

Mission Statement

- To provide case management services through a collaborative process of assessment, planning, facilitation and advocacy promoting options and services to meet the employee's health needs.
- To promote quality cost-effective outcomes.

Communication

To our interdisciplinary partners we offer e-mail, voice mail, fax and written correspondence. All communication will be documented and include an action plan.

Guidelines:

- **Account Contact** – within 24 hours of referral
- **Attorney Contact**– within 24 hours to notify of case management
Upon Attorney Authorization:
 - **Claimant Contact** – within 24 hours of referral
 - **Initial Client Interview** – within 7-10 days of referral
 - **Medical Provider Contact** – within 48 hours (by telephone and/or visit) to obtain treatment plan with anticipated medical recovery and work status or date of physician appointment. Meet with physician within two weeks to obtain treatment plan, to include projected for MMI.
 - **Employer Contact**– within 24-48 hours to obtain job description and return to work options, either modified/transitional/regular duty.

Case Management Process

Guidelines:

- **Assessment:** Complete file review, to include customer special handling instructions. Establish purpose of case management, goals, and barriers needed to be resolved.
- **Planning:** Develop individualized, goal oriented treatment plan to include disability duration and return to work anticipation within 48 hours of provider contacts.
- **Implement:** Promote goal driven and result oriented activities with interdisciplinary teamwork of providers, to include a personal assessment of injured worker at physician appointments or as directed.
- **Employer Contact:** Obtain copy of job description and/or complete job analysis. Provide update after physician appointment regarding work status and to coordinate modified duty as necessary. To work collaboratively with injured worker, physician, providers of healthcare, employer, payer, and others to develop and implement a plan that meets the injured worker's needs and goals.
- **Evaluate:** Conduct a thorough and systematic evaluation of the injured worker's current status using appropriate standardized tools.

Documentation

If it was not documented, it was not done.

Guidelines:

- **Employer/Account Notification:** Within 24 hrs of physician appointment.
- **Initial Assessment Reports:** Within four weeks of assignment with rehab/treatment plan or within five business days of physician appointment.
- **Progress Status Reports:** Every 30 days with updated rehabilitation treatment plan.
- **Case Activity Logs/Notes:** Document all case management activities regarding file.
- **Authorization for Release of Information:** Secure signature on relevant forms as needed.

Resolution *We take pride and ownership in affecting claim resolution.*

- Guidelines:**
- Goal Driven
 - Obtain swift and successful outcomes
 - Cost control affecting claim resolution
 - Ensure quality medical treatment and expeditious, safe return to work

Ethics

- Guidelines:**
- We hold ourselves to the highest standard of conduct based on industry expectations.
 - Multidisciplinary effort
 - Encourage ongoing professional development
 - Comply with all applicable legal regulations