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# **WEST VIRGINIA ENCOVA SELECT PROVIDER MANUAL**



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We hope this guide is a useful tool for your business. Please feel free to make copies or use it in any way to develop your program. If you have any questions after reading this guide, call 866-452-7425, and ask for a customer service representative. Be sure to have your policy number available.

## WEST VIRGINIA MANAGED HEALTH CARE PROGRAM (MHCP)

To meet the requirements of the West Virginia certified Managed Health Care Program (MHCP), Encova Insurance has developed this manual for network providers participating in the MHCP. This reference manual will assist the network providers in understanding their role and responsibility under the MHCP.

Encova has partnered with Procura Management's Preferred Provider Organization, Procura/OneNet, and created Encova Select. Encova Select 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 and quality practices. Encova Select offers a broad array of providers to ensure reasonable access and choice for the injured workers.

Encova Select's Procura/OneNet network of physicians and other providers is offered to all West Virginia employers with workers' compensation coverage from Encova. Uniform standards for treatment, duration of recovery and return-to-work goals are a continuous process. They are designed to evaluate the adequacy and appropriateness of health and administrative services and to pursue opportunities to help improve health and rehabilitation outcomes, enhancing provider satisfaction with Encova Select. Continued provider participation with Encova Select is based upon adherence to the standards.

Encova Select and Procura/OneNet will continually strive for and maintain quality and efficiency in all aspects of operation. Accordingly, several key operating principles have been established.

- Proactive provider/employer relations and education will be provided by Procura/OneNet.
- Ongoing network access management, ensuring adequate choice for employees. Network access is the sole responsibility of Procura/OneNet, however Encova Select will, on a continuous basis, keep Procura/OneNet informed of any geographical gaps and nominate providers to participate in the Encova Select's Procura/OneNet network.
- Data analysis and outcome measurement will be conducted by both Encova Select and Procura/OneNet.
- Professional oversight and support of the network by a Medical Advisory Board operated by Procura/OneNet.
- Ongoing assessment of provider performance. Provider performance will be the responsibility of Procura/OneNet, but also will be monitored and reported by Encova Select.
- Network coordination with claims adjusters and claims management functions. Network coordination is the sole responsibility of Procura/OneNet, however any claims management functions are the responsibility of Encova Select.

## WORKERS' COMPENSATION MANAGED HEALTH CARE PROGRAM (MHCP)

The Encova Select MHCP is a comprehensive workers' compensation program certified by the West Virginia Insurance Commissioner. This program is designed to provide workers' compensation healthcare services to injured workers for their work-related injuries or illnesses.

Encova Select is pleased to provide its participating providers with an additional opportunity to support workers' compensation services for injured workers. The goal of the Encova Select MHCP is to promote a cooperative effort between workers, employers and network providers to achieve a timely and successful return to work.

This manual outlines select provisions and requirements of network providers under the MHCP and required by Procura OneNet for network participation. For more information regarding the MHCP, treatment guidelines and its associated rules and regulations, please visit the state of West Virginia website at [wvinsurance.gov](http://wvinsurance.gov).

Chapter 23 and Chapter 33 of the West Virginia Code, Title 85 Exempt Legislative Rule Series 20, Title 85 Exempt Legislative Rule Series 21, Treatment Guidelines and Title 64 Joint Legislative Rule Series 89.

## INFORMATION ABOUT THE MHCP OR NETWORK PARTICIPATION

Providers may contact Procura/OneNet by calling 866-854-9444 to talk with the provider services team to verify network participation or ask questions about the network. This 800 number is available 24 hours a day.

For questions relating to injured worker eligibility or compensability, please contact Encova at 866-452-7425. After normal business hours, leave a message and you will be contacted during the next business day.

## IMPORTANT DEFINITIONS

**Emergency care** – When access to a healthcare provider within the managed healthcare plan is unobtainable for the acute phase of care, services may be sought with any general acute care hospital, satellite or emergency care facility or clinic with 24-hour access.

**Primary care provider** – This is the initial treating physician primarily responsible for providing and managing the injured worker's care. Primary Care Providers (PCPs) are family practice, general practice, internal medicine, occupational medicine or occupational medicine physicians participating in occupational clinics and urgent care centers. PCPs must have admitting privileges at network hospitals. PCPs must be available within 75 miles of the employer's location.

