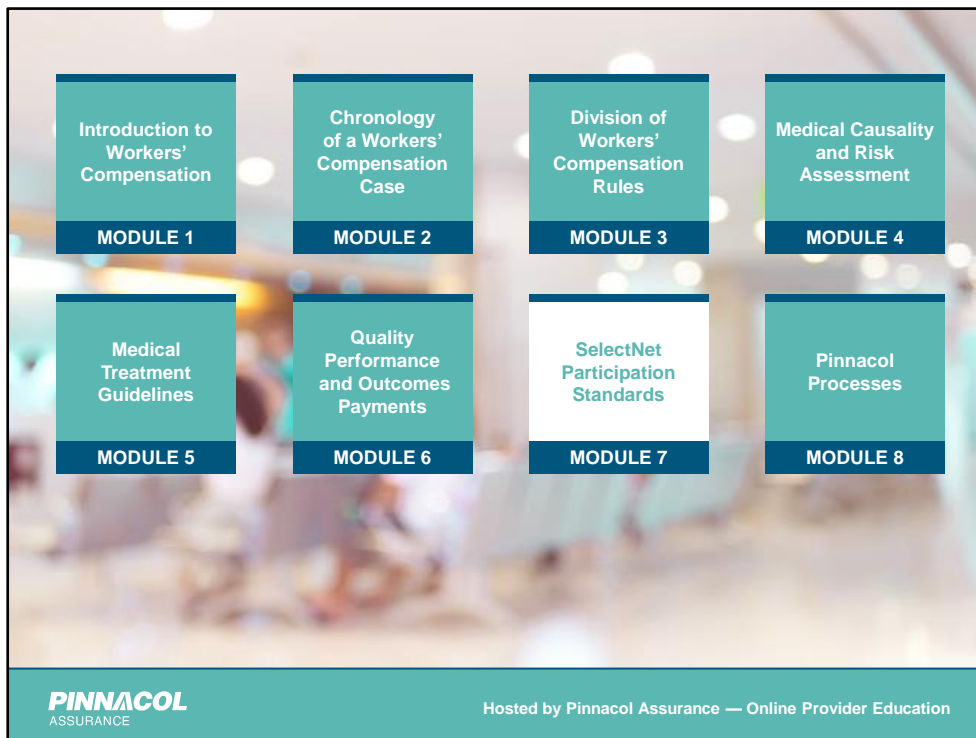




This is the seventh module of the Workers' Compensation Overview.



This module will review the SelectNet participation standards and expectations for network providers.

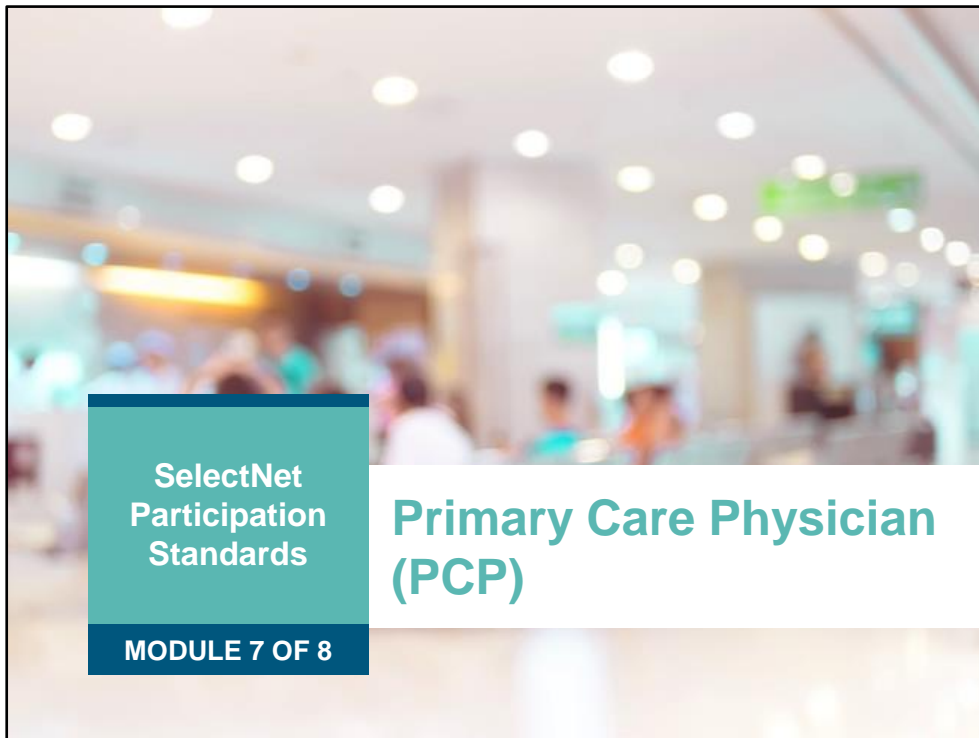
SelectNet participation standards

- Primary care physicians (PCP)
- Urgent care (UC)
- Specialty care physicians
- Rehabilitation service providers
- Psychological services

In 1996, Pinnacol developed a preferred provider network called SelectNet.

