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Products & Services

OVERVIEW

2011

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[www.careworks.com](http://www.careworks.com)

# CareWorks

Family of Companies



[www.careworks.com](http://www.careworks.com)

## LARGE COMPANIES

NUMBER

1

## Counterintuitive maybe, but a playful workplace is productive

BY MELISSA KOSSLER DUTTON | FOR BUSINESS FIRST

The CEO at CareWorks Family of Companies said he believes his employees are his greatest asset.

So William Pfeiffer goes to great lengths to keep them satisfied in their work.

Pfeiffer and the other managers invite employees to discuss concerns or suggestions and routinely reward them for a job well done. The company focuses on creating a fun, exciting workplace where employees feel appreciated and satisfied. They routinely reward high-performing employees with days off or gift cards.

"We've hired our associates to help us run our business, so we need to understand each of them as individuals and treat them with respect," Pfeiffer said. "Associates who feel they're regarded with respect perform at a higher level."

That's why the company is eager to implement suggestions and ideas presented by employees, he said. Earlier this year, the company followed up on a suggestion by group of associates for a companywide awareness program called "What's on Your Plate?" The 12-week awareness campaign focused on healthy food and diet choices. It included weekly trivia, contests and a weight loss competition.

"We know our associates valued this program based on the high participation rate and positive responses," Pfeiffer said. "Our real hope was to create awareness of positive life tips for our associates and their families."

The program was another example of how the company "thinks differently than any other place I have ever worked," said Fran Watkins, chief human resources officer. "They care about the health and well-being of their associates and it shows through all of the extra value-added programs and activities they coordinate for us."

The company places a lot of emphasis on taking care of its employees so that they can be happy at work and at home, Watkins said.

"We hope this consistently rewarding work experience positively impacts their home life," she said.

The company offers numerous programs designed to help employees achieve work-life balance, Pfeiffer said.

"We've increased our wellness efforts in the last year because our associates told us that staying healthy is a priority to them," he explained. "During the last year, we've had more associates receive free flu shots, on-site mammograms and eye screenings than ever before. The number of associates enrolled and staying enrolled in our Weight Watchers program is at an all-time high."

The company also reaps benefits when employees are happy and healthy, Watkins said.

"At our core, we are committed to helping our associates – both personally and professionally – so they can consistently exceed the expectations of our customers," she said.

**PLACES TO WORK**

fun conversation energy bake sales rewarding bonus teamwork contests health well-being clowns welcome breakfasts upfront birtnoay strategies prizes sundaes recognizing festive comforting

**BEST**

## CareWorks

Family of Companies

Address: 5555 Glendon Court, Dublin

Web: careworks.com

Business: Workers' compensation, case management, risk management, information technology and third-party administration

Central Ohio employees: 639

Total employees: 856

CEO: William Pfeiffer

**Nominator's comment:** "At CareWorks, we are fortunate to have top management that regularly communicates the direction of our businesses, the challenges we face and our strategies. It's comforting to have leadership that is upfront about our direction and open about our challenges. ... This culture of family makes work more interesting, fun and rewarding."

**Special benefits:** 401(k) or 403(b) plans, annual bonuses, tuition reimbursement, free parking, casual dress, bake sales, basket auctions, walks, animal adoption events, reward days off for achieving company goals, festive holidays, Halloween team building on the last Friday in October, college game day celebrations including the Ohio State alumni band performing for all associates, quarterly ice cream socials, random healthy breakfasts for all associates, nurse appreciation day, weekly recognition of individual associates, potlucks, contests, department decorating and birthday celebrations, lactation room for new mothers and maternity parking, employee assistance program, referral bonus, credit union membership, flexible spending and local gym membership discounts.



CareWorks CEO William Pfeiffer says he aims to understand each of his employees as individuals.

PHOTO BY JANET ADAMS  
BUSINESS FIRST

# CareWorks Family of Companies





## A Growing Success Story in Ohio.

Six distinct, industry-leading brands all committed to providing world-class products and consistently delivering customer service that exceeds expectations. **All right here in Ohio.**

### CAREWORKS

CareWorks is proud to be the selected managed care organization (MCO) partner of more than 175,000 Ohio employer customers. We help nearly one out of every three injured Ohio workers recover from injury and safely restore healthy, productive lifestyles.