**Specialist** – The specialist provides care to the injured worker after referral from a primary treating provider.

**Network provider** – Any physician, hospital or other person or organization, which is licensed or otherwise authorized in West Virginia to provide healthcare services or supplies and who is contracted with and in good standing in Procura/OneNet contracted networks.

**Case management** – A collaborative process by certified case managers whose roles are to coordinate the delivery of health services and return-to-work policies; promote an appropriate, prompt return to work; and facilitate communication between the employee, employer and healthcare providers.

**Utilization review** – A critical examination of healthcare services provided to injured workers to ensure 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 nor harmful to the employee.

## BENEFITS FOR PARTICIPATING IN THE MHCP

As a network provider, these occupationally ill or injured workers will be directed to the MHCP for the reasons listed below.

- Encova through its MHCP establishes full direction for injured workers for the life of the claim.
- With some exceptions, an in-network injured worker may be liable for payment for medical care if that worker sees a non-network provider without the carrier's prior approval.

## NETWORK SERVICE AREA

Procura/OneNet is certified in all 55 counties.

## ACCESS REQUIREMENTS

Each MHCP must include reasonable choice of providers and convenient geographic accessibility for the injured workers. The MHCP includes specialty and subspecialty providers, as well as general and specialty hospitals.

Primary care must be available within 75 driving miles of the employer's facility – unless the standard of care within the community extends this distance. There is no mileage restriction on secondary and tertiary care.

The MHCP doctors must meet quality standards in order to participate and provide care according to nationally-recognized treatment guidelines. Encova Select's MHCP also includes physical rehabilitation and some vocational rehabilitation providers. In the event a particular specialty is unavailable within the MHCP, the injured worker may be directed to a non-network provider and the payor will reimburse the non-network provider's fee for service.

## MHCP APPLIES TO EXISTING INJURIES

For existing injuries, injured workers may be transitioned into the MHCP after 60 days following certification of the Encova Select MHCP and upon receipt of the employee notice. The employee notice will advise the injured worker to seek further care within the MHCP and supply guidelines under which non-network care is available.

## VERIFICATION OF NETWORK COVERAGE

Encova will send a written verification and identification card to the injured worker advising them that services will be managed through the MHCP. The verification will confirm coverage as soon as practical following notice of compensable injury or disease. The verification and ID card will contain the name and telephone number of the MHCP to be contacted, and the employee's name, claim number and Social Security number. It is important to note that possession of this verification or ID card should not be used as authorization for medical service or payment. Treatment will be evaluated based on the medical necessity of care.

The injured worker must seek care within the MHCP for services unless prior approval for out-of-network care has been received. Payment will be made for services that are medically necessary and approved.

## CARE REQUIRED WITHIN THE NETWORK

Encova Select requires injured workers to use the MHCP. When implemented, all the insured's injured workers are required to obtain medical treatment for a compensable injury within the MHCP. There are limited circumstances under which an employee may go outside the MHCP for care. (See next section below for out-of-network access.)

Temporary total disability must be certified by a provider within the approved MHCP, unless the opt-out provisions of this rule have been satisfied. (§85-21.9.5.)

## OUT-OF-NETWORK CARE

A carrier that contracts with a MHCP is only liable for out-of-network healthcare that is approved and provided to an injured worker in the situations listed below.

- Emergency care
- For acute care after hours
- When a specialty is not available within the MHCP network
- For a second opinion regarding surgery or where another provider in the specialty is not available within the MHCP network
- When all four of the following conditions have been met:
  - The injured worker has received treatment by providers solely within the MHCP for at least one year;
  - Based on the treatment alone, the injured worker has not made progress toward recovery that is reasonably consistent with West Virginia's treatment guidelines;
  - The injured worker proves that treatment outside the MHCP would likely provide a better clinical outcome than the current plan; and
  - The non-network physician limits his/her activities solely to treatment and does not rate the permanent total or permanent partial disability.

**Note:** The injured worker will be approved to use a non-network provider when appropriate; however, the injured worker may be responsible for all the charges if the above conditions are not met. The injured worker has the right to seek care from a non-network provider at his or her own expense.