This network of care is comprised of 3,600 physicians, non-physician practitioners, therapists, acupuncturists, mental health professionals, dentists, hospitals, urgent care and rehabilitation centers, chiropractors, translation and transportation service providers, and home support services.

These providers specialize in occupational medicine and are proficient in DOWC rules and processes for workers' compensation in Colorado.



The backbone of the SelectNet network is primary care physicians or PCPs.

They are the designated medical providers for Pinnacol's injured workers.

PCP responsibilities

- Thoroughly evaluate, treat and educate injured workers
- Adhere to guidelines and procedures established by Pinnacol and the Division of Workers' Compensation (DOWC)

SelectNet PCPs evaluate, treat and educate injured workers and, by contract, agree to adhere to the guidelines and procedures established by Pinnacol and the DOWC.

PCP case management

- Determine causality
- Coordinate referrals for further evaluation and treatment
- Monitor functional gains and progress
- Determine physical restrictions and communicate restrictions to appropriate parties
- Determine MMI and address medical impairment
- Discharge injured worker (IW) from care

The case management role for PCPs is to determine causality, coordinate referrals for further evaluation and treatment, and monitor functional gains and progress.

They also determine physical restrictions, communicate restrictions, determine maximum medical improvement, address medical impairment and discharge injured workers from care.

PCP communication

Within 2 business days

- Return calls to Pinnacol.
- Respond to the written job offer and job description,

Within 3 business days from date of service (DOS)

- Provide the initial WC-164 form to Pinnacol.

Within 7 business days from DOS

- Provide records and legible visit notes to Pinnacol.

As part of the network participation, the PCP has standards for communication and response time.

Within two business days, they will return calls to Pinnacol and respond to written job offers and job descriptions.

Even if the PCP is deferring to the specialist for the assignment of work restrictions, the PCP remains responsible for this two-day response time.

Within three business days from date of service (DOS), the PCP will provide the initial WC164 form to Pinnacol.

Within seven business days from DOS, the medical records and office visit notes are to be sent to Pinnacol.

PCP communication

Within 10 business days from correspondence date

- Respond in writing by fax or mail to any written correspondence from Pinnacol.

Within 14 calendar days from DOS

- Provide the closing WC-164 form to Pinnacol.

Within 1 business day

- Notify the claims management team of any no-shows for appointments.

Within ten business days from the correspondence date, the PCP will respond in writing by fax or mail to any written correspondence from Pinnacol.

Within 14 calendar days from DOS, the closing WC164 form will be sent to Pinnacol.

If the injured worker does not keep an appointment, Pinnacol should be notified within one business day.

Content for initial record

- Mechanism of injury and causality assessment
- Current condition of the injured worker (IW)
- Diagnosis and treatment plan
- Medications
- Specific work restrictions
- Anticipated date of MMI
- Date of next appointment (if any)

Each visit note will include these items in the medical record:

The mechanism of injury and causality assessment, the current condition of the injured worker, the diagnosis and treatment plan, any medications, the specific work restrictions, the anticipated date of maximum medical improvement, and the date of next appointment if any.

PCP wait times and availability

Wait time for

- Scheduled appointment should be under 30 minutes
- Urgent care or walk-in visits should be less than one hour

Initial visit should occur within 48 hours of the appointment request.

Services must be available Monday — Friday during normal business hours.

The SelectNet PCPs agree to meet standards for wait times and availability.

The wait time for a scheduled appointment should be under 30 minutes.

For urgent care or walk-in visits, the wait time should be less than one hour.

The initial visit should occur within 48 hours of appointment request and services must be available Monday – Friday during normal business hours.

Availability in rural areas

Healthcare services must be available in a manner that adequately addresses the rural community needs.

In rural areas, healthcare services must be available in a manner that adequately addresses the rural community needs.

