



A Paramount Preferred Options Company

Risk #: 10003149-0

**Health Partnership Program
Workers' Compensation
Medical Identification Card**

UNIVERSITY OF TOLEDO

*To report a Workers' Compensation Injury
Call Toll-Free 1-888-202-3515 or Fax 1-888-303-6294*

EMERGENCY SERVICES:

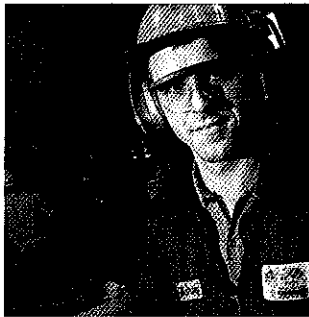
In the event of a Life Threatening Work-Related Emergency
go to the nearest medical facility

Remit FROI's Provider Bills, C-9, Prior Authorizations to:

Health Management Solutions, Inc
2545 Farmers Drive Suite 400
Columbus, Ohio 43235
Phone 888-202-3515
Fax: 888-303-6294

Pharmacy Provider: ACS State Healthcare at 800-644-6292
BWC Web Address: www.ohiobwc.com

Partners in Workers' Compensation



Employer/Employee Handbook



Welcome to Health Management Solutions

Dear Madam or Sir:

At Health Management Solutions, we're pleased to be the provider selected to medically manage the workers' compensation claims of your organization.

In the event of compensable work-related injuries, Health Management Solutions, the employer and the Ohio Bureau of Workers' Compensation are responsible for providing employees complete workers' compensation benefits. This handbook has been developed to assist employees and employers in understanding what a managed care organization is and how to utilize the workers' compensation system in the event of a work-related injury.

If you are an employee and have any questions or need help understanding these workers' compensation benefits, see your supervisor. If additional assistance is required on behalf of the employee or employer, either party may call toll-free at 1-888-202-3515.

Thank you,

Health Management Solutions

Welcome To Health Management Solutions

Customer Service

Trusted Partners.

Health Management Solutions partners with the Ohio Bureau of Workers' Compensation to provide you with complete workers' compensation benefits and services. You should always have, for your understanding and reference, a copy of this employer/employee handbook and an ID card.

You may also turn to the Ohio Bureau of Workers' Compensation for direct assistance. In the event of a claim, a customer service team will be assigned to issue a BWC claim number and determine compensability.

Health Management Solutions

Toll-Free: 1-888-202-3515


Ohio Bureau of Workers' Compensation

1-800-859-6631 (6 a.m. – Midnight, Mon – Sat.)

Online: www.ohiobwc.com

ID Cards

Health Management Solutions workers' compensation ID cards have been provided for use in the event of work-related injuries. Employees should present this ID card (pictured below) to every provider utilized for medical treatment related to workers' compensation injuries. This card has all the information needed for the initiation of, billing for, and treatment authorization of a workers' compensation claim

	Company Name
	Risk #0000000
Health Partnership Program Workers' Compensation Medical Identification Card	
<i>To report a Workers Compensation Injury, Call Toll-Free 1-888-202-3515 or Fax 1-888-303-6294</i>	

<u>EMERGENCY SERVICES:</u> In the event of a Life-Threatening Work-Related Emergency go to the nearest medical facility
<u>Remit FROIs, Provider Bills, C-9, Prior Authorization to:</u> Health Management Solutions, Inc 2545 Farmers Drive Suite 400 Columbus, Ohio 43235 Phone: 888-202-3515 Fax: 888-303-6294
<u>Pharmacy Provider:</u> ACS State Healthcare at 800-644-6292 <u>BWC Web Address:</u> www.ohiobwc.com

Customer Service & ID Cards

Employee Work-Related Injury Reports

In non-emergency situations, employees should report all work-related injuries to their supervisor, who will obtain the following information:

- employee name
- employee address
- employee Social Security number
- employee sex
- employee date of birth
- date of injury
- date last worked
- date returned to work
- accident location (address)
- date hired
- state where hired
- date employer notified
- description of accident
- report if accident was on employer premises
- employer address
- employer BWC policy number

The employer is then responsible to file the first report of injury (FROI) form by phone at 1-888-202-3515 or fax at 1-888-303-6294

IN THE EVENT OF A LIFE-THREATENING WORK-RELATED EMERGENCY, DIAL 911 OR ARRANGE FOR TRANSPORTATION TO THE NEAREST MEDICAL FACILITY.



