

A dark blue background featuring a faint, semi-transparent image of two people, a woman on the left and a man on the right, both looking down at a device held by the woman. Two thick, curved teal lines sweep across the lower half of the page, framing the title text.

**WEST VIRGINIA
ENCOVA SELECT
EMPLOYER 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.

OVERVIEW OF ENCOVA SELECT

Encova Insurance, West Virginia's largest private workers' compensation carrier, has entered into a preferred provider agreement with Procura Management, Inc., an affiliated company of Healthcare Solutions, for utilization of their provider network. Procura has partnered with United Healthcare, and the provider network is called Procura/OneNet Workers' Compensation Network. Procura/OneNet chooses physicians and other providers whose history provides an indication of their commitment to the 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, Encova Select offers a broad array of providers through the use of Procura/OneNet's network to ensure reasonable access and choice for injured workers.

Procura/OneNet's network of physicians and other providers is offered to all West Virginia employers with workers' compensation coverage from Encova. The Procura/OneNet network of medical providers compliments Encova's utilization review, nurse case management, medical bill review and quality assurance programs. Ongoing training provided by Procura/OneNet is offered regarding standards of return-to-work best practices and treatment guidelines. Panel physicians' and providers' continued participation with Procura/OneNet is based upon adherence to these standards.

Use of the Procura/OneNet network of physicians and providers ensures the benefits of prioritized treatment of injured workers and the elimination of delays in the treatment process. Encova Select allows employers to proactively address their workers' compensation issues. Employers will be shown how to best assist their injured workers to locate a network medical provider and participate in the coordination of the injured worker's return to transitional or normal work duty.

Likewise, 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 Encova Select will depend upon adherence to the standards.

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

- 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 Procura/OneNet's 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

Encova Select's Procura/OneNet Preferred Provider Organizations (PPO) has three basic objectives:

1. Provide appropriate, high quality and timely healthcare to recovering workers;
2. Expedite the worker's return to employment by avoiding unnecessary delays; and
3. Minimize disability.

To achieve these objectives, Encova Select and Procura/OneNet recognize the importance of recruiting and maintaining a network of providers from specialty areas that are involved in treating occupational injuries and illnesses. Important Encova Select's Procura/OneNet PPO features are listed below.

- Encova Select's Procura/OneNet PPO affords the opportunity to develop positive and proactive relationships with employers who choose to participate in Encova Select's Procura/OneNet PPO. Encova Select's Procura/OneNet PPO facilitates these relationships by encouraging and sponsoring joint training opportunities, work-site tours and ongoing dialogue among key representatives of employer and provider entities.
- Encova Select's Procura/OneNet PPO network providers are given an incentive to continue their participation and to follow Encova Select's Procura/OneNet PPO program guidelines by expedited payment for their services.
- Encova Select's Procura/OneNet PPO utilizes treatment protocols that provide a framework for the treating physician. These protocols define expectations regarding treatment parameters and duration estimates. They also lend consistency and structure to the treatment of work-related injuries.

ENCOVA INSURANCE

The claims handled by Encova represent a significant percentage of all claims in the West Virginia workers' compensation system. Because of this high volume, Encova has developed an integrated claims management system capable of supporting our provider network, Encova Select.

The Encova medical billing process is coordinated with Procura to expedite and conform to Procura/OneNet's commitments to network providers. Claims and medical billing staff communicate closely with Encova Select regarding individual claims and/or individual employee information. This allows Encova Select to resolve any problems that may arise in a timely manner.

Medical providers participating with the Encova Select Managed Health Care Plan and the Procura/OneNet network will realize the benefits of being on a team of professionals who have access to resources to accomplish positive improvements and successful outcomes.

Medical director

Encova Select has appointed a licensed physician, Dr. Randall Short, as medical director. The medical director is responsible for the clinical aspects of Encova Select's quality management and utilization review programs. The medical director also communicates with network providers on quality management issues or other concerns.

The medical director's responsibilities are listed below.

