

A dark blue background image showing two people, a woman on the left and a man on the right, looking down at a device held by the woman. The image is semi-transparent and serves as a backdrop for the text.

**WEST VIRGINIA
ENCOVA SELECT
EMPLOYEE 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 844-362-6821 and ask for a customer service representative. Be sure to have your policy number available.

PROVIDING WORKERS' COMPENSATION MEDICAL CARE THAT WORKS FOR YOU

This is your Encova Select employee manual. Please read it carefully to understand how you must obtain medical treatment if you have a work-related illness or injury. If you have any questions regarding the procedures outlined here, please contact your employer or call Encova Insurance at 866-452-7425, or visit the Encova website at encova.com.

WEST VIRGINIA LAW

West Virginia law now allows employers to participate in a Managed Healthcare Plan for workers' compensation injuries and diseases. The plan promotes quality and occupationally-focused medical care for work-related injuries and diseases. Encova has partnered with Coventry Preferred Provider Organization in West Virginia. As your employer is a policyholder with Encova, Encova Select is the chosen Managed Healthcare Plan for all work-related medical treatment.

ENCOVA SELECT - YOUR WORKERS' COMPENSATION MEDICAL SOLUTION

If you have a work-related injury or disease and need medical treatment, you **must** seek and obtain medical care from providers within Encova Select's Coventry network. Encova Select's Coventry network provides you with a choice of network providers within a reasonable distance from your work location. These providers have agreed to provide you with medical treatment and to work with you, your employer (who may provide you with a listing of the network providers), Encova Select and Encova to expedite your care and facilitate your return to work. Your medical expenses or indemnity benefits may not be covered if you choose a medical provider who is not listed in Encova Select's Coventry directory, unless you meet the conditions listed in your Encova Select Employee Manual. Before receiving care from an out-of-network provider, check with your employer, your Encova claims adjuster or with Encova Select regarding available in-network services.

Encova Select coordinates with Encova in regard to authorizations of medical treatment.

WHAT YOU SHOULD DO IF YOU ARE INJURED ON THE JOB

A work-related injury or disease can be very unsettling. While your recovery and your return to work are your major concerns, you also may find it confusing to know where to go for help. To address your concerns, your employer has chosen to work with Encova Select to help you manage your recovery and your return to work.

A timely recovery and return to work requires a team approach. Your team consists of:

- **You**
- **Your employer** who will be involved in planning for your return to work
- **Your Encova Insurance claims adjuster**
- **Encova Select's Coventry network**, the network of medical providers - physicians, therapists, hospitals, case management and other healthcare professionals, and facilities (such as hospitals, laboratories, diagnostic x-ray centers, etc.) who are best qualified to treat your work-related injury or illness.

Step 1 – report the injury to your employer

Tell your employer that you've experienced an on-the-job injury or disease immediately or as soon thereafter as possible. You are required to notify your employer when you are injured. *Encourage your employer to make their injury report to Encova immediately.*

Step 2 – complete initial report of injury/illness form

When you are injured, you must immediately provide notice to your employer of your desire to file a workers' compensation claim. In addition, you must complete Section I of the Employees' and Physicians' Report of Injury form and have your physician complete Section II of the form. Make a copy of the completed form for your records and provide a copy for your employer.

Step 3 – choose a network provider and seek medical attention

If your injury is an emergency, you'll be taken to the nearest medical facility that can treat your illness or injury. The initial medical provider is responsible for completing Section II of the Employees' and Physicians' Report of Injury form. If your situation is not an emergency, you'll need to select a **TREATING PHYSICIAN** from Encova Select's Coventry network directory and schedule an appointment for treatment. Instructions to locate a physician within the network online are located in this manual under the Physician's and Treatment section. If you do not have internet access you may call the Encova's Customer Service department at 844-362-6821 and the information will be mailed to you.