Workers' Compensation Guidelines for Employees

- Your supervisor will give you a Health Management Solutions ID card if you do not already have one
- Seek medical treatment from an Ohio Bureau of Workers' Compensation certified provider
- Show ID card to the medical provider you have chosen for treatment
- You, the provider, your employer, Health Management Solutions and the Ohio Bureau of Workers' Compensation will be working together to gather information on your injury to ensure a timely, safe return to work
- Your claim will be assigned a claim number, and compensability of the injury will be determined by the Ohio Bureau of Workers' Compensation. Presentation of the ID card does not automatically imply compensability

For more information, call
Health Management Solutions
Toll-Free: 1-888-202-3515

Employee Injury Reports & Guidelines

Employee Responsibilities

- The employee is responsible to report a work-related injury to his or her employer
- The employee is responsible to show the medical provider of choice the Health Management Solutions ID card
- The employee is responsible to make full and complete disclosure of medical history and symptoms before and during the course of treatment
- The employee is responsible to verify that the first report of injury (FROI) form is filed with the Ohio Bureau of Workers' Compensation as soon as possible
- The employee is responsible to verify that all necessary forms and paperwork are filed with the BWC for any issue regarding his or her workers' compensation claim
- The employee is responsible for all financial aspects of the workers' compensation claim until compensability is determined by the BWC
- The employee is responsible for all financial aspects not related to the workers' compensation claim

Note: If the employer carries insurance coverage, Health Management Solutions recommends that the employee follow the rules of his or her health care insurance regarding medical treatment and coverage. The Bureau of Workers' Compensation will always determine compensability of the workers' compensation claim.

Employee Rights

- The employee has the right to file a workers' compensation claim in the event of a work-related injury
- The employee has the right to seek medical treatment from any medical provider, but if such medical provider is not BWC certified, the employee is responsible for all financial costs except for the initial/first situation or treatment
- The employee has the right to appeal/dispute in writing any medical issue to Health Management Solutions. After the alternative dispute-resolution process has been completed, the employee has the right to appeal/dispute the medical issue with the BWC/IC.
- The employee has the right to appeal/dispute in writing any BWC/IC order within 14 days of that determination.
- The employee has the right to seek legal counsel in the event of a work-related injury at his or her cost.

Medical Providers

BWC Certified Provider

The rules of the Ohio Bureau of Workers' Compensation require that in order for medical services and treatment costs to be covered in a compensable workers' compensation claim, employees must seek treatment with a BWC certified provider

Non-BWC Certified Provider

The rules of the Ohio Bureau of Workers' Compensation state that medical services and treatments will not be covered except for the first/initial situation or treatment if the medical provider is a non-BWC certified provider. If these medical services or treatments are not the first/initial situation or treatment, payment will be an out-of-pocket expense for the employee if this provider type is utilized.

Health Management Solutions Panel Provider

Health Management Solutions has provided a list of panel providers approved for compensable medical services and treatment. However, being that this list is subject to change without notice, this directory should only be used for general reference. Always contact the chosen provider directly to confirm network status.

Out-of-State Provider

When seeking treatment from out-of-state providers, follow the BWC certified and non-BWC certified provider sections.

Pharmacy Providers

All pharmacy services are medically managed and processed by ACS – the pharmacy benefit manager for the Ohio Bureau of Workers' Compensation

ACS

1-800-644-6292

Employer Rights

- The employer has the right to file a workers' compensation claim for an employee in the event of a work-related injury
- The employer has the right to seek legal counsel in the event of a work-related injury at his or her cost
- The employer has the right to appeal/dispute in writing any medical issue related to a workers' compensation claim to Health Management Solutions. After the alternative dispute-resolution process has been completed, the employer has the right to appeal/dispute the medical issue with the BWC/IC
- The employer has the right to appeal/dispute in writing any BWC/IC order within 14 days of that determination