### CAREWORKS CONSULTANTS, INC.

We are one of Ohio's leading third party administrators (TPAs). We develop long term partnerships with our more than 30,000 business customers founded on delivering cost control solutions to effectively prepare for and manage the financial impact of workplace injuries.

### CAREWORKS TECHNOLOGIES

Technology solutions and strategies for success. From management and IT consulting to infrastructure and digital marketing, CWT provides value backed by proven results. We offer a level of flexibility, an ability to conform, and trusted advice and involvement that are unmatched in our industry.

### CAREWORKS USA

We take the CareWorks best practice approach to injury, absence and disability management and deliver our services to regional and national customers. Quality case management can often make the difference between a successful return to work and a long term absence.

### RISKCONTROL360°

Our focus is on reducing insurance related costs by identifying, assessing and lowering risk exposure. From developing safe, drug-free workplaces to maintaining regulatory compliance, we empower our customers to manage risks, reduce costs and improve processes.

### VOCWORKS

We've grown into Ohio's largest vocational rehabilitation and case management network. Severe injuries often require our services to achieve healthy and successful returns to the workplace. Our success will continue to be based on our qualified, experienced and knowledgeable associates.

CareWorks   
Family of Companies

Learn more online at [www.careworks.com](http://www.careworks.com).



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CareWorks

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## 7 CareWorks Facts



### 7 CareWorks Facts

URAC Accreditation

Medical Mutual of Ohio

Injury Reporting

Internet Services

Case Management

Initial Treating Physicians

Remain at Work

**Corporate Headquarters**  
5555 Glendon Court  
Dublin, Ohio 43016

**Cleveland Headquarters**  
17800 Royalton Road  
Cleveland, Ohio 44136

**Mailing Address**  
P.O. Box 182726  
Columbus, Ohio 43218-2726

1-888-627-7586  
[www.careworks.com](http://www.careworks.com)

**A quick look at CareWorks. Utilizing a comprehensive approach for workers' compensation medical management, we focus on optimal outcomes for injury recovery and return to work.**

1. Operate as a Managed Care Organization (MCO) under BWC's Health Partnership Program (HPP) with more than 175,000 employer customers, representing over \$700 million in workers' compensation premium.
2. We medically manage nearly one out of every three workplace injury claims in Ohio, helping injured workers return to work as quickly and safely as possible, helping them restore healthy, productive lifestyles.
3. We are exclusively partnered with Medical Mutual of Ohio's SuperMed Works provider network, offering medical cost savings below BWC's fee schedule and high quality medical providers for workers' compensation.
4. Endorsed by more than 125 leading Ohio trade associations to their members, while achieving 97 percent client retention from March 1, 1997, through January 1, 2011, during MCO Open Enrollment periods.
5. We are proud to have re-earned workers' compensation case management accreditation from the American Accreditation HealthCare Commission/URAC through 2011.
6. Provide effective and efficient online services at [www.careworks.com](http://www.careworks.com), including online injury reporting and online provider searches.
7. Our current clients include the following employers:
  - The Ohio State University
  - City of Columbus
  - Ohio Department of Transportation



## URAC Accreditation



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### **In 2008, the American Accreditation HealthCare Commission/URAC again re-accredited CareWorks for workers' compensation case management.**

CareWorks is proud to have achieved URAC re-accreditation since 2001 and is currently URAC-accredited through September, 2011.

During our initial accreditation in 2001, the URAC auditor completed the two day audit in just one day and announced that "CareWorks Rocks." "CareWorks Rocks" has become a symbol of our company's readiness to take on all challenges.

There are 33 standards which comprise the URAC accreditation program and CareWorks is proud to have been successful in earning the full accreditation with our initial application.

URAC was so impressed with CareWorks' performance in our 2003 on-site audit that they featured us in their January 2004 "AccreditWatch" national newsletter.

#### **The URAC Experience**

When CareWorks kicked off our URAC re-accreditation project in late 2002, we knew associate involvement would be critical to our success. To accomplish our goal, we developed a URAC leadership team with representatives from each area of our Company and created a company-wide awareness campaign entitled Blast Off to Re-Accreditation, challenging each department to "build a URAC Rocket" and meet our accreditation goal.

