How to obtain medical care for a work-related injury or illness.
Summit’s workers’ compensation managed-care organization (Summit MCO) is a cooperative effort between your company’s workers’ compensation provider and Heritage Summit HealthCare, Inc., a Summit subsidiary.

We encourage you to read this handbook and become familiar with the steps for using the Summit MCO when you need medical care for a work-related injury or illness.

Please remember that any person who knowingly files, or permits to be filed on his behalf, any false or fraudulent claim could be subject to felony or misdemeanor penalties under Kentucky law. (See Kentucky Revised Statutes (KRS) 342-335 and KRS Chapter 304.47 in the Insurance Fraud statutes.)

If you have any questions, please call your Summit MCO medical services coordinator or case manager at 1-800-863-2181 (Monday–Friday, 8:00 a.m.–5:30 p.m. Eastern Time).
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What Is Workers’ Compensation?

The Kentucky Workers’ Compensation Program requires that insurers pay medical and disability benefits when an injury or illness arises “out of and in the course of” employment. Workers’ compensation is regulated by the Commonwealth of Kentucky, and the benefits are set by law.

Your Workers’ Compensation Program: Managed Care

Under Kentucky workers’ compensation law, Summit operates a workers’ compensation managed-care organization to provide medical care for injured workers.

The Summit MCO will work with you and your designated doctor to provide treatment that is appropriate and that will help you return to work as soon as medically possible.

Your Rights and Benefits

General information

- This workers’ compensation insurance coverage is provided by your employer at no cost to you.
- This coverage will pay for all reasonable and necessary medical care if you get injured at work or develop an occupational disease arising out of and in the course of your employment.
- You are covered from your first day of work on the job.
- If you are injured on the job, you may be required to take a drug and/or alcohol test. If you test positive for alcohol or illegal drugs at the time of your injury, you may not be entitled to workers’ compensation benefits under this program according to Kentucky law.
- You may obtain one copy of your medical records from any provider at no charge.
- You have the right to copies of any medical reports you request (50¢ per page for regular copies, actual cost for X-rays or nonpaper documents).

Selecting your doctor

You may choose your doctor for treatment of a work-related injury or occupational disease from a list of physicians participating in the Summit MCO network. This list may be obtained from your employer’s workers’ compensation representative or our website at www.summitholdings.com.

- You must notify the Summit MCO of your selection by completing a Form 113, which must include a written acceptance by the designated physician, within 10 days of your initial treatment by that physician. (Please note that Form 113 is included with this handbook.)
- Within 10 days of receiving your completed Form 113, we will mail a First Designated Physician card to you. The card must be presented each time medical services are sought as a result of your work-related injury or occupational disease. The card lets any treating facility know who your designated physician is. The doctor you choose has sole authority to refer you to another treatment facility or to a specialist.
- If we fail to mail the First Designated Physician card to you within 10 days, we must waive any objection to treatment by another physician prior to your receipt of the card.
- If you fail to comply with these requirements, the Summit MCO may suspend all benefits payable under Kentucky Revised Statutes (KRS) Chapter 342 until you send in your completed Form 113.

If you want to read the Kentucky law regarding employee selection of a physician, go to www.lrc.state.ky.us/kar/title803.htm. See Chapter 25:096, Section 3, of the Kentucky Administrative Regulations (KAR).

Medical care

- Care that is medically necessary will be given to you at no cost. Medical care includes approved surgical, hospital and dental care, prescriptions and medical supplies. You must
prescriptions and medical supplies. You must use authorized Summit MCO providers for medical care.

- If you go out of the network to seek medical care, your benefits will not be covered except in the case of an emergency.

- If you are injured on the job, you should go to the nearest authorized treatment facility for medical care, unless it is an emergency or unless you have been instructed otherwise by Summit.

- Your company’s workers’ compensation plan will pay providers directly for authorized services. If you receive provider bills, please call the Summit Claims Center at 1-800-863-2181 (Monday–Friday, 8:00 a.m.–5:30 p.m. Eastern Time), or mail the bills to the address listed below. Do not pay these bills.

Prescriptions
Summit has a prescription drug program especially for injured workers. Express Scripts administers this program and has contracted with many pharmacies and retail chains in your area, such as Kroger, Wal-Mart, Kmart, CVS and Rite Aid.

If you are injured on the job, your employer should give you a completed First Prescription Fill (Letter of Intent) form before you go to the doctor. If you receive prescriptions for your injury, you will need to present this form to the pharmacist when you get your first workers’ comp-related prescription filled. This form enables you to receive an initial 7-day supply (maximum) of medications prescribed for your injury. A complete list of participating pharmacies is included on this form.

At the time your claim is reported, a prescription card will be generated and mailed to you for future prescriptions related to your injury. You should receive your prescription card within one week of your injury. Simply present the prescription card to your pharmacist for refills or any new prescriptions after your initial 7-day supply.

To obtain more information about participating pharmacies or for authorization to have a prescription filled (without the First Fill letter), please contact Summit at 1-800-863-2181 (Monday–Friday, 8:00 a.m.–5:30 p.m. Eastern Time).