- Contributing to policy and operational manuals and instructions
- Providing written and/or telephonic communications regarding individual situations
- Reviewing selected independent medical evaluation reports for accuracy and appropriateness
- Providing quality assurance/management oversight
- Being a liaison between the provider community and Encova Select
- Consulting with Encova's Office of Medical Management on policies and procedures
- Presenting information to stakeholders

Service area

The Encova Select 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 healthcare in the Encova Select's Procura/OneNet PPO.

ENCOVA SELECT - YOUR WORKERS' COMPENSATION MEDICAL SOLUTION

If an employee has a work-related injury or disease and needs medical treatment, he/she **must** seek and obtain medical care from providers within Encova Select's Procura/OneNet network. Encova Select's Procura/OneNet 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, Encova Select and Encova to expedite care and facilitate return to work.

Your employee's medical expenses or indemnity benefits may not be covered if they choose a medical provider who is not listed in the Encova Select's Procura/OneNet PPO directory, unless they meet the conditions listed under the opt-out section of the manual.

Encova Select benefits

Encova Select's operational strategy involves several key segments of the workers' compensation process. The focus is on provider choice by claimant, a checks-and-balances system for monitoring appropriate medical treatment and coordination with Encova's application of the traditional strategies involved in claims management, nurse case management and employer work accommodation.

EMPLOYER

As the employer, you have responsibilities in the recovery and return-to-work process. Encova Select has partnered with Procura/OneNet to provide a listing of participating primary care providers in your geographic region as well as statewide specialty providers. The network can be accessed through a link on encova.com, which will direct you to Procura/OneNet's website.

WORK-SITE COORDINATOR

You should appoint a work-site coordinator to be the primary contact for all workers' compensation matters at your work site. Your coordinator will be the primary interface with Encova and will help coordinate all setup and implementation activities with your employees. This person also will be the primary resource for your employees to learn about and access Encova Select services.

FIRST REPORT OF INJURY (FROI)

Industry experts agree, the sooner a notice of an injury/disease claim is received, the better the expected outcome. Early reporting will help the management of claim costs and facilitate injured worker recovery and return to work. Ideally, the First Report of Injury (FROI) should be reported to Encova by telephone within 24 hours of the injury by calling 866-452-7425, select policyholder and option 1.

You also may report your claim through the below methods.

1. Electronically through our website, encova.com
2. File the report as an email attachment to: escan@encova.com
3. Fax to 877.293.5513
4. Mail the Employer's First Report (BI-3) to:
Encova Insurance
P.O. Box 3151
Charleston, WV 25332

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

encova
INSURANCE

RETURN-TO-WORK PROGRAM

A return-to-work program brings injured workers back to the job, either at their regular positions or at modified duties, while they are recovering from their injuries.

Modified duty can be full- or part-time, but it is not intended to be a permanent position. Workers receive wages that are appropriate for the tasks performed while on modified duty. The goal is to return the injured worker to his or her regular position.

Saving money

By providing modified duty, you may reduce:

- The length and complexity of the worker's disability;
- The duration of temporary total disability payments; and
- Your experience modification rating, resulting in greater premium discounts.

Resources and services

Encova provides resources and a plan of action for employers and their employees when faced with workplace injuries.

- **Return-to-work program** – Encova provides employers with written guidelines that outline a step-by-step process for effective claims management.
- **Modified duty assistance** – The return-to-work specialist assigned to your account will assist you with formal modified duty offered to your injured workers.
- **Ergonomic evaluation** – The return-to-work specialist will assist in evaluating your injured workers and their workstations, making recommendations that comply with ergonomic standards.

Additional return-to-work services include:

- Job analysis
- Work-site evaluations
- Pre-planned return-to-work assistance
- Modified duty development

For more information on how a return-to-work program can benefit your business, contact contact Encova's return-to-work technical coordinator at 304-941-1000, extension 5610.

CLAIMANT LETTER OF COMPENSABILITY AND IDENTIFICATION CARD

The injured worker will receive a letter of compensability, an identification card and instructions to seek care for a work-related medical injury/disease (see employee medical identification card in Appendix A). This verification card is not to be used as authorization for medical services or payment.

MEDICAL PROVIDER

Medical providers form the service component of Encova Select. Encova Select is designed to address many of the concerns experienced by providers treating workers' compensation claimants in the past, enhancing their ability to produce quality outcomes. Encova Select includes features important to providers in addition to employers and employees.