## SELECTION OF A MHCP NETWORK PRIMARY CARE DOCTOR

Encova Select has a network with primary care providers available within 75 miles from the injured worker's place of employment. Injured workers are required to seek care with a primary care provider for initial treatment. If there is difficulty in locating a physician or specialty within 75 miles, the injured worker may have to seek care with a non-network physician. Prior approval is required for accessing a non-network provider or the injured worker may be responsible for non-approved costs.



## PHARMACY

Encova has partnered with Optum to provide direct pharmacy access to injured workers with approved claims. The injured worker will receive a pharmacy card in the mail directly from Optum as soon as the claim is approved. The injured worker simply presents the card to the pharmacist at any Optum participating pharmacy location.

Prior authorization is not required for any drug listed on our Preferred Drug List if it is prescribed within the first two weeks following the date of injury. Certain narcotic medications require prior authorization after the initial two-week period and all medications require prior authorization after 12 weeks from the date of injury.

If the physician prescribes a name brand medication and a generic brand is available, the pharmacist will dispense the generic brand. If a name brand medication is prescribed and the injured worker requests the name brand when a generic brand exists, he/she will personally pay the difference in cost.

Any questions regarding pharmacy issues can be directed to Optum at 800-419-7191.

## PROVIDERS WHO QUALIFY AS PRIMARY CARE PROVIDERS

Primary care providers include family practitioners, general practitioners, internal medicine specialists, occupational medicine specialists, occupational medicine clinics and urgent care centers.

### Provider responsibilities

**The primary care provider (PCP)** is responsible for rendering initial care to the injured worker and assessing whether further care may be necessary. The PCP must initiate utilization review as part of the initial visit.

**Appointments** – Encova Select's Procura/OneNet network has established standards to see injured workers that need urgent care within 24 hours of the request. Non-urgent care appointments for initial treatment of an injury should be accommodated within three business days of the employer or insurer's request for treatment. Providers or specialists should contact the MHCP immediately if they are not able to reasonably accommodate a referred injured worker for either urgent or non-urgent care so that another provider may be assigned.

**Waiting times** – Acceptable waiting time in a provider's office or clinic should not exceed reasonable community standards of more than 30-45 minutes. Appointment time with the provider should allow for adequate physician/injured worker interaction from 30-45 minutes for the initial exam and/or routine follow-up care visits lasting approximately 15-30 minutes.

**Referrals to consulting specialists** – Primary care providers should make timely referrals to consulting specialists in the MHCP after contacting the MHCP's case management staff and providing notification of the need for a specialist referral. Referrals for specialty care should be available within the time appropriate to the circumstances and condition of the injured employee. For assistance in locating a MHCP provider for specialty care, call 866-854-9444.

Specialists and other healthcare professionals must comply with the utilization review, reporting standards and quality improvement mechanisms required by the state and MHCP. Call the MHCP prior to providing services for assistance with ensuring compliance.



**Channeling and directional tools** – At the time of implementing the MHCP, employers and employees were instructed on how to access channeling tools to assist with directing the injured worker into the MHCP. The channeling tool can be found on Encova’s website at [encova.com](https://encova.com). **The login ID is BrickStreet1 and the password is BrickStreet2.** In addition, injured workers are given this same electronic address for locating a provider within the MHCP as noted in their employee notice. Samples of the employee notice are available upon request by calling the toll-free number above.

**Immediate notice of injury** – At the time of implementing the MHCP, Encova will notify employers to distribute a poster to report injuries within 24 hours. A copy of the poster is available at [encova.com](https://encova.com) and in the Encova Select provider, employer and employee manuals.

**Medically necessary treatment and adherence to treatment guidelines** – Under the MHCP, the provider is **not** penalized for discussing medically necessary or appropriate care for the injured worker. As noted above, our goal is a collaborative approach for treatment that is medically necessary, meets nationally-recognized treatment standards and is focused on returning the injured worker to work as soon as feasibly possible.

Utilization review is mandatory under the MHCP. Encova Select uses the required West Virginia treatment guidelines as defined under Title 85-20 and nationally-recognized treatment guidelines to evaluate medical necessity and Official Disability Guidelines (ODG). A list of the services that require utilization review are identified further down in this document.

**Note:** Providers must capture the authorization number for treatment within the billing form. The authorization number will be noted within the review letter.

**Continuity of care** – When terminated, providers are responsible for notifying the injured worker at the time of the appointment request of the termination so the injured worker may locate another provider within the MHCP. The injured worker may be responsible for payment for services with a non-network provider unless approved by the MHCP.