PCP referrals

- The PCP initiates all referrals and schedules the initial appointments for the IW.
- Referrals should be to SelectNet providers unless the service is not available within the network or in the PCP's independent medical judgement, the use of an out-of-network provider is necessary.

The PCP initiates all referrals and schedules the initial appointments for the injured worker.

Referrals should be made to SelectNet providers unless the service is not available within the network or if in the PCP's independent medical judgment, the use of an out-of-network provider is necessary.



The next set of slides is specific to urgent care facilities.

UC participation standards

SelectNet urgent care providers should

- Offer emergent care services only
- Direct IW to their employer for a list of designated providers for follow-up care

SelectNet urgent care providers should only offer emergent care services.

The urgent care provider should direct injured workers to their employer for a list of designated providers for follow-up care.

UC participation standards

All urgent care facilities must be certified by the Urgent Care Association of America (UCAOA) to be recognized for a separate facility payment for the initial visit per the DOWC.

(7 CCR 1101-3, Rule 18, Urgent Care Facilities)

According to Workers' Compensation Rule 18, all urgent care facilities must be certified by the Urgent Care Association of America (UCAOA) to be recognized for a separate facility payment for the initial visit.

UC communication

Within 2 business days

- Return calls to Pinnacol.

Within 7 business days from date of service (DOS)

- Fax or mail the initial evaluation report to Pinnacol.

Within 10 business days from correspondence date

- Respond in writing by fax or mail to any written correspondence from Pinnacol.

Urgent care facilities should return calls to Pinnacol within two business days and fax or mail the initial evaluation report to Pinnacol within seven business days.

Within ten business days from the correspondence date, respond in writing by fax or mail to any written correspondence from Pinnacol.

UC wait times

- For scheduled appointments: should be under 30 minutes
- For urgent and walk-in visits: should be less than one hour

The wait times in urgent care for scheduled appointments should be under 30 minutes and urgent and walk-in visits should be less than one hour.

UC provider referrals

- The UC provider should refer all follow-up care to the employer's chosen designated provider.
- Follow-up for suture removal is permitted if no other follow-up is needed.
- Referrals should be to SelectNet providers unless the service is not available within the network or if in the urgent care provider's independent medical judgment the use of an out-of-network provider is necessary.

The urgent care provider should refer all follow-up care to the employer's chosen designated provider.

Follow-up for suture removal is permitted if no other follow-up is needed for the injured worker.

Referrals should be to SelectNet providers unless the service is not available within the network or in the urgent care provider's independent medical judgment the use of an out-of-network provider is necessary.



The next section applies to specialty care providers.

Specialist participation standards

- Coordinate care with the PCP to ensure IWs receive medically necessary and timely care
- Follow DOWC treatment guidelines
- SelectNet providers should abide by Pinnacol procedures and policies for
 - Process management and scheduling
 - Communication with PCPs
 - Utilization management and Pinnacol's network referral program

Specialty care providers will coordinate care with the PCP to ensure injured workers receive medically necessary and timely care.

They must follow DOWC treatment guidelines, and SelectNet providers should abide by Pinnacol procedures and policies for process and utilization management, scheduling, communication, and referrals within Pinnacol's network when possible.

Referral and on-call specialists

- Group participants under a SelectNet agreement have responsibilities to provide services whether the referral is from a network or non-network provider.
- On-call providers may provide on-call and backup coverage for group participants who are ill or out of area.

Group participants under a SelectNet agreement have responsibilities to provide services whether the referral is from a network or non-network provider.

On-call providers may provide on-call and backup coverage for group participants who are ill or out of area.

Referral and on-call specialists

- On-call providers may admit and/or perform necessary surgery for an IW requiring hospital admission and/or surgery.
- The on-call provider retains the case responsibility until the referral is made back to the PCP for ongoing care management.

On-call providers may admit and/or perform necessary surgery for injured workers requiring hospital admission and/or surgery and the on-call provider retains the case responsibility until the referral is made back to the PCP for ongoing care management.

Referral and on-call specialists

If the on-call provider attends to an IW (in a hospital or practice setting for the group participant) and the visit does not require admission or surgery, the on-call provider should transfer care to the in-network group participant or the PCP, whomever is appropriate, for follow-up care.

If the on-call provider for a group attends to an injured worker in a hospital or practice setting and the visit does not require admission or surgery, the on-call provider should transfer care to the in-network group participant or the PCP, whomever is appropriate, for follow-up.