#### **Behind the Scenes**

URAC-compliant policies and procedures were developed, updated and disseminated company-wide through educational sessions which continued from the beginning of the process through our accreditation. Often throughout the process, initiatives suggested by our associates subsequently resulted in improving a practice or procedure. These changes were then monitored and evaluated by our Quality Assurance department. Data they collected was then shared with all associates so improvements could be made and processes enhanced. In many cases, changes were made several times to continually improve a process to ensure best practice.



# Medical Mutual of Ohio



MEDICAL  
MUTUAL  
OF OHIO

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## CareWorks' partnership with Medical Mutual of Ohio offers medical cost savings below BWC's fee schedule, helping our customers control their medical costs.

Fees for most professional services within our Medical Mutual network are discounted below BWC's fee schedule.

In July 2002, the Ohio Bureau of Workers' Compensation (BWC) implemented a significant change in its state-funded workers' compensation reserving system with the introduction of the Micro Insurance Reserve Analysis (MIRA). Under MIRA, an employer's workers' compensation medical costs directly impact their insurance premium.

BWC provides the MIRA system with approximately 180 data elements related to workers' compensation claims. MIRA identifies approximately 20 of these data elements - or individual claim characteristics - as cost drivers, the primary determinants impacting the cost of a claim. Medical costs are generally the predominant costs of a claim.

MIRA uses current data elements updated weekly and reviews and modifies a reserve based upon changes in the characteristics of a claim. Claim reserves created by MIRA more accurately reflect the activity and the probability of future payment for each claim. By more precisely estimating future claim costs, BWC will be able to better calculate an employer's workers' compensation premium.

In July, 2008 BWC implemented MIRA II. The new system should provide for more accuracy on an individual claim basis. BWC will base the reserve on medical treatment, duration and expenses paid. Therefore, medical expenses will be a significant part of the reserve and greatly impact the calculation of each employer's premium.

**With medical costs a significant cost driver, it is even more critical that employers are partnered with an MCO that can provide them with tools to control their medical costs.**

CareWorks' customers can realize significant discounts in their overall medical costs, which may translate into lower workers' compensation costs and insurance premiums.

## First Report of Injury (FROI)



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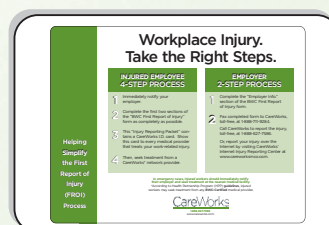
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### Proper steps to follow when a new workplace injury or accident occurs.

1. Injured workers should immediately notify their employer of their injury/ accident and obtain a CareWorks Managed Care Organization (MCO) Identification card.
2. Seek treatment from a CareWorks network or BWC-certified provider. In emergency situations, injured workers should immediately notify their employer and seek treatment at the nearest medical facility (or call 911 or a local emergency number).
3. Ensure injured worker has appropriate transportation to receive this initial medical care.
4. Complete the BWC First Report of Injury (FROI) form with the injured employee as fully as possible and submit to CareWorks as quickly as possible, using one of three reporting options:
  - Fax completed FROIs, toll-free, to 1-888-711-9284;
  - Call us, toll-free, at 1-888-627-7586; or,
  - Visit [careworksmco.com](http://careworksmco.com) and click on the Injury Reporting Center under Tools and Resources.
5. To ensure payment on compensable claims, all care after initial treatment must be provided by a CareWorks network or BWC-certified provider.
6. Injured workers should complete all internal injury reporting forms so their employer can internally track workplace injuries.
7. Your CareWorks Account Executive would be pleased to offer educational materials (available in either English or Spanish) to further promote timely and accurate injury reporting.



## Injury Reporting Packets



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### Effective injury reporting education is an important step in providing the highest quality medical management services available.

One of our primary roles as your MCO is helping you report new workplace injuries as quickly and accurately as possible.

To help you effectively manage your workplace injuries, CareWorks is pleased to offer a valuable education tool - Injury Reporting Packets.

These packets can assist you in creating an effective injury reporting process, while educating your employees on basic guidelines to follow should they be injured at work.

