

V. **WECARE**[®] MANAGED CARE PROGRAM



FHM INSURANCE COMPANY

A POLICY TO DO MORE[®]

Workers' Comp Since 1954



The FHM *WECARE* Managed Care Program is a total care management program designed to ensure injured employees' recovery and return to work. The *WECARE* Program increases the quality of medical care by using a total care management concept for treating workers' compensation injuries.

Employers who use the *WECARE* Program:

- Reduce medical costs by:
 - Taking advantage of FHM's negotiated discounts with the medical providers.
 - Managing the medical treatment utilized.
- Reduce medical claim and expense payouts by:
 - Eliminating unnecessary costs.
 - Developing effective Return-to-Work Programs.

***WECARE* Benefits**

The *WECARE* program benefits include:

- Allowing employers to designate specific network physicians to whom injured employees are referred for medical treatment.
- Ensuring employees are cared for by physicians who are carefully reviewed based on some of the following factors:
 - Valid license to practice medicine.
 - Valid DEA Controlled Substance Certificate.
 - Admitting privileges at network hospitals.
 - Board certification for appropriate specialists.
 - 24-hour, 7-day-a-week coverage.
- Incorporating physicians, hospitals and clinics into the care team to promote both the quality and cost-effectiveness of therapeutic treatment.
- Allowing employers to nominate providers for inclusion in the provider network.

To Begin Using *WECARE*

To begin using *WECARE*, an employer takes the following steps:

1. **Select a physician** from FHM's approved provider network. Physicians, clinics, and hospitals may be chosen from the approved provider network.
2. **Post the approved physician information in the manner required by your state.** Any employee who does not receive treatment from the approved network physician may have his/her workers' compensation benefits denied.
3. **Educate each current and new employee** on the requirements of the *WECARE* Managed Care Program, as well as their rights and responsibilities.
4. **Obtain each employee's signature** on the *WECARE* Employee Safe Working Practices/Managed Care form, place signed forms in the personnel file of all current and new employees and give each employee a copy of the signed form.
5. **Inform all employees** of the appropriate manner to express dissatisfaction with medical services in accordance with your state's law.

To Locate a *WECARE* Provider

For help locating an approved network physician in your area, review the FHM Provider Network Directory online at www.fhmic.com or contact your Nurse Case Manager or adjuster at 888-346-3461.

When an Accident/Injury Occurs

When an accident occurs the employer should take quick action to arrange for medical care from the approved network physician. **Any employee who does not receive treatment from the approved network physician may have his/her workers' compensation benefits denied.**

1. **For emergency (life threatening) medical treatment:** The Employer contacts the nearest medical facility.

2. **For non-emergency medical treatment:** The Employer arranges for the injured employee to receive medical care by directing the employee to the approved network physician and by giving the employee the forms listed below:
 - a. The Introductory Letter to Physician/Medical Treatment Authorization which the employee must take on the initial visit.
 - b. If the employer is a designated Drug-Free Workplace or participates in the Post-Injury Drug Testing Program, the letter should be modified to request a drug test.
 - c. The myMatrixx Pharmacy Form and Pharmacy Instruction Letter if prescription drugs will be required for treatment.
3. Once medical care has been arranged, the employer reports the accident/injury online, via email, fax or telephone to FHM within 24-hours of knowledge of the accident/injury.

FREQUENTLY ASKED QUESTIONS BY EMPLOYERS ABOUT **WECARE**

Q: *May I choose more than one Approved Network Physician?*

A: YES. This is helpful for employers with multiple business locations .

Q: *May I get my current provider in the Network?*

A: We encourage you to use the existing Network. If there is a business need to add a provider, you may send in the Provider Nomination Form to FHM.

NOTE: The law specifies that the approved network physician must be within a 30- minute drive and the specialist within a 60-minute drive of the employer location.

Q: *If a hospital is listed in the Network, does this automatically include the occupational clinics associated with the hospital?*

A: NO. Refer to the State Specific section for contact information.

Q: *Will a claim number be assigned when calling in the First Report of Injury?*

A: YES.

Q: *Is it necessary to mail/FAX the First Report of Injury after reporting it via telephone?*

A: NO. FHM will send copies of the First Report of Injury or Illness to the employee, employer and the State.