**Return-to-work focus** – All treatment proposed and rendered is focused on preparing the injured worker to return to productivity as soon as medically feasible. Treatment plans require active involvement of the provider, injured worker, employer, adjuster and case manager from initiation of treatment through release to work and/or settlement.

Treatment plans should be practical and easy to implement. Throughout the process, it should be emphasized to the injured worker that the intent of treatment is to allow them to return to the work site in some capacity. This may include modified duty for a period of time, as soon as they are medically able to do so. Clear communication of the treatment plan, including anticipated time frames to all involved parties, is essential to reaching the treatment goals.

**Open communication** – The MHCP requires a collaborative approach for open provider/injured worker communication regarding appropriate treatment alternatives. It is the MHCP goal to return the injured worker to productivity at the earliest possible time. Setting the right expectations during the course of treatment is part of the open communication process and the MHCP will work with all parties to support this effort.

**Injured worker rights and responsibilities** – As part of the MHCP, Encova Select has communicated the rights and responsibilities of the MHCP to the injured workers as part of their Employee First Report of Injury pamphlet.

**Ethics and fairness in business practices** – All providers agree to meet provisions required by W.Va. Code §33-45-2, for Ethics and Fairness in Business Practices.

## Provider responsibilities continued

**Licenses and certifications** – All providers are responsible for maintaining all appropriate licenses, registration, credentialing and certifications as required by state and federal law in order to practice in West Virginia (or within any border states where the provider practices). Any material change in license status or in certifications must be reported to Procura/OneNet in accordance with your provider agreement.

**Maximum medical improvement/impairment ratings** – Only a provider within the MHCP may make temporary total disability ratings, unless the opt-out provisions of this rule have been satisfied. (See the “Non-Network Access” section of this document.)

**Access to medical records** – For the MHCP, providers agree as part of their contractual terms to allow the MHCP access to the medical records of their injured workers in order to assess compliance with treatment standards, confirm efforts to return to work and as part of the quality improvement process.

**Financial disclosure** – If a provider refers an injured worker to a service or treatment where the provider has an investment interest, the provider must disclose that investment interest to the employee, the West Virginia Insurance Commissioner and the employer or the third party administrator responsible for paying for the medical services or treatment, within thirty (30) days from the date the referral was made.

**Confidentiality** – Encova Select requires all communication relating to the MHCP, injured workers and treatment remain confidential, as required by statute.

**Information, reports or written material** – Any physician, psychiatrist, chiropractor, podiatrist, hospital or healthcare provider will, within a reasonable time after written request by the employee, employer or OIC, provide the requesting party with any information or written material reasonably related to any injury or disease for which the injured worker claims compensation.

**Malpractice insurance** – Each MHCP provider must maintain a professional malpractice policy with limits of no less than \$1,000,000 for an occurrence of professional negligence.

# REPORT INJURIES IN 24 HOURS



## BENEFITS OF EARLY REPORTING

- Establishes the claim
- Allows claims adjuster to begin management of the claim sooner
- Expedites delivery of necessary benefits
- Increases early return-to-work opportunities
- Helps avoid costly litigation
- Results in lower costs to the policyholder

**866-452-7425**

**encova.com**

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INSURANCE

# OTHER MHCP REQUIREMENTS

## Utilization review requirements

Utilization review is mandatory under the MHCP. To ensure compliance with the Encova Select MHCP, please obtain prior authorization for the following items.