Step 4 – keep your team informed

Keep your team up to date on your treatment and any recommendations from your physician that will affect your return-to-work status. Encova will be in contact with you, your employer and your physician to coordinate your care and return to work.

ABOUT YOUR MEDICAL PROVIDER

We hope that you'll be pleased with the treating physician you have chosen. However, if for any reason you would like to change your treating physician, simply inform your Encova claims adjuster in writing. Use the Request for Change of Physician/Opt-Out form, (Appendix A). Remember to include the name and address of your new requested treating physician, which must be selected from Encova Select's Coventry provider directory. Also include your claim number, Social Security number and date of injury in your written request.

If your treating physician needs to make a referral to a specialty provider, your treating physician must select from Encova Select's Coventry provider directory. If the specialty is unavailable from the directory, please refer to "Treatment Outside of Encova Select" on page four of this manual.

WHAT CAN YOU DO TO HELP?

- Be involved with your treatment: Talk with your physician, ask questions and, above all, if you don't understand something, contact your employer or Encova claims adjuster for help.
- Stay informed about your progress.
- Know what forms are needed and when to make sure all treatment is approved and to prevent delays. Remember that your Encova Select Coventry provider cannot charge you for completing workers' compensation forms or for providing care beyond the amount Encova pays.
- If you report a work-related injury or file an application (Form BI-1) for adjustment of a claim, you authorize any physician, psychiatrist, chiropractor, podiatrist, hospital or healthcare provider after written request to provide the requesting party with any information or written material reasonably related to any injury or disease for which you claim compensation.
- Stay in communication with your Encova claims adjuster regarding your treatment plan and return-to-work goals.

RETURNING TO WORK

You may be able to return to work during your recovery period. Your Encova claims adjuster will consult your physician in regard to your physical capabilities and return-to-work status. Your Encova claims adjuster will work with your employer to determine if a transitional duty position is available and coordinate your return to work with your physician.

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

844-362-6821

encova.com

encova
INSURANCE

PHYSICIANS AND TREATMENT

- Encova Select network physicians have experience in the treatment of work-related injury and disease. They are responsible for developing a treatment plan with recovery and return-to-work goals.
- You will choose a physician from [Encova Select's Procura/OneNet provider list](#). This list can be obtained from your employer, or you can locate a network provider by calling Encova Customer Service at 844-362-6821 and selecting option two, or by visiting the [Report Injury page](#) on [encova.com](#) and clicking **Log in** under **Our preferred providers**. The username and password are both "Encova."
- All care and services for your work-related injury must be provided within the network.
- Co-payments or deductibles are not required for medical services rendered in connection with a work-related injury or occupational disease.

SURGICAL SECOND OPINIONS

If an Encova Select physician recommends surgery, you may seek a second opinion at Encova's expense. This second opinion must be made by an Encova Select physician. If an Encova Select physician is not available, you may request approval for an out-of-network referral. Your Encova claims adjuster will assist you in this process.

PRIOR AUTHORIZATION REQUIREMENTS

If you are uncertain if treatment or referral requires authorization, call your Encova claims adjuster. If the **service is unauthorized, it may not be paid within your workers' compensation claim.**

Your physician's request for authorization may be reviewed by Encova's medical staff. Encova's medical staff evaluates the medical necessity, appropriateness and adherence to standard treatment guidelines.

Emergency care

Despite your best efforts to work safely, emergencies sometimes do occur. An emergency is defined as

- A medical event that, if not diagnosed and treated immediately, could result in permanent injury or death;
or
- Care that is necessary to alleviate serious pain.

You may seek emergency medical care from any emergency facility, regardless of their participation in Encova Select Coventry network. If an Encova Select Coventry network facility is available and suitable, it should be the emergency facility of choice. However, access to emergency services is not restricted. The referral from the emergency services provider must be within the Encova Select Coventry network for either primary care or specialty care.

Treatment outside of Encova Select

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

The claimant may request to opt out of the network if one of the following 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.
- To 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 Encova Select's Coventry network 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.
- 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.