Medical Alternative Dispute Resolution

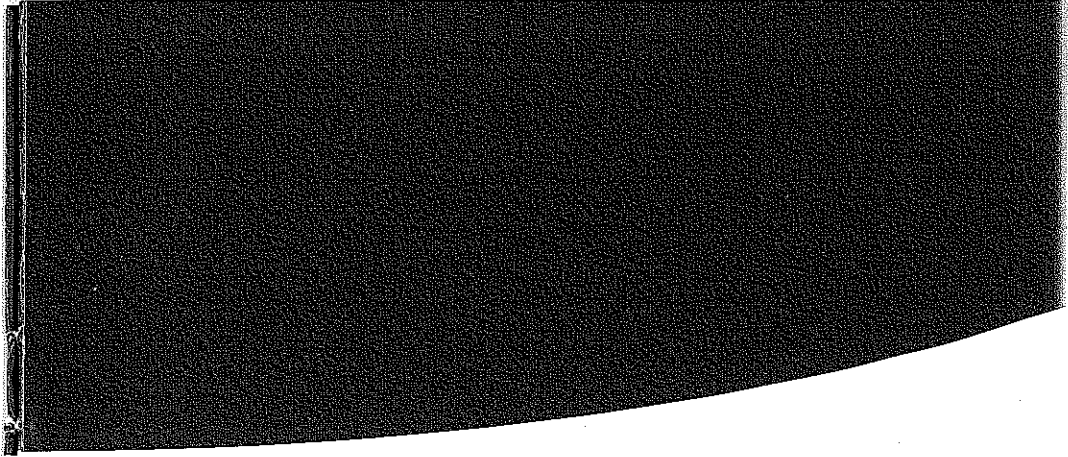
If an employee, employer or provider who has a relationship with Health Management Solutions (HMS) for a work-related injury has a concern or question regarding management of his/her care, the covered person and/or covered employer and/or provider should contact HMS toll-free at 1-888-202-3515

The covered person and/or covered employer may also present a complaint in writing to:

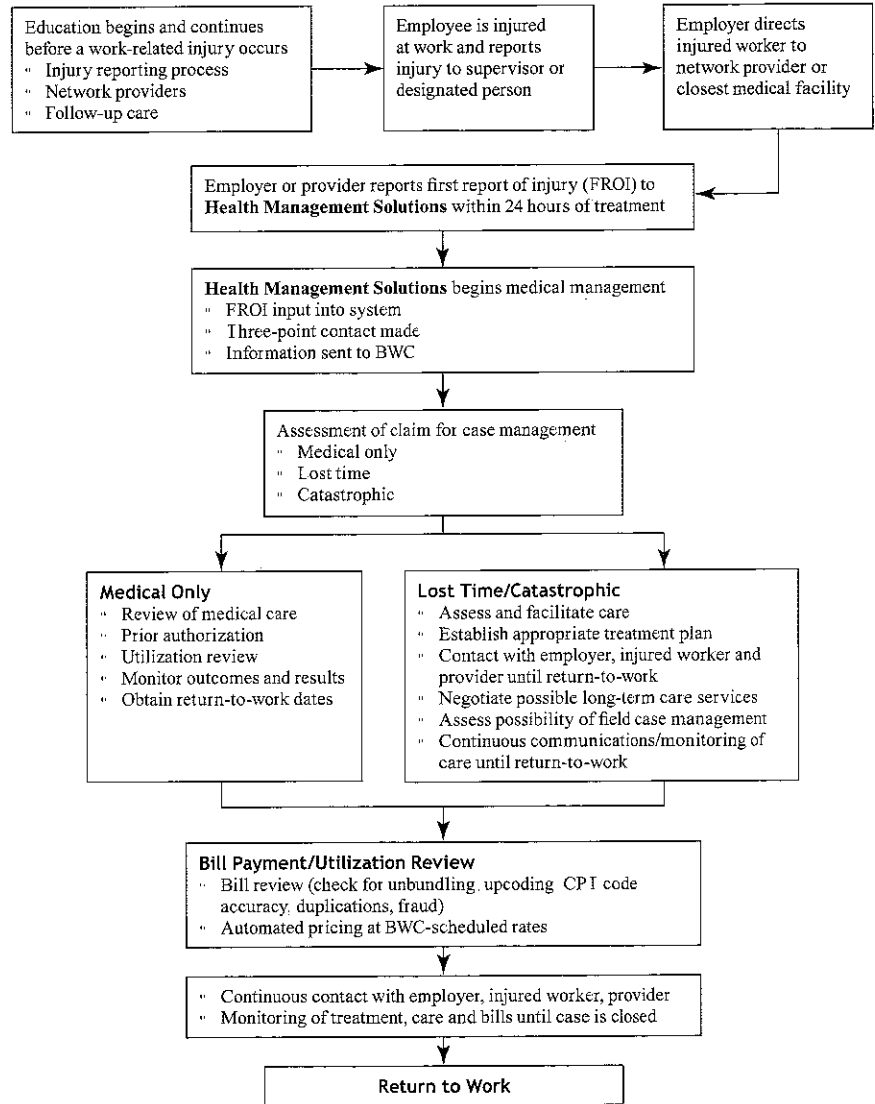
Health Management Solutions
2545 Farmers Drive, Suite 400
Columbus, OH 43235

