



DEPARTMENT OF FIRE AND RESCUE SERVICES  
MONTGOMERY COUNTY, MD.

**DIRECTIVE**

Number: 95-11

Date: May 6, 1995

To: All DFRS Personnel

From: Chief Jon C. Grover, Director  
Department of Fire and Rescue Services

Subject: Managed Care Program for Work Related Injuries

A handwritten signature in black ink, appearing to read "Jon C. Grover", is written over the "From:" field.

Montgomery County's Division of Risk Management has contracted with CorVel Corporation to provide a Managed Care Program for any employee who experiences a work-related injury or illness. The purpose of this program is to provide the County with a means of tracking and containing medical costs. The information presented below is very important. In case of a service-connected illness or injury, your Managed Care decisions will have a significant impact on your choice of medical provider, your medical costs and your disability payments.

**Please read the following information carefully.**

- o DFRS Policy and Procedure #801 (Workers' Compensation Claims) remains in effect, with the changes listed below. A revised version of that Policy and Procedure will be issued shortly. In the event of a service-connected injury or illness, all personnel must follow the existing procedures as detailed in P & P #801, and this Directive.
- o All supervisors will begin using the "800" telephone number to report service connected injuries to CorVel on 5/15/95 at 0700.
- o In the event of a service connected illness or injury, employees must immediately notify their supervisor.
- o If possible, employees should stay with their supervisor to initiate filling out the necessary forms. If immediate medical attention is necessary, the supervisor should attempt to get the necessary information from the employee as soon as practical. The supervisor will need information such as the employee's Social Security Number, date of birth, and home address. The supervisor will fill out the hard copy of the Supervisor's Incident Investigation Report (SIIR) form, and will call CorVel (24 hours a day).

**CORVEL'S MONTGOMERY COUNTY CLAIMS REPORTING SERVICE  
PHONE NUMBER 1-800-318-MONT (6668)**

Note: During nighttime hours a switchboard operator will take the supervisor's name and call-back number. The CorVel Advocacy Nurse will normally return the call in approximately ten minutes.

- o The CorVel Advocacy Nurse will prompt the supervisor for the information needed to complete the "Workers Compensation Employer's First Report of Injury or Illness" form. A copy of this form will be faxed to the supervisor for review and signature. The Advocacy Nurse will then ask the supervisor whether the employee has decided to participate in the Managed Care Program.

**Important: The supervisor should never make this decision for the employee.**

Note: Upon the issue of this Directive, all supervisors should discontinue using the Station copies of the "Workers Compensation Employer's First Report of Injury or Illness" form.

**THE EMPLOYEE HAS FIFTEEN (15) DAYS FROM THE DATE OF THE INJURY/ILLNESS TO DECIDE TO PARTICIPATE IN THE MANAGED CARE PROGRAM.**

**IF THE EMPLOYEE CHOOSES TO PARTICIPATE IN THE MANAGED CARE PROGRAM:**

- o The employee's supervisor will give the employee an enrollment card that he/she must sign. The employee must present this card to any Licensed Health Care Provider that they see for the service-connected injury/illness. The Advocacy Nurse may contact the employee to discuss treatment plans. The Advocacy Nurse can guide the employee to an appropriate type of healthcare provider. The Advocacy Nurse can also address concerns and questions regarding treatment.
- o Employees will be permitted to select a doctor for treatment from a network of physicians.
- o Employees who choose to participate in the Managed Care Program must be paid the difference between their normal County salary and the amount received under the Maryland Workers' Compensation law for a maximum period of eighteen (18) months of the temporary disability. After eighteen months, if the employee remains temporarily disabled, he/she may use accrued sick, annual or compensatory time to make up the difference between Workers' Compensation benefits and full salary. Employees who exhaust all leave, or choose not to use accrued leave will receive only the Workers' Compensation benefit. An application for disability retirement prior to the end of the eighteen months extends the eighteen months of disability leave until such time as the CAO renders a final decision on the disability retirement application.

- o If an employee agrees to participate in the Managed Care Program, and if the employee's claim for Workers' Compensation is subsequently denied, all medical costs will be paid up to the time of denial.

IF THE EMPLOYEE CHOOSES NOT TO PARTICIPATE IN THE MANAGED CARE PROGRAM:

- o The employee may seek medical attention from whatever Licensed Health Care Provider he/she chooses. However, if the claim for workers' compensation benefits is subsequently denied, he/she will be responsible for all medical costs not covered by his/her personal health insurance.
- o Employees who choose not to participate in the Managed Care Program must be paid the difference between their normal County salary and the amount received under the Maryland Workers' Compensation law for a maximum period of twelve (12) months of the temporary disability. After twelve months, if the employee remains temporarily disabled, he/she may use accrued sick, annual or compensatory time to make up the difference between Workers' Compensation benefits and full salary. Employees who exhaust all leave, or choose not to use accrued leave will receive only the Workers' Compensation benefit. An application for disability retirement prior to the end of the twelve months extends the twelve months of disability leave until such time as the CAO renders a final decision on the disability retirement application.

