury or occupational disease.

Surgical Second Opinions

You may seek to obtain a second opinion if a CompNET physician recommends **surgery**. This second opinion must be made by a CompNET physician. If a CompNET physician is not available, you may request approval for an out-of-network referral. Your employer's workers' compensation carrier's claims adjuster or Zurich case manager will assist you in this process.

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Some Services Require Authorization

Established protocols allow your physician to proceed with your care for most conditions without authorization. However, some medical tests, some outpatient and all inpatient services must be authorized. If you are not certain if treatment or referral requires authorization, call your claims adjuster or nurse case manager at 1-800-987-3373. If the service is unauthorized, it may not be paid within your workers' compensation claim.

Your physician request for authorization may be reviewed by the utilization management program. Zurich's utilization review evaluates the medical necessity, appropriateness, and adherence to standard treatment guidelines. The reviews are conducted by nurses and physicians, including the Medical Director.

Emergency Care

Despite your best efforts to work safely, emergencies sometimes do occur. An emergency is defined as:

1. A medical event that, if not diagnosed and treated immediately, could result in permanent injury or death; or
2. Care that is necessary to alleviate serious pain.

You may seek emergency medical care from any emergency facility, regardless of their participation in CompNET. If a CompNET network facility is available and suitable, it should be the emergency facility of choice. However, access to emergency services is not restricted. The referral from the emergency services provider must be within the CompNET network for either primary care or specialty care.

Treatment Outside of CompNET

Your medical expenses may not be covered if you use a medical provider who is not listed in the CompNET directory unless you meet the conditions listed below. Before receiving care from an out-of-network provider, check with your employer, your claims adjuster or with CompNET regarding available in-network services.

You may access providers outside of CompNET when:

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- Emergency care when access to a health care provider within the managed health care plan is unobtainable for the acute phase of care;
- Authorized, needed treatment or the required medical specialist is not available through CompNET;
- You need to obtain a second opinion when a CompNET provider recommends surgery and another qualified provider is not available within CompNET to provide this consultation;
- You have a right to seek care from a provider outside CompNET at your own expense.

You may access providers who are not participating with CompNET for treatment purposes only if you established by competent evidence **all** of the following:

- You've been treated by providers solely within the employer's managed care plan for a period of at least one (1) year;
- For reasons related to the treatment alone, that you have not made progress toward recovery that is reasonably consistent with treatment guidelines;
- You establish to a reasonable certainty that proposed treatment outside the employer's managed care plan would more likely provide you with a better clinical outcome than the current treatment or rehabilitation plan.

You will need to submit your request and reason to seek care outside of the network in writing to you claims representative (Appendix B). **Remember, emergency care is not restricted.**

Case Management

The claims adjuster assigned to your claim will coordinate initial health services and answer your questions. The claims adjuster will communicate with you, your physician, and your employer to assist in determining appropriate return-to-work activities during your recovery. If, due to the nature of your injury you are assigned a nurse case manager, you will receive a call from the nurse within 48 hours after the nurse has been notified of the injury. Please assist by answering the questions asked in order for the nurse case manager to thoroughly evaluate your condition. Both the claims representative and the nurse case manager are there to assist you and ensure that you receive the necessary health care services needed for your recovery.

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Confidentiality and HIPAA

If an employee reports a work-related injury or files an application for adjustment of a claim, the employee authorizes any physician, psychiatrist, chiropractor, podiatrist, hospital, or health care provider, after written request by the employee, employer, or your claims adjuster, to provide the requesting party with any information or written material reasonably related to any injury or disease for which a claim for compensation is filed.

CompNET complies with all applicable federal and state laws, such as HIPAA, regarding worker-specific and provider-specific information. Information will be shared only with entities having authority to receive such information. Both worker-specific and provider-specific information will be used as appropriate to support CompNET's quality assurance and credentialing programs.

CompNET is anticipating the upcoming changes facing the medical community with the implementation of HIPAA. While the provisions of HIPAA do not specifically cover workers' compensation programs, we understand the impact that this regulation will have on the medical providers we are associated with. Thus, we will strive to reduce any unnecessary encumbrances that HIPAA has on our current practices and procedures.

Contacting CompNET 24/7 and contacting your claim adjuster or nurse

You have access to a 24-hour toll-free telephone number in which information may be obtained concerning CompNET operations, provider directory, after-office-hours care and emergency care.

**1.866.4COMPNET
(1.866.426.6763)**

A list of CompNet providers can also be obtained by **going to the Zurich website at: www.zurichna.com**

Click on Online Services

Click on Customers

Click on Zurich C.a.r.e.® Directory Online

If prompted for password, please enter the following:

Password = zurichna

Contact your claim adjuster or nurse case manager at: 1-800-987-3373.

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If You Are Dissatisfied with CompNET or a Network Provider

If you should disagree with a decision made in the managed care process, you may submit in writing, describing the nature of your appeal and the action you request. Your concerns must be submitted within thirty (30) days of the event giving rise to the issue. CompNET will expeditiously review your appeal and render a decision within thirty (30) days of receipt of your request. CompNET will maintain a record of the appeal for two (2) years as required.

You or your physician may initiate this process by completing the Employee Appeal Form (Appendix C).

The form should be submitted to:

CompNET
426 Leon Sullivan Way
Charleston WV 25301
304-347-3702 Fax

Prior to issuing a decision, CompNET may request additional information regarding a procedure, test, or surgery. Further, CompNET's Medical Director may need to consult with your treating physician directly to quickly resolve issues. All decisions will be made in compliance with accepted medical practice guidelines and with your best medical interests considered.