Specialist scheduling

Within 24 hours of the referral

- Schedule the appointment

Within 5 business days from date of referral

- Evaluate/treat the IW

Within 10 business days of receiving Pinnacol's authorization for payment

- Perform elective surgery

Within 24 hours of the referral, the specialist office should schedule the appointment and evaluate and or treat the injured worker within five business days from the date of the referral.

Elective surgeries (those that are non-emergent) should be scheduled within ten business days of receiving Pinnacol's authorization for payment.

Specialist wait time

Scheduled appointment wait time should be less than 30 minutes.

In specialty practices, the wait time for scheduled appointments should be less than 30 minutes.

Specialist referrals

- Although the PCP should initiate all referrals, a specialist may assume responsibility for some cases. For these, the specialist's office should schedule any referral appointments for the IW.
- In this situation, the specialist will meet all other PCP performance standard expectations as previously noted.
- Pinnacol must be notified of any out-of-network referrals.

Although the PCP should initiate all referrals, a specialist may assume responsibility for some cases.

In this situation, the specialist office should schedule any referral appointments for the injured worker and the specialist should meet all other PCP performance standard expectations as previously noted.

Pinnacol should be notified of any out-of-network referrals.

Specialist as UC provider

When specialists serve as UC providers, they are expected to provide primarily emergent care. Any necessary follow-up should be referred to the employer's designated provider choices for care.

When specialists serve as urgent care providers, they are expected to provide primarily emergent care.

Follow-up should be referred to the employer's designated provider choices for care.

Specialist procedures

- Provide only procedures requested in the referral.
- Procedures requiring prior authorization for payment under DOWC Rule 16 utilization standards should be pre-authorized by Pinnacol before being scheduled or performed.
- When scheduling an assistant surgeon, best efforts should be made to use a network provider unless in the specialist's independent medical judgement the use of an out-of-network provider is necessary.
- Physician assistants and surgical assistants utilized in the surgical setting need not be in the network.

Specialists should only provide procedures specifically requested in the referral.

Procedures requiring prior authorization for payment under DOWC Rule 16 utilization standards should be pre-authorized by Pinnacol before being scheduled or performed.

When scheduling an assistant surgeon, best efforts should be made to use a network provider unless, in the specialist's independent medical judgment, the use of an out-of-network provider is necessary.

Physician assistants, nurse practitioners and surgical assistants utilized in the surgical setting need not be in-network.

Specialist communication

Within 24 hours of the initial exam

- Communicate with the PCP and the Pinnacol claims management team.

Within 7 business days from DOS

- Provide a written narrative report for initial and ongoing care to the PCP and Pinnacol claims team.

Within 24 hours of the initial exam, specialists should communicate with the PCP and the Pinnacol claims management team.

The written narrative report for initial and ongoing care should be submitted to the PCP and Pinnacol claims team within seven days after the appointment.

Ongoing care

Re-evaluate treatment plan after each major procedure or injection series. Submit report to PCP and Pinnacol within 7 business days of re-evaluation. Include

- Current condition of the IW
- Diagnosis and treatment plan
- Medications
- Date of next appointment (if appropriate)

Re-evaluate the treatment plan after each major procedure or injection series.

The report should be submitted to the PCP and Pinnacol within seven business days of re-evaluation.

Make sure to include the current condition of the injured worker, the diagnosis and treatment plan, any medications and the date of the next appointment if appropriate.

Post-operative care; case closure

- PCP and specialist collaborate to set restrictions and work status during recovery
- After release from the specialist, the PCP is solely responsible for care and referrals.
- Unless otherwise arranged, the PCP is responsible for placing the worker at MMI.

The PCP and specialist should collaborate to set restrictions and work status during recovery.

After the injured worker is released from the specialist's care, the PCP will be solely responsible for care and referrals.

Unless otherwise arranged, the PCP is responsible for placing the worker at MMI.

Specialist communications

Within 1 business day

- Notify the claims team if an IW misses an appointment.

Within 2 business days

- Return calls to Pinnacol.

Within 10 business days of correspondence date

- Respond to letters from Pinnacol.

Within one business day, specialists should notify the claims team if an injured worker misses an appointment.

Calls from Pinnacol should be returned with two business days.

Correspondence from Pinnacol should be responded to within ten business days of the correspondence date.



The next set of slides refers to the standards for rehabilitation services.

These include physical, occupational, speech and massage therapists, and acupuncturists.