- Inpatient hospitalization subsequent to the date of injury
- Transfers from one hospital to another hospital (emergencies do not require authorization)
- Reconstructive and restorative surgeries
- All surgeries scheduled non-emergency
- Purchase of TENS units and treatment/supplies used in excess of three months
- All neuromuscular stimulators
- Psychiatric treatment (does not include the initial psychiatric consultation)
- Physical medicine treatments beyond 60 days from date of injury including WC/WH
- Outpatient pain management procedures (epidural steroids, facet injections, etc.)
- Medication – controlled substance (in excess of Rule 20)
- Durable medical equipment in excess of \$500
- Brainstem-evoked audiometry
- Repeated diagnostic studies (Encova no longer requires approval for the initial MRI, CAT scan, EMG and nerve conduction studies)
- Standard/analog hearing aids
- Programmable, digital hearing aids
- Replacement hearing aids
- Repair of hearing aids over the price of \$250
- Hearing aid batteries over the allowed quantity of 50 per six months
- Telephone amplification devices
- Hearing aid assistance products (V5299)
- Non-emergency ambulance and air transportation
- All vision services and items associated with vision
- Vocational rehabilitative services including retraining and WC/WH associated with a plan
- All oxygen equipment, supplies and related services
- All nursing, nursing home and personal care services
- Home or vehicle modifications
- Dental procedures
- Multidisciplinary pain programs (functional restoration)
- Spinal cord stimulators and pumps
- Radiofrequency ablation
- Intradiscal Electrothermal Annuloplasty (IDET)
- Discograms
- Myelograms

The following durable medical equipment requires prior authorization, although reimbursed at less than \$500:

- E0585 Nebulizer with compressor
- E0607 Home blood glucose monitor
- E0610 Pacemaker monitor
- E0935 Passive motion exercise device
- E0936 Continuous passive motion

If you have questions, please contact us at 866-452-7425 or by email at [providerinquiries@encova.com](mailto:providerinquiries@encova.com).

The MHCP will review the proposed and current treatment plan to confirm medical necessity and meet the overall objective to return the injured worker to the work force or reach Maximum Medical Improvement (MMI) as soon as possible. **The certification for services must be recorded in the treatment section of the appropriate billing forms.**

If you receive written communication from Encova that services are non-certified due to lack of medical necessity, you also will receive instructions on how to grieve the non-certification decision.

## CHANGE OF PROVIDERS

An injured worker may change providers to another within the MHCP at any time. In the event there is not an emergency and the injured worker cannot locate a provider within the access requirements of 75 miles, or in the specialty necessary for their injury, the injured worker may seek care outside the MHCP with prior approval as long as all the conditions for non-network care have been met as required.

## SECOND OPINIONS

An injured worker may obtain a second opinion, at the employer's expense, from another qualified MHCP physician if the original MHCP physician recommends surgery. In the event there is not an emergency and the injured worker cannot locate a provider within the access requirements of 75 miles, or in the specialty necessary for their injury, the injured worker may seek care outside the MHCP with prior approval as long as all the conditions for non-network care have been met as required.

## CREDENTIALING

Credentialing will be in accordance with W.Va. Title 64, Series 89 form procedure.

## BILLING

As part of standard workers' compensation procedures, providers may not bill the injured worker for any co-payments or deductibles. In addition, Encova Select will monitor and profile all provider bills under the MHCP to assure that charges are not duplicated and do not exceed those authorized by the MHCP.

## TERM PROVISIONS

Procura/OneNet and the providers agree to a 60-day notification to the MHCP prior to termination of the provider contract.

## QUALITY REVIEW PROGRAM

Procura/OneNet may review provider compliance with the requirements within the Procura/OneNet MHCP. Procura/OneNet reserves the right to remove a provider from the MHCP based on noncompliance with these requirements or if there is evidence to substantiate a quality issue that would make a provider ineligible for participation. Providers may request reinstatement if these issues are resolved. All quality review programs will be conducted in compliance with the medical review and quality improvement provisions of your provider agreement.

## PAYMENT

MHCP doctors are paid by the carrier, based on the network-contracted rate with Procura/OneNet. Under no circumstances should a provider request the injured worker make any payment or deductible for compensable services.

## FILING A COMPLAINT

The provider will contact Encova Select regarding claim eligibility and treatment issues by calling Customer Service at 866-452-7425.

Providers may file a complaint regarding pricing and/or other network issues with Procura/OneNet by contacting the provider services number at 866-854-9444 or by writing to:

**Procura Management, Inc.**  
2435 Boulevard of the Generals  
Norristown, PA 19403

**OneNet**  
P.O. Box 934  
Frederick, MD 21705-0934

## GRIEVANCE PROCESS AND PROCEDURE

If a provider is dissatisfied with any medical treatment decision rendered by Encova that cannot be resolved by informal discussion with the appropriate parties, the provider may file a grievance. The grievance must be submitted in writing, describing the nature of the complaint and the action requested. The grievance must be filed within 30 days of the event giving rise to the dispute and is a prerequisite to the litigation process. If a grievance is not filed within 30 days, the original medical treatment decision becomes final and binding and may not be disputed by the provider.