Any pharmacy outside the network will be reimbursed at the lowest contracted rate. The nonparticipating pharmacy should bill the program directly by mailing the bill to the following address:

Summit Claims Center
P.O. Box 600
Gainesville, GA 30503-0600

If you pay the bill yourself, send the receipt along with a completed reimbursement form (Form 114, included with this handbook) to the Summit Claims Center. Your receipt must include the following information: date dispensed, prescription number, medication name and strength, National Drug Control number, quantity dispensed, number of days supplied, whether new or refill, reason for use of nongeneric drug (when applicable), prescribing physician’s name and state license number (from the Kentucky Board of Medical Licensure at www.state.ky.us/agencies/kbml), and the charge for each medication billed.

Your Responsibilities
If you get hurt on the job and it is an emergency . . .

- Have someone call 911 or take you to the nearest emergency room.

- Your supervisor or another responsible person must call Summit at 1-800-762-7811 as soon as possible after an injury requiring emergency care.

- Summit will coordinate additional care for you as needed and may make arrangements for a drug or alcohol test.
If you get hurt on the job and it is not an emergency . . .

• Tell your supervisor about your injury or illness immediately.

• Your supervisor must call Summit at 1-800-762-7811 for treatment authorization.

• You and your employer will be assisted by a Summit representative, who will help you locate a treatment facility within our network. The representative will provide that facility with the necessary authorizations for treatment. During this process, you will be able to choose your primary care physician.

• Go to or have someone take you to the nearest treatment facility or to the physician indicated by the Summit MCO. If you arrive at the facility and Summit has not yet been notified of your injury, the facility must call Summit before providing treatment (except in an emergency, as mentioned above).

• The physician(s) will treat you and may perform a drug or alcohol test.

• Summit will work with the physician to set up any other necessary treatment to get you back to work as soon as possible.

If you’re outside of Kentucky, away from the worksite, or out of the service area for the managed-care organization . . .

Normally, you will go to a network facility closest to your worksite for care. However, if you are outside of Kentucky or away from your worksite, please call Summit before seeking treatment. We will refer you to a nearby provider within our network or provide you with alternative procedures.

If you need surgery or hospitalization . . .

Summit must authorize all surgery or hospital admissions except in emergency situations. Please have the physician or hospital call Summit at 1-800-863-2181 (Monday–Friday, 8:00 a.m.–5:30 p.m. Eastern Time) for authorization. If Summit determines that the procedure or admission is not medically necessary, the medical director may contact the physician to discuss the case in more detail or to develop an alternative plan of care. Summit may request a second opinion.

Changing physicians . . .

• You may change designated physicians once without authorization from your employer or the Summit MCO. A referral by your designated physician to a specialist is not considered a change of designated physician unless the specialist is specifically chosen by you to be your second designated physician.

• Within 10 days of deciding to change your designated physician, you must complete the back of the First Designated Physician card and return the card with the name of the Second Designated Physician to Summit. The card must include the written acceptance by the Second Designated Physician. We will issue you a new card within 10 days.

• The card will read: Second Designated Physician—Workers’ Compensation. The reverse side of the card will bear notice that:
  a. Treatment is to be made by or on referral from the second designated physician; and
  b. Another change of designated physician requires the written consent of your employer, the Summit MCO, an arbitrator or the administrative law judge.

• If we fail to mail the Second Designated Physician card within 10 days, we cannot object to your treatment by another physician prior to your receipt of the card.

• If you have exhausted your two choices of designated physician, you cannot, except as required by medical emergency, select another physician without the written consent of your employer, the Summit MCO, an arbitrator.
or the administrative law judge. Any further requests to change physicians will be handled through our grievance process. Please see page 7 to learn how to file a grievance.

- To read the “Change of Designated Physician” section of the Kentucky Administrative Regulations (KAR), see Chapter 25:096, Section 4, at www.lrc.state.ky.us/kar/title803.htm.

While receiving treatment
- Your designated physician may refer you to another network physician or specialist, if needed. Your physician should call Summit for approval. The other physician or specialist will consult with Summit’s medical services coordinator or case manager to arrange for additional tests or care as needed.
- You or the Summit MCO may request that an independent medical exam be performed when there is a dispute concerning overutilization, medical benefits, compensability or disability. You must contact your medical services coordinator or case manager for assistance.
- You are responsible for keeping all of your scheduled appointments. If you have any problems doing so, call us at 1-800-863-2181 (Monday–Friday, 8:00 a.m.–5:30 p.m. Eastern Time). Your medical services coordinator or case manager will be glad to help you.

Utilization Review
In compliance with 803 KAR 25:190, Summit has designed a Utilization Review Process to assure that injured workers receive appropriate care and treatment. As we monitor the healthcare services being provided, we are checking for the use of prevailing standards of medical practice so injured workers can progress toward the goal of regaining their health and returning to their jobs.

Selection criteria for utilization review
Utilization review will be performed on cases selected by defined criteria. Focused reviews will begin when any of the following occur:
- Upon a medical provider’s request for pre-certification;
- Upon notification of a surgical procedure, or residential placement; pursuant to 803 KAR 25:096 treatment plan;
- When total medical costs exceed $3,000; or
- When total lost workdays exceed 30.

