



ZURICH®

Comp**NET**

*Your Workers' Compensation Medical Solution*

# Employer Manual

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## Overview of CompNET

In 2003, the West Virginia Legislature passed an extensive workers' compensation reform bill, SB 2013. One of the most important components of this vital legislation supports the development of managed care networks. Through these networks, employers can require their employees to seek workers' compensation covered services from providers who contract with the employer's selected managed care network. This provision has broad and significant benefit for all stakeholders of the workers' compensation system, employees, employers, and providers.

CompNET, developed by Wells Fargo Disability Management Services, is a selected network, choosing physicians and other providers whose history provides an indication of their commitment to our mutual goal of returning injured employees to work as soon as practical, using efficient, quality practices and care. Modeled after successful managed care programs and national accreditation models, CompNET offers a broad array of providers to assure reasonable access and choice for injured workers.

CompNET's program consists of three components: the medical provider network, quality assurance and medical management. Medical management consists of utilization review and case management which will be performed by Zurich. The medical provider network and quality assurance will be provided by CompNET. These initiatives, including uniform standards for treatment and duration of recovery and return-to-work goals, are a continuous process designed to evaluate the adequacy and appropriateness of health and administrative services and pursue opportunities to help improve health and rehabilitation outcomes and, in turn, to enhance participant satisfaction with the Plan. Provider training will be provided regarding standards of care, return to work best practices and treatment guidelines. A provider's continued participation with CompNET is based upon adherence to the standards.

The benefits of prioritized treatment of injured workers and the elimination of delay in the treatment process make participation in CompNET a necessity for employers to proactively address their workers' compensation issues.

Provider services will be directed and monitored through quality assurance initiatives, including uniform standards for treatment and duration of recovery and return to work. Training will be conducted with providers along with ongoing monitoring of practice patterns. Continued participation in CompNET will depend upon adherence to the standards.

CompNET will continually strive for and maintain quality and efficiency in all aspects of its operation. Accordingly, several key operating principles have been established. These include:

- Maintenance of quality standards through provider selection, credentialing, and management of compliance with treatment and process standards
- Proactive provider/employer relations and education
- Ongoing network access management ensuring adequate choice for all employees
- Data analysis and outcome measurement
- Professional oversight and support of the network by a Medical Advisory Board
- Ongoing assessment of provider performance
- Utilization of technology for efficiency in data integration and customer service
- Network integration with nurse case management and claims management functions

### ***Program Description and Objectives***

CompNET has three basic objectives:

1. To provide appropriate, high quality, and timely health care to recovering workers
2. To expedite the worker's return to employment by avoiding unnecessary delays
3. To minimize disability

To achieve these objectives, CompNET recognizes the importance of recruiting, and maintaining a network of providers from specialty areas that are involved in treating occupational injuries and illnesses. Important CompNET features include the following:

- CompNET affords the opportunity to develop positive and proactive relationships with employers that choose to participate in CompNET's managed care network
- CompNET utilizes treatment protocols that provide a framework for the treating physician. These protocols define their expectations regarding treatment parameters and duration estimates. They also lend consistency and structure to the treatment of work-related injuries.

## ***Your Insurance Carrier***

CompNET operates as a fully integrated function of the claims management process of your workers' compensation carrier, Zurich. Claims will be managed by a claims professional who will assist in coordinating all necessary services, including the assignment of a nurse case manager. The Zurich claims professional or the nurse case manager can be reached at 1-800-257-8134.

CompNET provider information will be incorporated into the claims management system so claims representatives can link CompNET participating employers and their employees with network providers in their geographic area.

Likewise, medical billing processes are coordinated with CompNET to expedite and conform to CompNET commitments to network providers.

Claims and medical billing staff communicate closely with CompNET regarding individual claims and/or individual employee information. This allows CompNET to promptly respond to any problems that may arise with timely solutions.

Medical providers participating with the CompNET network will realize the benefits of being on a team of professionals who have access to the necessary resources to accomplish the positive improvements and outcomes necessary for success.

## ***Service Area***

The CompNET service area includes the entire State of West Virginia. By incorporating counties surrounding West Virginia borders, employees working in West Virginia, but living out of state, have access to local health care providers. Primary care is available within 75 driving miles of an employer's facility.

## ***Employer Information***

### **CompNET – Your workers' compensation medical solution**

If an employee has a work-related illness or injury and needs medical treatment, he/she **MUST** seek and obtain medical care from providers within the CompNET network. CompNET provides the employee with a choice of in-network providers within a reasonable distance from the employer's work location. These providers have agreed to provide your injured employee with medical treatment and to work with him/her, you, CompNET, and your workers' compensation claims carrier to expedite care and facilitate return to work. Your employee's medical expenses may not be covered if they choose a medical provider who is not listed in the CompNET directory unless they meet the conditions listed under the opt-out section of the manual.