THE FOLLOWING INFORMATION APPLIES TO ALL DFRS EMPLOYEES, REGARDLESS OF THEIR DECISION TO PARTICIPATE IN OR NOT PARTICIPATE IN THE MANAGED CARE PROGRAM:

- o CorVel will coordinate benefits with the group health provider to avoid confusion and duplication of filings, and will perform utilization review of treatment.
- o Nothing in this Directive shall apply to any job-related injury/illness incurred by an employee prior to the start of the Managed Care Program.

Please read the attached brochure from the Division of Risk Management. It provides additional explanation about the Managed Care Program. This brochure also addresses some commonly asked questions. You might want to discuss the program with your family and your personal physician, so if an injury or illness does occur, you will be better prepared to make a decision regarding Managed Care.

For further information, contact the Division of Risk Management at 217-7240.

Montgomery County has strengthened its commitment of providing quality care for its injured employees. A Managed Care Program for work-related injuries has been established with CorVel Corporation.

ALLIANCE PPO (associated with MAMSI) - NETWORK OF MEDICAL

PROVIDERS has been chosen to treat employees who have been injured on the job. This network consists of over 17,000 providers and is the largest in the mid-Atlantic region, with its home office in Rockville, Maryland. The network consists of primary care and occupational care centers, physicians, hospitals, and rehabilitation facilities.

There are several advantages in agreeing to participate in the Managed Care Program:

- ◆ an injured employee can be assured of prompt, quality medical care and that the treatment is appropriate;
- ◆ salary continuation for a period of 18 months, instead of 12 months for nonparticipants (except for FOP members); and
- ◆ should a claim for workers' compensation benefits be denied, all medical costs will be paid up to the time of denial.

**1-800-318-6668(MONT)**

The Montgomery County Claims Reporting Service is available 24 hours a day, seven days a week for taking reports of work-related injuries or illnesses. It is staffed with CorVel Corporation Advocacy Nurses.

**WHAT HAPPENS IF I HAVE A WORK-RELATED INJURY OR ILLNESS?**

**Step 1** - Notify your supervisor immediately of your work-related injury or illness.

**Step 2** - Your supervisor will promptly report the injury/illness to CorVel's Advocacy Nurse at the 800 number. If your supervisor is not available, notify the designated person in charge.

At this time, your supervisor will ask you to indicate whether or not you are participating in the Managed Care Program. If you agree to participate, your supervisor will give you an Enrollment Card to sign and carry with you.

**YOU HAVE 15 DAYS FROM THE DATE OF YOUR INJURY/ILLNESS TO DECIDE TO PARTICIPATE IN THE MANAGED CARE PROGRAM.**

**Step 3** - Depending on your injury/illness, you may be called by the Advocacy Nurse to discuss your treatment plans. The Advocacy Nurse can guide you to an appropriate type of provider. She can also address your concerns and questions regarding treatment.

**Step 4** - The Advocacy Nurse may also interact with your medical provider and employer to coordinate your return to work.

**Employee Guide  
to the Managed Care  
Program for Work-  
Related Injuries**

**The Managed Care Program** consists of a Medical Provider Network and Medical Case Management Services. It serves to support and assist the injured worker throughout their medical treatment, recovery and return to work.

DEPARTMENT OF FINANCE  
DIVISION OF RISK MANAGEMENT

PLEASE SEE OTHER SIDE

### What is Managed Care?

Managed Care is a process of "managing" the medical care received for workers' compensation injuries/illnesses. This process is also used by the County's group health insurers. Managed care ensures that the injured employee receives appropriate medical treatment for the injury/illness. Examples of the managed care process include a network of medical providers, hospital pre-certification, peer and utilization review, and case management. The County has contracted with CorVel Corporation to provide managed care services. CorVel is a nationally recognized leader in workers' compensation managed care.

### How is the selection of physicians made?

The supervisor reports the work related injury to CorVel using the "hotline." At that time, the CorVel customer service representative may provide a list of physicians who may treat the employee. The physicians offered will be selected based on proximity to the employee's home, based on the home zip code.

### Who reports the work related injury/illness?

A supervisor or other designated individual may report claims.

### What is the relationship between CorVel and Trigon Administrators?

Trigon Administrators is a contractor that investigates and handles workers' compensation claims for the County's self-insurance program. Trigon decides whether to accept or deny the claim, and has responsibility for the payment of medical bills and lost wages.

CorVel is responsible for managing the medical care provided. CorVel does not make decisions on the payment or denial of claims. CorVel ensures that the injured employee receives care that is appropriate for the injury or illness.

### Why is managed care of benefit to me?

Employees who participate in managed care receive lost wage benefits for a longer period than employees who do not participate. Further, for participants, the County will pay for the initial medical care even if Trigon denies the claim. Trigon will pay for medical treatment until the date of denial of the claim.

### Can I go to my own doctor?

CorVel has contracted with Alliance Preferred Provider Organization, a division of MAMSI. The County's group health program also contracts with MAMSI to offer the Optimum Choice PPO. If your physician is in the Alliance PPO, you may treat with your family physician.

### Additional Information is Available

If you have other questions, call the County Division of Risk Management at 217-7240.