

MEDICAL CASE MANAGEMENT

BEST PRACTICES IN LIGHT OF RULE 200.2

Golden Rules [*amended 5/4/2017*]

- The provisions of Rule 200.2 do not apply to direct employees of the Employer, Insurer or TPA.
- 200.2 applies to all non-catastrophic workers' compensation cases in the State of Georgia.
- Verbal consent is always required to work directly with and talk to injured workers on the phone.
 - A follow up written document must be sent to the client documenting that verbal consent for case management participation was provided and can be revoked at any time.
- Written consent is always required to meet with an injured worker in person at a medical appointment.
 - A patient is always entitled to a private medical exam with their physician without the presence of the medical case manager in the exam room.

Notification of Involvement & Consent

- When is consent required?
 - Consent, verbal or written, from the injured worker is required for the case manager to work directly with the injured worker.
 - Written consent from the injured worker is required when the case manager intends to attend any medical appointment with the injured worker.
 - Nothing in the rule prevents the case manager from obtaining written consent as part of their best practices.
 - The injured worker must receive written notification that consent may be refused/withdrawn at any time.
- Should we advise injured worker/attorney as soon as we become involved?
 - Yes, the best practice is to do so but there is no specific reporting period.
- In telephonic medical case management, if injured worker has refused to work directly with the case manager, how do we apprise them of our on-going case management activities and assessments?

- **The best practice to promote trust and transparency is to provide notice as soon as is possible.**

There are certain requirements within 200.2 that will inevitably involve on-going communication:

- job approvals;
- conducting private medical meetings with providers;
- Coordinating patient appointments, services, equipment or transportation;
- Identification of medical needs based on a review of the records.

On-Site Meetings with Medical Provider

- If we plan to meet privately on site with an authorized treating physician, do we advise injured worker/attorney of our planned meeting?
 - Yes, 10 days advance notice is required to injured worker, attorney & provider as defined in Rule 200.1(II)(D).
- Is consent required?
 - No.
- If no attorney, do we advise the injured worker directly?
 - Yes.
- Can an injured worker/attorney be excluded from this meeting?
 - No.
- Are there circumstances in which advance notice of a private meeting with an authorized treating physician is NOT required?
 - Exceptions to notice requirement may be made in cases of medical necessity or with the consent of the injured worker or attorney per Rule 200.1(II)(D)(4). All other reporting requirements remain in effect.
- There are some requests for medical case managers to work under Board Rule 200.2 with no intent to contact the injured worker or the treating physician. Is that okay?
 - Yes, in a consultative role to the claims professional.
 - If strictly consulting, the medical case manager is not required to advise the injured worker/attorney or provide documentation BUT *must* not have *any* contact with the injured worker or physicians, or will no longer be operating in a consultant role.
- Are we allowed under Board Rule 200.2 to present job descriptions/job analyses to the treating physician?
 - Yes. If the presentation to the treating physician is in writing, be sure to simultaneously provide copies to all parties and their representatives in

compliance with Board Rule 240. If the presentation will be in person, 10 days advance notice of such meeting with a copy of the job description/job analysis to all parties is required.

- Board Rule 200.2 states specifically that we can meet with treating physician. Is this the only medical provider we can contact or with whom we can meet?
 - The case manager may contact or meet with any authorized treating physician providing care for the compensable conditions in the workers' compensation claim. Written consent is required to attend the medical appointment with the injured worker. Advance notice is required for a private medical conference. This rule should not be read to permit meeting with a physician who has not provided care for the injured worker for the compensable injury.
- In order to provide medical management and appropriate treatment and care, we often need to speak with other specialists: occupational therapists (OT); physical therapists (PT); imaging; durable medical equipment; prosthetists; hospitals; etc. Is this permitted?
 - Yes the case manager is tasked with assessing, planning, implementing and evaluating options and services required to effect a cure or provide relief. Consent is required to attend any appointment with the injured worker. Advance notice is required for a private conference with such a specialist.
- Can the injured worker/attorney use Rule 200.1(II)(D) to prevent a case manager from contacting/meeting the treating physician ?
 - No.
- Is advance notice of the intent to meet with a doctor, but not attend a medical appointment, required to the injured worker/attorney?
 - Yes, 10 days notice is required for such a private medical meeting *to include the day, time and location.*
- *If the doctor schedules the private meeting to take place following the employee's scheduled appointment and the appointment is for some reason rescheduled, does the previous notice from the case manager apply to the rescheduled date?*
 - *Yes, if the case manager provides notice which would incorporate the rescheduling. For example: A private meeting is scheduled with Dr X to follow the employee's next appointment on date. You are also advised, if the appointment is rescheduled, the private meeting will likewise be rescheduled. The case manager shall advise the parties of the rescheduled date/time/location as soon as possible.*
- What is a "private medical meeting?"

- Any meeting with a treating provider at which the injured worker is not *planned to be* in attendance.
- Are case managers permitted to participate in any part of the Independent Medical Evaluations?
 - Rule 200.2 does not specifically address the selection, scheduling or conduct of Independent Medical evaluations as defined by O.C.G.A. § 34-9-202.

When Client or Attorney Refuses Case Management

- Care Coordination may continue
 - If represented: if verbal or written consent is refused or revoked, notification to the injured worker attorney should continue of case management activities.
 - If not represented: simple notification of appointments and basic service notification should be provided to injured worker.

Reporting Requirements

- What documents do we provide the injured worker/attorney?
 - Provide the substance of all oral communications with authorized physician(s); and copies of all correspondence and written communications, including reports-
- Does this include our billing?
 - No
- Is a Case Manager employed by the Employer, Insurer or TPA required to provide copies of their notes to the injured worker/attorney?
 - No