CompNET coordinates with your workers' compensation claims carrier in regards to authorizations of medical treatment.

### **Operational Requirements and Priorities**

CompNET's operational strategy provides controls involving several key segments of the workers' compensation process. These controls focus upon selective provider choice by the injured worker; a checks-and-balances system for monitoring appropriate medical treatment; and enhanced application of the traditional strategies involved in claims management, nurse case management, and employer work accommodation.

All parties involved in the workers' compensation process can derive benefits from the controls and enhanced processes of CompNET. To experience these benefits, each of the parties must be an active participant with a commitment to the best possible collective outcomes. As a participant in the process, each of the parties has specific objectives and priorities.

### ***Employer***

You will become cognizant of your own role and responsibilities in the recovery and return-to-work process. Communications will specifically involve:

- A listing of participating primary care providers in your geographic region as well as statewide specialty providers (Appendix A). Refer to website for complete statewide directory.
- Identification of key features that control and structure the workers' compensation process, thus reducing the incidence of excessive or inappropriate medical treatment and

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ensuring proper treatment. These features include: utilization of standard treatment guidelines, selective medical provider network, as well as, case management, utilization management, and quality assurance programs.

- Emphasis upon employer communication with the injured worker and provider regarding return-to-work options and processes.
- Reinforcement of the importance of work site initiatives such as transitional work expediting recovery and return to work.
- Encouragement of employers to foster working relationships with providers in their region by providing opportunities for awareness of work site and job factors that providers must consider when making treatment/return-to-work recommendations. This may involve direct communications regarding specific claims, work-site tours, or joint participation in educational seminars.

### ***Work Site Coordinator***

You should appoint a worksite coordinator to be the primary contact for all your workers' compensation matters at your work site. Your coordinator will be the primary interface with CompNET and help to coordinate all set-up and implementation activities with your employees.

This person will also be the primary resource for your employees to learn about and access CompNET services.

### ***Return-to-Work Program***

CompNET's providers and Zurich's nurse case managers will coordinate with your return-to-work program in order to facilitate a timely return to employment. When considering a return-to-work program you may assess:

- What is the best work return approach for your company – or for a specific site?
- How can the impact of the program be measured so your company can utilize the results to revise or refine its approach and have the greatest positive impact?
- What benchmarks and metrics are most useful?
- How can a return-to-work program be successful when working with an organized workforce – with multiple unions?
- What strategies can be used to address resistance and lack of participation among employees, supervisors, and community physicians?

### ***Injured Worker***

- All employees have access to informational materials informing them of:

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- CompNET overview
  - Its value to them if they become injured
  - The process for obtaining treatment for an occupational illness or injury
  - The network providers from whom they may seek treatment
- Injured workers choose their own physician(s) from the CompNET network of providers
  - Zurich and the CompNET team monitor and expedite medical care, thus ensuring quality and a timely return to work
  - Zurich's claim professional and nurse case manager, along with CompNET providers are available to assist the injured worker throughout the entire medical treatment and recovery process
  - The injured worker should report the injury to his/her employer immediately or as soon thereafter as possible and keep his/her employer informed of up-to-date treatment plans

### ***Recovering Worker Verification and Identification***

The injured worker will receive from Zurich an identification verification notice containing the CompNET logo along with instructions to seek care for an occupational medical condition.

The initial CompNET employee identification verification notice is to be used only to identify recovering workers whose treatment must comply with CompNET procedures. This verification card is not to be construed as authorization for medical services or payment.

### ***Medical Provider***

Medical providers form the service component of CompNET. CompNET is designed to address many of the barriers and frustrations experienced by providers treating workers' compensation patients in the past. Thus their ability to produce quality outcomes is enhanced. CompNET features important to providers include the following:

- Medical providers have the opportunity to develop positive and proactive relationships with area companies. CompNET facilitates these relationships by encouraging and sponsoring joint training opportunities, work-site tours, and ongoing dialog among key representatives of employer and provider entities.
- CompNET network participants are paid for their services in an expedient manner, providing them incentive to continue their participation and to follow CompNET program guidelines.
- CompNET utilizes treatment protocols that provide a framework for the treating physician. These protocols define their expectations regarding treatment parameters and

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duration estimates. They also lend consistency and structure to the treatment of work-related injuries.

### **Treatment Outside of CompNET**

Your employee's medical expenses may not be covered if he/she uses a medical provider who is not listed in the CompNET directory of providers unless one of the conditions listed below is met. Before receiving care from an out-of-network provider, the employee should check with you, his/her claims professional, or CompNET regarding available in-network services.