Q: *Because I am calling in the First Report of Injury, must I still maintain the OSHA log?*

A: YES. This is required by the government.

Q: *How long will it take for the copy of the First Report of Injury to be sent?*

A: Within 24 hours of calling it in.

Q: *Will my approved network physician know that we have a drug-free workplace program and do the appropriate testing?*

A: NO. You will need to notify the approved network physician that this needs to take place.

NOTE: It is important for you to establish a relationship with your approved network physician so he/she is aware of your individual needs.

Q: *Where do I send my injured worker after hours?*

A: If it is a life-threatening emergency, you may utilize the nearest hospital. Otherwise, direct the employee to the nearest Network urgent care center or Network hospital emergency room.

Q: *If I need assistance with finding a medical provider in the Network, who do I contact?*

A: Call FHM Claims Dept 888-346-3461, ext. 240 or 418

myMatrixx Pharmacy Program

In our continued effort to reduce your Workers' Compensation medical costs, FHM Insurance Company has formed a partnership with AmeriSys and the **myMatrixx** Pharmacy Program to provide your employees with a prescription program. This exciting program is designed specifically to:

- Manage claimant prescription expenses and appropriate utilization
- Reduce costs with proven savings by use of the Patient Identification Card, which dispenses prescriptions **only** to the injured worker and ensures the prescription is exclusively for treatment of that work-related injury

How the Program Works:

*When an injury occurs, please hand to the employee a copy of the enclosed "Dear Injured Worker" letter and the Question & Answer sheet, along with the **myMatrixx** Pharmacy Form. **THIS FORM IS TO BE USED FOR THE INITIAL PRESCRIPTION ONLY.***

*The employee will present the Pharmacy Form to a **participating** pharmacy (listed on the Form), along with a prescription from the medical provider.*

*A separate RX card will be mailed directly to the employee by **myMatrixx** after the claim is reported, to be used if further prescriptions are required.*

It is our pleasure to offer you this program, and we are confident that you will realize tremendous benefits by participating in the plan. This prescription cost management program will help in the ongoing war against health care cost escalation.

If you have questions regarding this program, please call FHM Insurance Company:

Suzie Babcock	888-346-3461 Ext: 408
Mayra Nieves	888-346-3461 Ext: 550
Jenny Ross	888-346-3461 Ext: 302
Liz Morris	888-346-3461 Ext: 410

Answers to frequently asked questions about the myMatrixx Pharmacy Program

Q: *I am taking medication for a non-work-related illness or injury. Can I use this network to get my prescription filled?*

A: No. myMatrixx is for work-related-injury medication only.

Q: *Is there anything I should do when I am no longer getting medication related to my work-related injury?*

A: No. myMatrixx will automatically remove your name from the program.

Q: *Should I still call my assigned adjuster with questions relating to my work injury?*

A: Yes. However, if you have problems or questions about myMatrixx, call your Nurse Case-Manager at **888-346-3461**.

Q: *What if I choose a pharmacy that is not participating in the MyMatrixx network?*

A: You must pay for the prescription, submit a claim to FHM Insurance Company and await payment.

Q: *Will I need my ID card each time I have a prescription filled for my work-related injury?*

A: Once you have presented the RX card on your initial visit to the pharmacy, you will be registered in the system and will no longer need the ID card, ***unless you go to a different pharmacy. The new pharmacy will need to see your ID card.***

Q: *Do I have a choice between generic or brand drugs?*

A: This will be determined by your physician at the time the prescription is written based on the type of injury.

Q: *Where do I send the receipts for prescriptions I paid for prior to receiving my ID card?*

A: Only your insurance company can reimburse you for prescriptions. Send your receipts directly to *FHM Insurance Company, P.O. Box 616648, Orlando, Florida 32861-6648*.

MANAGED CARE PROVIDER DIRECTORY

Changes occur periodically. Please refer to our website, www.fhmic.com, for the latest listing of medical care providers.

If you have any questions, call FHM at 888-346-3461 Ext. 323.

FORMS

Please refer to Section VII - State Specific Information, for the statutes and forms related to the implementation of these procedures in your state.