



Arkansas

Certified Managed Care Program



Fast facts

- › Managed care was approved for use in Arkansas in 1993
- › Certified managed care is voluntary
- › It is mandatory to comply with Rule 30 (Inpatient and Surgical Pre-Certification and \$5,000 trigger for Retrospective Reviews)
- › Employees are covered under the MCO once Form H is posted at worksite
- › Employer may choose the initial treating physician

Certified managed care helps bring a cooperative team approach to the delivery of health care in the workers' compensation environment. The Genex Certified Workers' Compensation Managed Care Program allows you to leverage the benefits of a certified MCO while utilizing our proven expertise in disability management. The Genex Certified Managed Care Program was designed to meet all of the criteria of the Administrative Rules. Let us work with you to enhance your current program — and realize the many benefits to employees, employers, and payers:

Employee benefits

- › Immediate, toll-free access
- › Occupationally focused physicians
- › Case managers who provide understanding of treatment and recovery options
- › Internal dispute resolution
- › Goal of return to work

Employer benefits

- › Immediate notification of injury or case/claim
- › Choice of initial treating provider from an occupationally focused network
- › Highly skilled case managers who continually monitor cases and provide ongoing communication
- › Internal dispute resolution with a goal of increased employee satisfaction
- › Structured return-to-work programs

Payer benefits

- › Timely reporting
- › Early case intervention when needed
- › Internally developed guidelines to assure that the right resources are deployed at the right time
- › Proactive communication between the Genex team of clinical experts and payer's staff



Plan administrator

Susan McDonough
888.464.3639, x15433

Legislation

Workers' Compensation Statutes §11-9-508(c), §11-9-514(a)(3) (as amended by S.B. 965, effective July 5, 1999), Managed Care Rule 33

Required managed care plan components

- › Internal dispute resolution program
- › Medical peer review program
- › Pre-admission review that meets regulatory requirements
- › Second surgical opinion program
- › Utilization review program that includes concurrent and retrospective reviews, meets statutory and regulatory requirements, and is certified by the Department of Health
- › Technical and professional review program that meets regulatory requirements
- › Must provide educational programs and information to participating health care providers on specific topics
- › Report annually to the Commission

Responsibilities

- › Execute MCO agreement
- › Employer must post Form H
- › Provide list of employer locations and an estimated number of employees per location
- › Employer must notify and educate employees
- › Report all injuries in a timely matter
- › Employer chooses initial treating provider
- › Notify MCO of any medical disputes by employee or provider

For over 35 years, Genex has helped customers manage disability and lost productivity costs through a full portfolio of consumer-focused managed care services. Our expertise is the result of a unique blend of clinical, informational, and technological knowledge that helps us optimize the outcome of each case — outcomes that are further enhanced by managing worksite injuries in an MCO environment.