Decisions concerning provider requests for services are grievable if they relate to medical treatment. Such requests include requests for medical services, second opinions, the inclusion of a diagnosis code or a change in providers.

Encova Select encourages effective communication between all parties involved in the managed care plan to take appropriate, prompt, corrective action when necessary to address valid grievances. The grievance shall be thoroughly investigated using supportive and written information from both parties. Individuals reviewing the grievance may need to speak directly with, and receive input from, the grieving party. Grievances will be handled in a timely manner following the appropriate receipt of the grievance form and any supporting documentation. If a grievance 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. Unless the provider and Encova mutually agree to an extension, a decision will be rendered within 30 calendar days of receipt of the grievance.

All grievances will be evaluated by the Grievance Board and a protestable decision issued within 30 days. Filing a grievance is a prerequisite to the filing of a protest with the Office of Judges. Upon conclusion of the grievance process, which will take no more than thirty (30) days after receipt of the grievance, Encova will issue a decision which the claimant may protest to the Office of Judges within sixty (60) days.

If the matter grieved concerns a decision regarding the grant or denial of any medical treatment request for services, Encova will issue a decision which is protestable by the claimant to the Office of Judges. Please note that the provider is not a party to the claim and may not file a protest with the Office of Judges.

Encova Select will maintain a record of the grievance for as long as legally required. The grievance form must be utilized by the grievant and is found in Appendix B.

The below items are specifically excluded from the grievance process.

- Indemnity benefits
- Vocational benefits
- Maximum medical improvement and permanent impairment
- Medical mileage reimbursement
- Claim compensability
- Provider payments

Concerns regarding any of the issues exempted above should be directed to Encova's claims adjuster.

## **EXPEDITED GRIEVANCE**

An expedited grievance is a verbal/written request for another review of an adverse determination related to imminent or continuation of services. An expedited grievance may be initiated by the injured worker, his/her attorney, if represented, or the provider. The Encova Select Grievance Board delivers a determination within one business day of the request. Adverse grievance determinations, such as decisions to uphold recommendations to modify or deny treatment, are communicated verbally and in writing. The letter shall disclose instructions for initiating litigation and the timeframes for such.





Name  
Address  
Address  
CSZ

Dear

The attached medical identification card is provided to assist your healthcare providers in billing Encova Insurance for services they provide you for the accepted conditions in the claim identified on the card.

You should present this card when obtaining medical treatment, or supplies directly related to this injury/disease. **Your treating physician must be a member of Encova Select's Procura/OneNet provider network.**

Cut along outside dotted lines and fold

**Encova Insurance**

**NAME** John Doe  
1 TREE LANE  
ANYWHERE, WV XXXXX

**SOCIAL SECURITY #** XXX-XX-1234  
**DATE OF INJURY** May 27, 2010  
**CLAIM #** 201000001

**EMPLOYER** ABC TRUCKING COMPANY  
5 SUNSHINE LANE  
ANYWHERE, WV XXXXX

**SUBMIT BILLS TO**  
Encova Insurance  
P.O. Box 3151  
Charleston, WV 25332-3151

This card is for identification purposes only and is intended to verify the claimant has a compensable claim. The card is not a guarantee of payment for services rendered. **All but emergency services must be rendered by an approved Encova Select Procura/OneNet network physician.** This identification card does not waive any of the pre-certification requirements of Encova Insurance with regard to reimbursement of services.

Toll-free: 866-452-7425

## APPENDIX B



# GRIEVANCE FORM

## (WEST VIRGINIA MANAGED CARE PLAN)

Return completed form to:  
Encova Insurance  
P.O. Box 3151  
Charleston, WV 25332-3151  
Or fax to: 877-898-6980

A claimant may use this form to register a grievance about dissatisfaction with Encova Select, a specific medical issue or any other problem that cannot be resolved by informal discussion with the appropriate parties. The filing of a grievance is a prerequisite to obtaining a ruling that can be protested by the claimant to the West Virginia Office of Judges.

**Exemptions:** Items specifically excluded from the grievance process: Indemnity benefits, vocational benefits, maximum medical improvement and permanent impairment, medical mileage reimbursement, provider payments and compensability. Concerns regarding any of the issues listed above should be directed to an Encova Insurance claims representative.