Your participation is important to the resolution of medical issues. Individuals reviewing your concern may need to speak directly with and receive input from you.

You have the right to file a protest with the West Virginia Offices of the Insurance Commissioner Office of Judges within 60 days of the protestable decision.

Identification and Verification

When you receive medical care in a hospital, clinic, or through an individual provider, you must identify yourself as a CompNET participant. To assist you, we provide an identification certification when your claim is ruled compensable (see Appendix D). Just present this to the provider when you register.

If you have any questions about your participation in CompNET, call 1.866.4COMPNET, 24/7 or contact your claim adjuster at 1-800-987-3373.

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APPENDIX A

Workers' Compensation Request for Change of Physician

Return completed form to (your Zurich claim adjuster)

Injured Worker's Name _____

Claim Number _____

Social Security Number _____

Date Of Injury _____

I am requesting to change physicians. I am presently being treated by:

I am requesting to change to:

Address of requested physician:

My reason for changing is:

I have checked with the requested physician to see if he/she will take me as a patient:

Yes _____ No _____

Injured worker's signature _____ Date _____

Zurich Insurance

PO Box 13761

Philadelphia, PA 19104-3761

1-800-987-3373

APPENDIX B

Workers' Compensation Request for Opt-Out of Managed Care Network

Return completed form to (your Zurich claims adjuster)

Injured Worker's Name _____

Claim Number _____

Social Security Number _____

Date Of Injury _____

I am presently being treated by:

I am requesting to seek treatment with an out-of-network physician (please indicate physician's name:

Address of requested physician:

My reason for seeking treatment out of network:

I have checked with the requested physician to see if he/she will take me as a patient:

Yes _____ No _____

Injured worker's signature _____ Date _____

Zurich Insurance

PO Box 13761

Philadelphia, PA 19104-3761 Phone: 1-800-987-3373

APPENDIX C

CompNET Workers' Compensation Managed Care Plan

Employee Appeal Form

See CompNET Employee Manual for further information regarding filing a concern or issue. Or, if you wish to speak with someone concerning an appeal, call 1.866.4COMPNET and ask to speak with the Coordinator.

An injured worker may use this form to submit an appeal about a concern with CompNET a specific medical issue, network medical provider, or any other problem that cannot be resolved by direct discussion with the appropriate parties.

Exemptions: The following items are specifically excluded from the appeal process: Indemnity Benefits; Vocational Benefits; Maximum Medical Improvement and Permanent Impairment; Medical Mileage Reimbursement; Provider Payments; Compensability. Concerns regarding any of the issues listed above should be directed to the employer or your claims representative.

This form is filed by:

Injured Worker's Name: _____

Claim number: _____ Date of Injury: _____

Social Security Number: _____

Primary Care/Treating Physician: _____

Physician Address: _____

Physician Office Telephone: _____

**CompNET
Employee Appeal Form
Page 2**

Injured Worker Name _____
Claim Number _____

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, social security number, and date of injury appear on each page of any attachment.

Please describe the nature of the issue or concern:

What action would you desire?

Has a concern been previously filed for this issue? Yes No

If Yes, date filed? _____

Form Completed by: _____
Injured Worker Signature

Date Form Completed: _____

Mail To: **CompNET**
426 Leon Sullivan Way
Charleston WV 25301
304-347-3702 Fax

APPENDIX D

CompNET Identification and Verification

Date _____

Claimant
Address
City State Zip

Dear Claimant:

You are fortunate that your employer has chosen to work with CompNET. We understand that a work-related injury or illness can be very unsettling. We also realize that your focus and attention is directed on your recovery and returning to your job. You can turn to CompNET for assistance in eliminating any confusion that you may have in your care.

When you receive medical care in a hospital, clinic, or through any medical provider, you must identify yourself as a CompNET participant. To assist you, we have provided the identification card below. Detach this card and present it to the provider when you register.

Please obtain from your employer the CompNET list of providers and CompNET Employee Manual. If you have any questions about your participation in CompNET call 1.866.4COMPNET.

 <p>Identification And Verification To Health Care Providers:</p> <ul style="list-style-type: none"> • This patient is employed by a company that is a member of CompNET, a West Virginia Workers' Compensation provider network. • Except for emergency care, the patient must be treated by a CompNET provider. You may obtain a provider listing by calling 1.866.4COMPNET • Opt-out provisions may apply • Communicate promptly <p>This verification card is not to be construed as authorization for medical services or payment.</p>	<p>Employer: _____ Address: _____ Phone: _____</p> <hr/> <p>Managed Care Plan Address all CompNET correspondence or inquiry to: CompNET 426 Leon Sullivan Way Charleston WV 25301 Phone: 304.556.4732 or 1.866.4COMPNET</p> <p>For billing correspondence or claims inquiry to: Zurich American Insurance PO Box 13761 Philadelphia, PA 19104-3761 1-800-987-3373</p>
<p>Employee Instructions:</p> <ul style="list-style-type: none"> • Report your injury to your employer. • Select a provider from the CompNET provider listing and make an appointment. • Provide this card to any health care provider from whom you are seeking treatment for a work-related condition. • Keep your employer informed of any medical treatment you receive. 	<p>Employee Identification</p> <p>Employee Name: _____</p> <p>Employee SSN: _____</p> <p>DOI: _____</p>