- Medical providers have the opportunity to develop positive and proactive relationships with area companies. Encova Select facilitates these relationships by encouraging and sponsoring joint training opportunities, work-site tours and ongoing dialogue among key representatives of employer and provider entities.
- Encova Select's Procura/OneNet network participants are paid for their services in an expedient manner, providing them incentive to continue their participation and to follow Encova Select's Procura/OneNet program guidelines.
- Encova Select utilizes treatment protocols that provide a framework for the treating physician. These protocols define their expectations regarding treatment parameters and duration estimates. They also give consistency and structure to the treatment of work-related injuries.

TREATMENT OUTSIDE OF ENCOVA SELECT'S PROCURA/ONENET PPO

Your employees' medical expenses may not be covered if they use a medical provider who is not listed in the Encova Select's Procura/OneNet directory, unless the conditions below are met. Before receiving care from an out-of-network provider, your employees should check with you or your Encova claims adjuster regarding available in-network services.

If the provider is not a member of the network, the claimant may request to opt out of the network if one of the below conditions is met.

- For emergency care when access to a healthcare provider within the managed healthcare plan is unobtainable for the acute phase of care.
- When authorized treatment is unavailable through the managed care plan.
- Obtain a second opinion when a managed healthcare plan physician recommends surgery and another qualified physician within the plan is not available for consultation.
- For selection of a treating physician outside the network, the claimant must establish by competent evidence **all** of the following:
 - The claimant has been treated by providers solely within the employer's managed care plan for a period of at least one year;
 - That for reasons related to the treatment alone, the claimant has not made progress toward recovery that is reasonably consistent with the treatment guidelines; and
 - That the claimant establishes to a reasonable certainty that proposed treatment outside the employer's managed care plan would more likely provide the claimant with a better clinical outcome than the current treatment or rehabilitation plan.

Please note: A condition of the right to opt out under this provision shall be that the services secured outside the plan are for treatment purposes only and the provider shall not be permitted to rate the claimant for permanent partial or permanent total disability.

The claimant will need to submit his/her request and reason to seek care outside of the network **in writing** to the Encova claims adjuster. Use form BI-RCP/OO, Request for Change of Physician/Opt-Out of the Encova Select's Procura/OneNet Network (Appendix B). Remember, emergency care is not restricted.

EMERGENCY SITUATIONS

Employees may seek emergency medical care from any emergency facility, regardless of their participation in Encova Select's Procura/OneNet network. If a network facility is available and convenient, it should be the emergency facility of choice. However, access to emergency services is not restricted. The referral from the emergency services provider should be within the Encova Select's Procura/OneNet network of providers for either primary care or specialty care.

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

UTILIZATION REVIEW

Encova has established procedures and oversight for utilization review of medical services 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 cost-effective and not experimental nor harmful to the employee.

Utilization review evaluates the necessity, appropriateness and efficiency of the use of healthcare services, procedures and facilities under the auspices of the workers' compensation program. The reviews are conducted by nurses and physicians.

The utilization review process is used to ensure quality standards are being met and continues to evaluate the healthcare providers against benchmark treatment protocols. This information allows Encova Select to examine utilization patterns of network providers and provide information on intensity of approaches to diagnosis and treatment of an injury. It also allows an evaluation of the medical necessity of any given treatment plan and reduces unrelated and inappropriate services. The utilization review process minimizes cost and expedites appropriate and related services that eliminate lost working days and indemnity payments.

CONFIDENTIALITY

If an employee reports a work-related injury or files an application to reopen a claim, the employee authorizes any physician, psychiatrist, chiropractor, podiatrist, hospital or health care provider, after written request by the employee, employer, or Encova, 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.

Encova Select complies with all applicable federal and state laws 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 Encova Select's Procura/OneNet network quality assurance and credentialing programs.



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.**

This card is to be used only for medical services related to conditions covered in this claim and may be used only by the person identified on this card.

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



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 <input type="checkbox"/> Change physicians to another network provider <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No

Claimant signature	Date
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APPENDIX C



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

For Encova use only
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			
<small>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.</small>			
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?	
<small>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.</small>			
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.

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.

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.