Rehabilitation service standards

Physical, occupational, speech and massage therapists, acupuncturists: all applicable specialist participation standards also apply

- Must have a current prescription from the referring physician and should begin services within two business days from referral
- Agree to provide a written initial and discharge report to the referring physician within five days of services

All applicable specialist participation standards also apply.

Rehabilitation providers must have a current prescription from the referring physician and should begin the services within two business days from the date of the referral.

They agree to provide a written initial and discharge report to the referring physician within 5 days of services.

Rehabilitation service standards

Agree to obtain prior Pinnacol approval for payment

- Before providing job site analysis services
- If prescribed services exceed recommended limitations in the DOWC's Medical Treatment Guidelines

Rehabilitation providers agree to obtain prior Pinnacol approval for payment before providing job site analysis services, or the prescribed services exceed recommended limitations as set forth in the DOWC's medical treatment guidelines.

Rehabilitation service standards

Obtain approval for payment before providing any special testing such as

- Functional capacity testing
- Work-hardening and work-conditioning tests

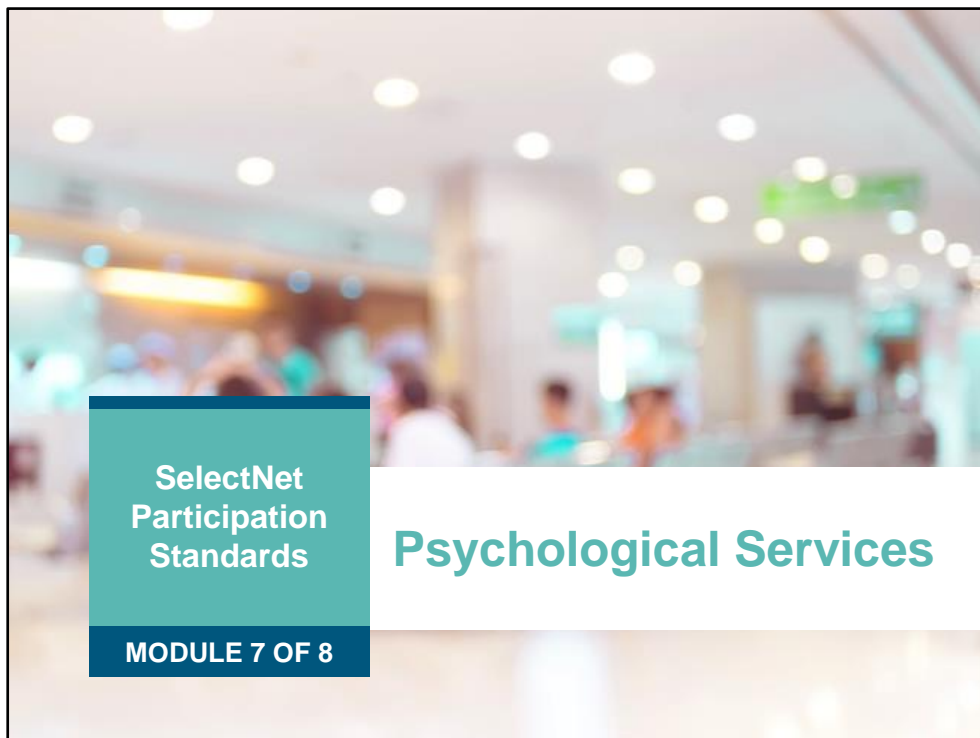
Reports of these tests will be sent to the referring provider and Pinnacol within seven days of the services.

Document and communicate requests for additional services and send therapy notes to the referring physician.

They will also need approval for payment before providing any special testing such as functional capacity testing, work hardening and work-conditioning tests.

Reports of these tests will be sent to the referring provider and Pinnacol within seven days of the services.

Providers should document and communicate requests for additional services and send therapy notes to the referring physician.



The next set of slides specifically refers to psychological services.

Psychological services standards

- All applicable specialist participation standards apply.
- Providers should communicate directly with Pinnacol and the PCP within 24 hours of initial exam
- A written narrative report should be received within seven business days for each DOS.

All applicable specialist participation standards apply.

Service providers should communicate directly with Pinnacol and the PCP within 24 hours of the initial exam, and a written narrative report should be received within seven business days for each date of service.

Psychological — communication

- Patient's work-related history
- Mechanism of injury
- Causality assessment
- Current condition of the IW
- Diagnosis and treatment plan
- Medications
- Date of next appointment (if appropriate)

Communication and documentation for psychological services should include these items:

The work-related history, the mechanism of injury, the causality assessment, the current condition of the injured worker, the diagnosis and treatment plan, any medications, and the date of the next appointment (if appropriate).

