



Nebraska

Certified Managed Care Program



Fast facts

- › Certified managed care is voluntary
- › Managed care was approved for use in Nebraska on January 1, 1994
- › Employers/insurers may contract with one or more plans
- › Employee/provider choice preserved
- › Network provider must see employee for an evaluation within 24 hours
- › Network provider must see employee within five days of request for change of provider
- › Non-network providers must comply with all of the rules, terms, and conditions of the managed care plan
- › Must provide to the Court copies of contracts between any insurer, risk management pool, or self-insured employer, signed by the parties, within 30 days of execution of such contracts
- › Any person or entity may make written application for certification and must be certified by the Nebraska Workers' Compensation Court

Certified managed care helps bring a cooperative team approach to the delivery of health care in the workers' compensation environment. The Genex Certified Workers' Compensation Managed Care Program allows you to leverage the benefits of a certified MCO program while utilizing our proven expertise in disability management. The Genex Certified Managed Care Program was designed to meet all of the criteria of Administrative Rules. Let us work with you to enhance your current program — and realize the many benefits to employees, employers, and payers:

Employee benefits

- › Immediate, toll-free access
- › Choice of occupationally focused physicians
- › Case managers who provide understanding of treatment and recovery options
- › Internal dispute resolution
- › Goal of return to work

Employer benefits

- › Immediate notification of injury or case/claim
- › Occupationally focused network
- › Highly skilled case managers who continually monitor cases and provide ongoing communication
- › Internal dispute resolution with a goal of increased employee satisfaction
- › Structured return-to-work programs

Payer benefits

- › Timely reporting
- › Early case intervention when needed
- › Internally developed guidelines to assure that the right resources are deployed at the right time
- › Proactive communication between the Genex team of clinical experts and payer's staff



Plan administrator

- › Kimberly Hudson
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Legislation

Workers' Compensation Statutes §§ 176.135(f), 176.1351, and 176.83.
As amended by house bill 642, effective July 1, 1995. Managed Care Rule 5218 Effective: December 1, 1993

Required components

- › The names of all directors and officers, specified personnel, and entities that the plan has joint ventures with assurance that the plan provides quality services that meet all uniform treatment standards
- › Descriptions of the times, places, and manner for providing plan services, including evidence of an adequate number of health care providers in each category to give employers and employees convenient geographic accessibility and flexible choices
- › All required health care services and providers, as specified, unless there is evidence that a service is not available in a community
- › Copies of all types of standard contracts and agreements with providers, including the corresponding directory and licensing information for each provider
- › Descriptions of programs, as specified, for peer review, utilization review, internal dispute resolution, return to work, workplace safety and health, and aggressive medical case management
- › A plan to inform employees about provider choices and access to those providers, dispute resolution and a copy of the managed care notice provided to employees
- › Plans must include a program to educate participating providers on required treatment parameters, MMI, PPD management, and special obligations under the workers compensation system
- › The managed care organization medical director must attend a minimum of 12 hours of continuing education during the first year and 4 hours each year thereafter
- › Plans must identify any medical treatment standards developed for services not covered by department standards and must make them available for review by the Commissioner upon request



Responsibilities

- › Execute MCO agreement
- › Communication to employees of rights and responsibilities associated with the certified managed care plan
- › Complete employee notification acknowledgement form and provide a copy to the Genex plan administrator
- › Ensure that employees have access to a listing of participating medical care providers
- › Post certified managed care poster at worksite specialty for initial visit
- › At time of injury, employer completes and sends with employee the provider notification form identifying injured employee as a participant in the Genex Managed Care Plan

For over 35 years, Genex has helped customers manage disability and lost productivity costs through a full portfolio of consumer-focused managed care services. Our expertise is the result of a unique blend of clinical, informational, and technological knowledge that helps us optimize the outcome of each case — outcomes that are further enhanced by managing worksite injuries in a managed care environment.