

Georgia

Certified Managed Care Program

Certified managed care helps bring a cooperative team approach to the delivery of health care in the workers' compensation environment. The Genex d/b/a Intracorp Certified Workers' Compensation Managed Care Program allows you to leverage the benefits of a certified MCO program while utilizing our proven expertise in disability management. The Certified Managed Care Program was designed to meet all of the criteria of 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
- Choice of 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
- 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 d/b/a Intracorp team of clinical experts and payer's staff

Legislation

Workers' Compensation Statutes §§34-9-201 (b) (3) and 34-9-208, Managed Care Organization Rules, Rule 208, effective July 1, 1994 (with changes effective July 1, 1996, July 1, 1997, July 1, 1998)

Rule 201

WC/MCO–WC-P3: a plan certified by the Board "that provides for the delivery and management of treatment to injured employees under the Georgia WC Act." (The MCO is greatly expanded and might lend itself to organizations with multiple locations in the state. The MCO, like a PPO, will offer discounts. The MCO is a complete program of managed care for the injured worker.)

Required components

- Provider network within reasonable distance
- Right to choose from network; channeling disallowed
- Toll-free info line, available 24 hours
- Initial evaluation within 24 hours from request
- Procedure for peer review
- Procedure for utilization review
- Dispute/grievance resolution procedure
- Wallet-sized ID cards
- Employee education required
- Case management
- Return-to-work focused
- Defines credentials of case managers: CCM, CRRN, COHN, or COHN-S
- Injury notification
- ALL injuries must be triaged

Responsibilities

- Execute MCO agreement
- Communication to employees of rights and responsibilities associated with the certified managed care plan
- Ensure that employees have access to a listing of participating medical care providers
- Complete and post WC-P3 poster at covered locations

Fast Facts

- Certified managed care is voluntary
- Florida MCA requirements include employer and employee communications and education
- Primary care physician must be available within a 30-mile radius of the employer's location; specialists must be within a 60-mile radius
- The employee is allowed one change of primary care physician during an episode of care by requesting a change from the case manager; a second change of physician is considered an appeal and must be reviewed by the managed care coordinator
- The MCA must have a formal grievance procedure in place and grievances are reported to the state annually

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 work site injuries in an MCP environment.



Plan administrator

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