Complaints will first be handled through informal discussions with a representative of HMS. If the complaint cannot be settled through informal discussions, the covered person and/or covered employer and/or provider shall proceed through the formal alternative dispute-resolution process outlined below:

- 1 Disputes subject to this policy and procedure apply to issues such as, but are not limited to, quality assurance, utilization review, services provided but not covered and medical necessity determinations
- 2 All disputes must be received within one (1) year of the date of service or course of treatment that is the subject of the medical dispute

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- 3 The disputes must be in writing and contain sufficient information concerning the subject of the dispute as to allow HMS managers and/or medical personnel adequate detail to give proper review. **Notice of the dispute received by telephone only does not constitute formal notification.** Pertinent information should include, at minimum:
 - Dates
 - Treatment or course of treatment (whether performed or denied)
 - Name and address of provider and/or any other person who is a subject of the medical dispute
 - 4 The dispute will be reviewed by a peer physician for accuracy of information, proper protocols, any special circumstances known at the time the decision was made and any other information that may assist in reviewing the dispute. The peer physician will issue a written determination as to the merits of the dispute and any corrective measures to be taken, if necessary.
 - 5 HMS will notify the parties to the dispute, their representatives and the BWC of the determination, in writing, within twenty-one (21) days of receipt.
 - 6 All disputes will be referred to the BWC within seven (7) days.
 - 7 If the dispute is unresolved, the BWC shall conduct an independent review of the dispute and enter a final BWC order pursuant to section 4123.511 of the Ohio Revised Code. Neither the provider nor HMS is entitled to file an appeal under section 4123.511 of the Ohio Revised Code.

HMS Medical Management Process



Glossary of Terms

Claim: The statement of injury and action taken arising from an event in the workplace.

Claim Number: The notification that a first report of injury (FROI) has been filed with the BWC for workers' compensation benefits.

Bill: What is filed to charge the BWC for medical services and treatment that has been provided to the employee in the event of a work-related injury (see Fee Bill).

Compensable: An approved work-related physical injury/occupational disease that has occurred in the course of, and arising out of, employment.

Fee Bill: What is filed to charge the BWC for medical services and treatment that has been provided to the employee in the event of a work-related injury (see Claim).

First Report of Injury (FROI): The form that is filed with the Ohio Bureau of Workers' Compensation for workers' compensation benefits related to a work-related injury.

Initial Situation or Treatment: The first visit to a facility for medical care related to a work-related injury.

Managed Care Organization (MCO): An organization selected by an employer to medically manage workers' compensation claims.

Provider: The chosen party to render medical services or treatment related to a workers' compensation injury.

Treatment Plan: The assigned medical treatment and authorizations related to a workers' compensation claim.

Work-Related Injury: A physical injury/occupational disease that has occurred in the course of, and arising out of, employment.

Process & Glossary
Emergency
Instructions
on back

In Case of Emergency

In Life-Threatening Situations

Call 911 immediately or arrange for transportation directly to the nearest emergency facility.

In Non-Emergency Situations

Once medical assistance is secured, the employer must be informed of the work-related injury as soon as possible.

Contact Health Management Solutions

Toll-Free: 1-888-202-3515



A Paramount Preferred Options Company

2545 Farmers Drive, Suite 400

Columbus, OH 43235

P: 1-888-202-3515

F: 1-888-303-6294



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