If the employee or provider is still dissatisfied with the outcome of the Utilization Review initial decision, they may apply for reconsideration by contacting Heritage Summit HealthCare Inc. at 1-800-863-2181 within 14 days of the initial decision.

Heritage Summit HealthCare reconsideration process
The following process is available to appeal any disputed initial utilization review decision(s).

1. The appeal request is made directly to Heritage Summit at 1-800-863-2181 (Monday–Friday, 8:00 a.m.–5:30 p.m. Eastern Time) within 14 days of the initial decision.

2. A physician who is board-eligible or a certified physician in the same specialty as the treating physician (peer physician) will review the request and make a decision concerning the appeal within 10 days of receipt of the appeal.
   - If the peer physician approves the appeal, the treating physician, facility and claimant will be notified via telephone, and a follow-up letter will be sent to each.
   - If the peer physician denies the request, notification will be sent to all parties via regular mail.

If the treating physician or injured employee continues to disagree with the denial decision, they may proceed to the Administrative Law Judge (ALJ) by filing a Request for Resolution. The ALJ may be contacted at the following address:

Office of Workers’ Claims
657 Chamberlin Avenue
Frankfort, KY 40601
In addition to the above process, the Summit MCO offers a grievance process. Please see next section for more information.

**Drug and/or alcohol testing**
If you are injured on the job and test positive for illegal drugs or alcohol, you may be denied your workers’ compensation benefits. If you refuse or fail to take a drug test, your workers’ compensation benefits may be denied.

**Safety requirements**
You must wear and use any safety equipment required by your employer. If you do not use required safety equipment or if you fail to observe safety rules and you get hurt, your workers’ compensation benefits may be reduced.

**Return to work**
You are expected to return to work in your normal job or a temporary modified job as approved by your physician. If you refuse to return to work, you may not be eligible for workers’ compensation wage benefits.

**Workers’ compensation fraud**
Filing a false workers’ compensation claim is a crime and is punishable under the applicable Kentucky workers’ compensation laws, KRS 342.335 and KRS 304.47.

False workers’ compensation claims are investigated by the Kentucky Office of Workers’ Claims and the FBI and are reported to the authorities immediately.

You can help stop these crimes by reporting any suspected abuses directly to us by calling 1-800-863-2181 (Monday–Friday, 8:00 a.m.–5:30 p.m. Eastern Time).

**Grievance Procedures for the Summit MCO**
Our goal is to provide quality medical care to injured employees covered by the Summit MCO, and we know that there may be times when you have questions, concerns or complaints regarding the medical services provided. The following procedures were designed to ensure that any of your questions or complaints are handled in a timely manner.

We want to answer questions and resolve any issues you may have through an informal process whenever possible. If you are not satisfied after speaking with your medical services coordinator or case manager, you may ask to speak with a supervisor, who will assist you at the time.

We will notify you of our decision, or we may request additional information.

**What is a grievance?**
A grievance is a written complaint or written request delivered by the employee or provider to the managed healthcare system setting forth the nature of the complaint and remedial action requested.

**How to file a grievance**
- All grievance requests must be in writing. To assist you in filing your grievance, we have enclosed a Grievance Review Request form. Please complete this form and mail to the following address:
  - Summit Claims Center
  - Attn: Summit MCO Grievance Coordinator
  - P.O. Box 600
  - Gainesville, GA 30503-0600

- All grievances must be filed within 30 days of the occurrence.
- The grievance form must include a summary of the issue, including all specifics, such as names, dates and origin of the issue. The summary must also include a statement of the action you are requesting of the Summit MCO, along with all supporting documentation for each issue.
- Upon receipt of the grievance form, our medical services coordinator and case manager will work together with the grievance coordinator to gather and review medical information. An initial determination on granting or denying the grievance occurs.
Responsibilities of the Summit MCO

It is our responsibility to provide you with convenient access to medical care at a location close to your place of work. We will ensure that all medical services are performed by licensed, qualified providers.

We will coordinate your return to work with your treating physician by obtaining a list of physical restrictions from your treating physician and forwarding it to your employer.

If you have any complaints regarding your case, it is our responsibility to provide you with the information necessary to file a grievance.

We will help you with questions about workers’ compensation and how to gain access to medical care.

If, after contacting Summit, you have concerns that have not been resolved regarding this managed-care organization or the services provided through it, you may contact the Kentucky Office of Workers’ Claims at (502) 564-5550.

If the grievance involves the collection of information outside the service area, the Summit MCO, upon notifying the employee or provider, can extend this time frame by mutual agreement between the employee and the Summit MCO.

If the employee or provider is still dissatisfied with the outcome of the grievance process, they may apply for review by an administrative law judge by filing a Request for Resolution within 30 days of the date of the system’s final decision. Upon review by an administrative law judge, the party who filed the request is required to prove that the system's final decision is unreasonable if they object to the outcome.
Managed care provided through Heritage Summit HealthCare Inc., a subsidiary of Summit Consulting Inc.
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Summit includes Summit Consulting Inc. and its subsidiaries.
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