Ongoing psychological care

- Provide treatment information to the referring PCP and Pinnacol whenever the treatment plan is altered.
- Submit updated information within seven business days from the date of the re-evaluation.

For ongoing psychological care, provide the treatment information to the referring PCP and Pinnacol whenever the treatment plan is altered.

Updated information should be submitted within seven business days from the date of the re-evaluation.

Follow-up narrative report

- Current condition of the IW
- Diagnosis and treatment plan
- Medications
- Date of next appointment (if appropriate)

Similar to the initial report, the follow-up narrative report will include the current condition of the injured worker, the diagnosis and treatment plan, any medications, and the date of the next appointment (if any).

Psychological care referrals

The psychological services provider should not

- Make referrals to another health professional
- Establish physical restrictions
- Place the worker at MMI for physical injuries

The PCP should be consulted and concur with any treatment plans initiated by the psychological services provider.

The psychological services provider should not make referrals to another health professional, establish physical restrictions, or place the injured worker at MMI for physical injuries.

The PCP should be consulted and concur with any treatment plans initiated by the psychological services provider

Psychological care — prior authorization

The psychological services provider should obtain prior authorization for payment from Pinnacol

- Before performing services not specifically addressed in the DOWC Medical Treatment Guidelines
- For services in excess of the limits outlined or those that require prior authorization (Rule 17)

The psychological services provider should obtain prior authorization for payment from Pinnacol before performing services not specifically addressed in the DOWC Medical Treatment Guidelines and for services in excess of the limits outlined, or those that require prior authorization.

Psychological service delegation

When delegating a portion of a psychological evaluation, test and/or treatment of an IW covered by Pinnacol, the provider should utilize the services of a non-physician provider (LCSW, LMFT or LPC).

- Recognized under Rule 16
- Registered or licensed by Colorado's Dept. of Regulatory Agencies

When delegating a portion of a psychological evaluation, a test and/or treatment of an injured worker covered by Pinnacol, the provider should utilize the services of a non-physician provider recognized under Rule 16, one who is registered or licensed by Colorado's Dept. of Regulatory Agencies.

These services could be performed by a licensed clinical social worker, a licensed marriage and family therapist, or a licensed professional counselor.

Psychological service delegation

All non-physician providers should receive referrals from an authorized PCP or credentialed mental health professional (psychologist or psychiatrist) only after:

- A formal psychosocial assessment with a specified mental health assessment and
- A recommended treatment plan consistent with the Medical Treatment Guidelines.

All non-physician providers should receive referrals from an authorized primary care provider or credentialed mental health professional (a psychologist or psychiatrist) only after a formal psychosocial assessment with a specified health diagnosis and a recommended treatment plan.

These should be consistent with the Medical Treatment Guidelines.

The provider manual includes additional guidance on treatment modifications, prior authorizations, documentation, and turnaround time for reports.

Quality of service or care issues

- Reported by IW, policyholder (employer), Pinnacol staff or another provider
- Investigation of complaint
- Documentation and notification to provider

The SelectNet Provider Manual participation standards and Exhibit B are available in the Resource section on Pinnacol.com.

The components of a medical narrative are also available in the Resource section of Pinnacol.com. .

The provider manual has a detailed section that refers to the quality of service or care issues.

These issues can be reported by injured workers, policyholders (employer), Pinnacol staff, or another provider.

The manual contains detailed information on the complaint investigation and the documentation and notifications to the provider.

Quality of service or care issues

- Five or more substantiated issues during the credentialing cycle must be reviewed by the Credentialing and Quality of Service Committee (CQSC) or NAC, depending on the issue.
- Certain issues may warrant immediate action even when fewer than five issues have been reported. Action may include termination of network contract.
- For more information, see Appendix D of the SelectNet Provider Manual.

Depending on the type of issue, the Credentialing & Quality of Service Committee (CQSC) or NAC must review any provider with five or more substantiated issues documented during a credentialing cycle.

Certain issues may warrant immediate action even when less than five issues have been reported. The action may include termination of the network contract.

The specific process is available in Appendix D of the SelectNet Provider Manual on Pinnacol.com.



This concludes Module 7, the SelectNet Participation Standards.

Proceed to the survey section for the assessment questions and to print the continuing education certificate for this module.

To conclude the series, please select Module 8, which covers Pinnacol processes and policies.