The employee may only access providers outside of CompNET:

- For emergency care when access to a health care provider within the managed health care plan is unobtainable for the acute phase of care.
- When authorized treatment is unavailable through the managed care plan.
- To obtain a second opinion when a managed health care plan physician recommends surgery and another qualified physician within the plan is not available for consultation.
- The injured worker has a right to seek care from a provider outside CompNET at his/her own expense.

Injured workers may access providers who are not participating plan providers for treatment purposes only if the injured worker has established by competent evidence all of the following:

- The injured worker has been treated by providers solely within the employer's managed care plan for a period of at least one (1) year;
- That for reasons related to the treatment alone, the injured worker has not made progress toward recovery that is reasonably consistent with the West Virginia Workers' Compensation treatment guidelines;
- That the injured worker establishes to a reasonable certainty that proposed treatment outside the employer's managed care plan would more likely provide the injured worker with a better clinical outcome than the current treatment or rehabilitation plan.

### ***Emergency Situations***

Employees may seek emergency medical care from any emergency facility, regardless of their participation in CompNET. If a CompNET network facility is available and convenient, it should be the emergency facility of choice. However, access to emergency services is not restricted by the West Virginia Workers' Compensation rules/regulations. The referral from the emergency services provider should be within the CompNET network of providers for either primary care or specialty care.

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**In an emergency, have your employee go to the nearest emergency facility.**

## ***Quality Management***

A core component of CompNET's Workers' Compensation's Managed Health Care Plan is its medical management services, including quality management (QM), case management (CM), and utilization management (UM). Collectively, these services will ensure the delivery of efficient, appropriate health care services to those injured workers covered by the Plan. The Quality Assurance/Quality Improvement Program encompasses a proactive approach to analyzing and measuring the quality of program operations. CompNET considers its Quality Assurance/Quality Improvement activities as a continuous process designed to monitor and evaluate the adequacy and appropriateness of health and administrative services and pursue opportunities to help improve health and rehabilitation outcomes.

## ***Case Management***

The claims professional assigned to the claim will coordinate initial health services and answer questions from you or the employee. The claims professional will communicate with the employee, the physician, and the employer to assist in determining appropriate return-to-work activities during the recovery. The claims professional will utilize ODG case management triage criteria and/or the nurse case management referral criteria as a means of determining nurse case management involvement in individual cases. **If, due to the nature of the injury the employee is assigned to a nurse case manager**, the employee will receive a call from the nurse within 48 hours after the nurse has been notified of the injury.

Case management serves as a means for achieving wellness and autonomy through advocacy, communication, education, identification of service resources, and service facilitation. The case manager helps identify appropriate providers and facilities throughout the continuum of services while ensuring that available resources are being used in a timely and cost-effective manner in order to obtain optimum value. Its underlying premise is that when an individual reaches the best possible level of wellness and functional capability, everyone benefits: the injured workers, their support systems, the employer, the health care delivery systems, and reimbursement sources.

In regards to nurse case management as well as vocational rehabilitation network resources, services are best offered in a climate that allows direct communication among the case manager, the injured worker, the employer, and appropriate service personnel in order to optimize the outcome for all concerned. Cooperation through a team approach based on sound principles of practice promotes success. Case management will be provided by Zurich.

CompNET provider information is incorporated into the claims management system so claims representatives can link CompNET participating employers and their employees with network

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providers in their geographic area. Likewise, medical billing processes are coordinated with CompNET to expedite and conform to CompNET commitments with network providers.

Claims and medical billing staff communicate closely with CompNET regarding individual claim and/or individual employee information. This allows CompNET to promptly respond to issues with timely solutions.

## ***Utilization Review***

In compliance with Series 21, the West Virginia Workers' Compensation Managed Care Rule, CompNET and Zurich have established "procedures and oversight for utilization review of medical services to assure that a course of treatment is medically necessary; diagnostic procedures are not unnecessarily duplicated; the frequency, scope, and duration of treatment is appropriate; pharmaceuticals are not unnecessarily prescribed; and that ongoing and proposed treatment is not experimental, cost ineffective, or harmful to the employee."

Utilization review evaluates the necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities under the auspices of the workers' compensation program. The services are conducted by nurses and physicians, which may include the Medical Director, physician advisors, and Medical Advisory Board members. Utilization Review will be performed by Zurich.

The utilization review process is used selectively to assure quality standards are being met and to continue to evaluate the health care providers against benchmark treatment protocols (Official Disability Guides/*Medical Disability Advisor*/Title 85). This allows CompNET to examine utilization patterns of network providers and provide information on intensity of approaches to diagnosis and treatment of an injury. The program allows us to evaluate the medical necessity of any given treatment plan, and the opportunity to reduce unrelated and inappropriate services therefore reducing cost. The program allows us to expedite appropriate and related services and therefore limits lost working days, affecting indemnity. The utilization review team affords communication of key medical information and clinical rationale for opinions rendered to help the employer or payer to make informed decisions regarding authorization of requested health care services. Appropriate decision making regarding medical necessity as related to the compensable diagnosis helps decrease litigation of medical issues.