**Intent:** The grievance procedure is intended to be self-executing and easy to use. Participation in the grievance process is important to the resolution of medical issues. Individuals reviewing the grievance may need to speak directly with and receive input from the grievant.

Provider name	
Claimant name	
Claim number	Date of injury
Primary care/treating physician	
Address	
Office phone 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 and date of injury appear on each page of any attachment.	
Date of the order being grieved (Please include a copy of the order with this form.)	
Why is this grievance being filed?	
What action would you desire?	
Has a grievance been previously filed for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, date filed?	

Form completed by
Claimant/medical provider signature
Date form completed

# PHYSICIAN STATEMENT OF PHYSICAL CAPABILITIES

Return completed form to:  
Encova Insurance  
P.O. Box 3151  
Charleston, WV 25332-3151  
Or fax to: 877-898-6980

Claimant name	Claimant number	Date of injury
---------------	-----------------	----------------

Please complete this form after your examination of the patient. Indicate the patient's capabilities, including work hours, duties, environmental factors and any other information pertinent to this employee's recovery and early return to work.

Medical diagnosis					
Please indicate the extent to which the employee can perform the following work postures and work activities during the usual workday.					
<b>Standing</b>	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
<b>Sitting</b>	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
<b>Walking</b>	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
<b>Climbing</b>	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
<b>Kneeling</b>	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
	>67% of workday	34% - 66% of workday	6% - 33% of workday	<5% of workday	0% of workday

Please indicate the extent to which the employee can perform the following:

(C - Constantly = greater than 67% F - Frequently = 34% to 66% O - Occasionally = 6% to 33% R - Rarely = Less than 5% N - Never = 0%)

Lifting/carrying	C	F	O	R	N	Pushing/pulling	C	F	O	R	N
5 lbs. or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 lbs. or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-40 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21-40 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41-60 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41-60 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100+ lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100+ lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Activity</b>						<b>Driving</b>					
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Automatic drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standard drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist/turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Upper extremities</b>	<b>Yes</b>		<b>No</b>		
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Simple grasping	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Reach above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pushing/pulling	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Type/keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Operate foot controls</b>	<b>Yes</b>		<b>No</b>		
Joystick/ hand controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Simultaneous	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Comments											

Physician name	Physician telephone
Date released with above restrictions	Date released for full-duty work
Projected date for MMI	Date and time of next appointment
Physician signature	Date

**REQUEST FOR CHANGE  
OF PHYSICIAN**

Return completed form to:  
Encova Insurance  
P.O. Box 3151  
Charleston, WV 25332-3151  
Or fax to: 877-898-6980

1. Claimant name

2. Claim number

3. Social Security number

4. Date of injury

I am requesting to ☐ Change physicians to another network provider ☐ Seek treatment with an out-of-network physician

I am presently being treated by

I am requesting to change to

Address of requested physician (street, city, state, ZIP)

My reason for changing physicians or 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

Claimant signature

Date

# APPENDIX E



## WEST VIRGINIA WORKERS' COMPENSATION EMPLOYEES' AND PHYSICIAN'S REPORT OF OCCUPATIONAL INJURY OR DISEASE

<b>For Encova use only</b>
Claim number:
Team assigned:

### SECTION I - EMPLOYEE'S CLAIM INFORMATION

1. Last name	First name	MI	
2. Address			3. Telephone
City	State	ZIP	4. Social Security number
5. Date of birth	6. Sex <input type="checkbox"/> M <input type="checkbox"/> F		7. Marital status
8. Date of injury or last exposure	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		9. Time you began work on date of injury  <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
10. Date you stopped working due to injury			
11. Have you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes," what was the date you retired?	
12. Employer's name			Supervisor's name
Address			
City	State	ZIP	Telephone
13. Job title/description			
14. Body parts injured			
15. Describe how your injury occurred (specify the cause, what you were doing and equipment/objects involved):			
16. Did injury occur on employer's property? <input type="checkbox"/> Yes <input type="checkbox"/> No Address where injury occurred			
17. Please identify any witnesses to your injury			
<p>I certify that the above is true and correct to the best of my knowledge. I am aware the law provides for severe penalties if I knowingly and with fraudulent intent withhold facts or make false statements in order to obtain or increase benefits to which I am not entitled. By signing this application, I hereby authorize any physician, chiropractor, surgeon, practitioner or other health care provider, any hospital, including Veterans' Administration or governmental hospital, and medical service organization, any insurance company, any law enforcement or military agency, any government benefit agency including the Social Security Administration, or any other institution or organization to release to each other, any medical or other information, including benefits paid or payable, pertinent to this injury or disease, except information relative to the diagnosis, treatment and/or counseling for HIV/AIDS, psychological conditions and/or alcohol or substance abuse, for which I must give specific authorization. A Photostat of this authorization shall be valid as the original.</p>			
Employee's signature			Date