You will need to submit your request and reason to seek care outside of the network in writing to your Encova claims adjuster. Use the Request for Change of Physician/Opt-Out of Encova Select's Coventry Network form (Appendix A). **Remember, emergency care is not restricted.**

CONFIDENTIALITY

If an employee reports a work-related injury or files an application for adjustment of a claim, the employee authorizes any physician, psychiatrist, chiropractor, podiatrist, hospital or healthcare 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 Quality Assurance and Coventry's Credentialing Programs.

PHARMACY BENEFITS

Encova has partnered with Mitchell International to provide direct pharmacy access to injured workers with approved claims. You will receive a pharmacy card in the mail directly from Mitchell as soon as your claim is approved. Simply present the card to the pharmacist at any Mitchell 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 your 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 your date of injury.

If your 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 you request the name brand when a generic brand exists, you will personally pay the difference in cost. If you have any questions or need assistance locating a network pharmacy near you, call Encova at 844-362-6821.

IDENTIFICATION CARD AND LETTER OF COMPENSABILITY

When you receive medical care in a hospital, clinic or through an individual provider, you must identify yourself as an Encova Select participant. To assist you, an identification card is provided to you when your claim is ruled compensable (see Appendix B). Just present this to the provider when you register.

If you have any questions about your participation in Encova Select, call 844-362-6821.

GRIEVANCE PROCESS AND PROCEDURE

If you or your provider are dissatisfied with any medical treatment decision rendered by Encova that cannot be resolved by informal discussion with the appropriate parties, you or your 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 thirty (30) days of the event giving rise to the dispute and is a prerequisite to the litigation process.

Decisions concerning provider requests for services are grievable if they relate to medical treatment. Such requests include requests for medical services, second opinions and 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.

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 Insurance will issue a decision which the claimant may protest to the Office of Judges within sixty (60) days.

If the grievance 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: 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 C.

The following 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

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.

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



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
--------------------	------



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 Coventry 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 Coventry 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: 844-362-6821



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? Yes No

If yes, date filed?

Form completed by
Claimant/medical provider signature
Date form completed



P.O. Box 3151
Charleston, West Virginia 25332-3151

&mail_to_name1
&mail_to_name2
&mail_addr1
&mail_addr2
&mail_to_csz

Claim number:
Claims adjuster:

Dear (Insert Claimant Name)

Encova Insurance has been notified that you were injured recently and that the injury may have occurred in the course of your employment. We will be collecting information as quickly as possible to determine whether your injury should be covered by your employer's workers' compensation insurance. Please be assured that our goal is to see that you receive any and all benefits to which you are entitled in a timely and effective manner. A brochure is enclosed that will help you understand what happens now that a workers' compensation claim has been filed for your injury.

Your claim number and your assigned claims adjuster are shown above. This claim number will be associated with all activities related to your claim. Keep this number readily available as this allows your claims adjuster and Encova to quickly access your claim information. Please make sure that your physician and your employer also have your claim number so that it can be included on any correspondence regarding your claim.

If you have not heard from us within 14 days, you should contact our Customer Service at 844-362-6821 to determine the current status of your claim. Also, feel free to contact Customer Service whenever you need additional information regarding your claim. Our customer service representatives will work closely with your claims adjuster to make sure your questions are answered.

Our pharmacy benefit partner, Mitchell, will also send you an identification card and benefit packet. Approved medical and pharmacy providers can be found at encova.com. If you do not have access to the internet, you may call 844-362-6821 for assistance in finding approved network providers. Pharmacy providers can be found by calling Mitchell at 866-846-9279.

Our goal is to assist in your recovery and to help you return to work.

Sincerely,

Thomas J. (TJ) Obrokta, Jr.
President and CEO

APPENDIX E



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	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
10. Date you stopped working due to injury		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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 844-362-6821 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 844-362-6821 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.