Any party to the claim may request utilization review; 85-20-9.10 applies. Workers' compensation claims representatives and case managers have access to and training in ODG treatment guides, the *Medical Disability Advisor* as well as West Virginia Workers' Compensation treatment guides. If a claim falls outside these standards, the case is referred for utilization review.

## ***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 the workers' compensation claims administrator 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.

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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 hour's care and emergency care. **866.4COMPNET (866.426.6763)**. **A CompNET representative is available Monday thru Friday 8:00 AM- 4:00 PM. If you call after business hours, please listen to the recording and you may leave a message identifying your name, telephone number, and employer. A CompNET representative will respond within the next business day.**

CompNET's Web site (<https://wfis.wellsfargo.com/compnet>) contains information regarding the provider directory/network, manuals, procedures, policies, forms, educational materials, and other important information. Please reference this site for the most up-to-date information.

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

**[www.zurichna.com](http://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 professional or nurse case manager at: 1-800-257-8134.

Address all written correspondence to:

CompNET

426 Leon Sullivan Way

Charleston, West Virginia 25301

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## ***Appeal Procedure***

CompNET encourages effective communication between all parties involved in the managed care plan to take appropriate, prompt corrective action when necessary to address valid concerns and issues. Any concern with the provider network shall be thoroughly investigated using supportive and written information from both parties. These concerns will be handled in a timely manner following the appropriate receipt of the form describing the nature of the issue and the action requested and any supporting documentation (Appendix B, Appeal Form). Injured workers should be given this form.

The appeal must be filed within thirty (30) days of the event giving rise to the dispute. If a concern is substantiated, appropriate quality improvement steps will be taken to handle the individual issue and also to prevent a recurrence. Education will be an important part in the corrective action process. A committee is designated to review and resolve written expressed appeals. CompNET will render a decision within thirty (30) days of receipt of the appeal. CompNET will maintain a record of the appeal for two (2) years as required.

Please note, the appeal process is a prerequisite for the right to file a protest with the West Virginia Offices of the Insurance Commissioner, Office of Judges. 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.

### **Employer request for a Quality Review**

Employers may request CompNET to perform a quality review on services by completing the form on Appendix C.

# APPENDIX A

## CompNET Provider Network

You have access to a 24-hour toll free telephone number in which information may be obtained concerning CompNET operations, provider directory, after-office hour's care and emergency care. **866.4COMPNET (866.426.6763)**. **A CompNET representative is available Monday thru Friday 8:00 AM- 4:00 PM. If you call after business hours, please listen to the recording and you may leave a message identifying your name, telephone number, and employer. A CompNET representative will respond within the next business day.**

CompNET's Web site (<https://wfis.wellsfargo.com/compnet>) contains information regarding the provider directory/network, manuals, procedures, policies, forms, educational materials, and other important information. Please reference this site for the most up-to-date information.

A list of CompNet providers can also be obtained by **going to the Zurich website at:**  
[www.zurichna.com](http://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 professional or nurse case manager at: 1-800-257-8134.

Address all written correspondence to:

CompNET

426 Leon Sullivan Way

Charleston, West Virginia 25301

# APPENDIX B

## CompNET

### Employee Appeal Form

*See CompNET Employer Manual for further information regarding filing a concern or issue.*

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 professional**

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:

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What action would you desire?

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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 C



Your Workers' Compensation Medical Solution

## Employer/Workers' Compensation Administrator Request for QI/QA Review

Please complete items 1-9 and submit to:

CompNET  
Quality Management Coordinator  
426 Leon Sullivan Way  
Charleston, WV 25301  
Email: [comp\\_net@wellsfargois.com](mailto:comp_net@wellsfargois.com)  
304-347-3702 Fax

- 1) Claims Representative/Employer: \_\_\_\_\_
- 2) Telephone: \_\_\_\_\_
- 3) Date sent to QI: \_\_\_\_\_
- 4) Date received by QI: \_\_\_\_\_
  
- 5) CompNET Provider: \_\_\_\_\_
- 6) Address: \_\_\_\_\_
- 7) Telephone #: \_\_\_\_\_

8) Summary of issue to be reviewed:

9) Please provide examples which reflect patterns and trends of the issue. Include claim numbers. Attach separate sheet if necessary.



Your Workers' Compensation Medical Solution

CompNET RESPONSE:

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Ralph S. Smith, Jr. M.D.- Medical Director

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Date