### SECTION II - ALL INFORMATION MUST BE COMPLETED BY INITIAL PROVIDER

1. Name of physician/hospital		2. FEIN/Social Security number	
3. Address			
City	State	ZIP	Telephone
4. Date of initial treatment		5. Date patient may return to work	
6. Have you advised the patient to remain off work four or more days? <input type="checkbox"/> Yes If yes, indicate dates from      to <input type="checkbox"/> No If no, is the patient capable of <input type="checkbox"/> Full duty <input type="checkbox"/> Modified duty If the patient is capable of returning to modified duty, specify any limitations/restrictions			
7. Condition is a direct result of <input type="checkbox"/> Occupational injury? <input type="checkbox"/> Occupational disease? <input type="checkbox"/> Non-occupational condition?			
8. Did this injury aggravate a prior injury/disease? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes," explain	
9. Description of injury or occupational disease			
10. Body part(s) injured		11. ICD10-CM diagnosis code(s) in order of severity	
12. Name of physician referred to		13. If the patient was hospitalized, where?	
<p>I certify the statements and answers set forth in this section are true and correct to the best of my knowledge. I am aware the law provides for severe penalties if I knowingly certify a false report or statement, withhold material fact or statement or knowingly aid or abet anyone attempting to secure benefits to which he or she is not entitled. In signing this form, I acknowledge I have been informed of my responsibilities under West Virginia Workers' Compensation Law and agree to abide by such in the administration of services provided thereunder. I understand the submission of false statements or billing may result in prosecution under state and federal law. I further agree to release any office notes/test results immediately to the employer or their representative.</p>			
Physician's signature			Date

## General instructions for completing the “BI-1,”

“West Virginia Workers’ Compensation Employees’ and Physician’s Report of Occupational Injury or Disease”

Please read carefully.

**BI-1, West Virginia Workers’ Compensation Employees’ and Physician’s Report of Occupational Injury or Disease:** To be completed by the claimant and the medical provider.

**This form should not be used to file occupational pneumoconiosis or hearing loss claims.**

**To the claimant:** Section I of this form must be completed by you. **When you have completed this form, make a copy for your records and give a copy to your employer.** The initial medical provider is responsible for completing Section II of this form. If you do not receive a decision on your claim within **14 days** after submitting the form, contact Encova Insurance. To be eligible for benefits, **a claim must be filed with Encova within six months** from and after the injury or death. If you have any questions, contact Encova at 866-452-7425 or visit our website at [encova.com](http://encova.com).

**To the initial medical provider:** Section II of this form must be completed by you. The timely provision of information regarding the claimant’s condition is vital in deciding eligibility for benefits. Each answer should be as specific as possible. You should immediately send a copy of all records, office notes and test results regarding the claimant’s exam to Encova. **Please forward the original completed form to Encova and provide a copy to the claimant.** If you have any questions, contact Encova at 866-452-7425 or visit our website at [encova.com](http://encova.com).

Special instructions for Section I	
Question 8	This date is defined as either the date you were injured or the date you were last exposed if you are filing an occupational disease claim.
Question 13	Provide your specific job title and describe the duties of the job you are currently working.
Question 15	Please provide as much detail as possible and attach additional pages if space is needed.

Special instructions for Section II	
Question 1, 2	The group and FEIN are required by Encova for billing purposes.
Question 8	Describe in detail what effect, if any, the claimant’s previous health may have on this injury.

Please attach additional pages if space is needed and include any appropriate reports.

Return completed form to

**Encova Insurance**  
**P.O. Box 3151**  
**Charleston, WV 25332-3151**

*When completing this form, enclose attachments if additional space is needed.*