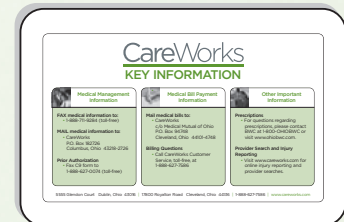
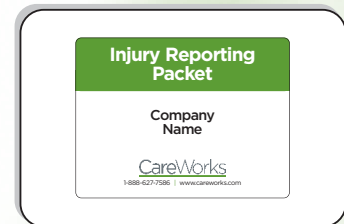
Each CareWorks Injury Reporting Packet contains the following:

- Take the Right Steps information;
- BWC FROI form;
- CareWorks MCO I.D. card; and,
- Key Information contact sheet.

The packets are delivered unsealed, allowing you to insert any existing internal forms or instructions and take advantage of the processes you already have in place for reporting new injuries.

To order your supply of Injury Reporting Packets, call our Customer Service Department, toll-free, at 1-888-627-7586.

Or, visit the Tools & Resources Section at [www.careworksmco.com](http://www.careworksmco.com) and download a sample in PDF format.



## Internet Injury Reporting



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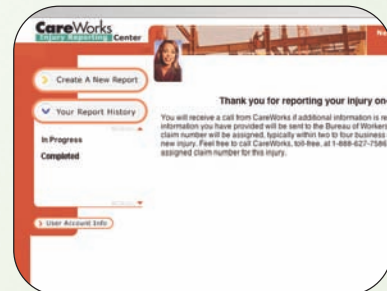
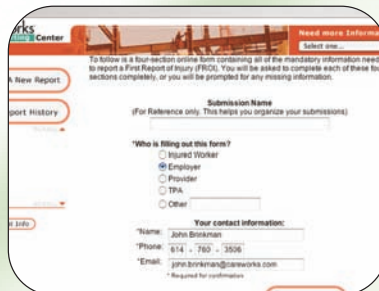
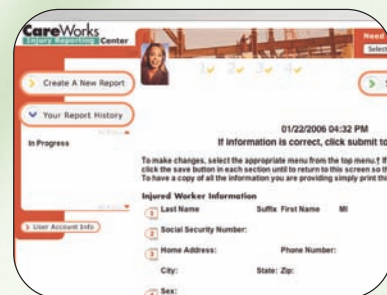
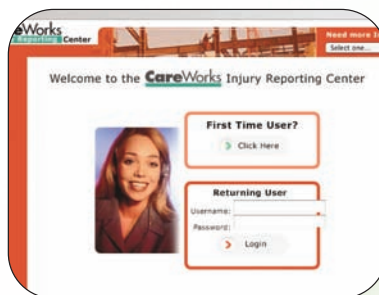
www.careworks.com

### Web-based First Report of Injury (FROI).

A number of CareWorks customers now use our Internet site – [www.careworksmco.com](http://www.careworksmco.com) – to report all new First Report of Injuries (FROIs). For many reasons, this web-based system is an improvement from the old paper form and fax options.

- First, it eliminates paperwork and gives our customers a one-stop electronic form for the most timely injury filing.
- Second, it eliminates confusion or delays created by misspellings or illegible handwriting through its data-entry interface.
- Third, all reports are saved in the system and are listed by date submitted and submission name.

To learn more, visit [www.careworksmco.com](http://www.careworksmco.com) and follow the link to the Injury Reporting Center under “Tools and Resources.”





## Internet Provider Search



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### Web-based provider directory.

For the most up-to-date listing of CareWorks' Medical Mutual of Ohio (MMO) SuperMed Works provider network or BWC-certified providers, visit our online searchable provider directory.

Visitors to [www.careworksmco.com](http://www.careworksmco.com) can follow the "Provider Search" link under our "Tools and Resources" section.

Users can select the network they wish to search, Medical Mutual of Ohio or BWC. Our design allows users to search for providers based on zip code, enabling you to search for not only specific provider types, but limit your search to only those providers within a specific mileage range of your location. A general results page is received and users can click on listed providers to get more detailed contact information.

There is a newly created "Export to Excel" option if you would like to download a Excel spreadsheet of your providers.



PROVIDER NAME	TYPE	LOCATION	PHONE	DISTANCE	DIRECTIONS	MAP
ARTHUR JAMES CANCER HOSPITAL/RESEARCH, INC.	HOSPITAL - GENERAL/ACUTE CARE	3300 W 12TH AVE FRANKLIN, OH 43229-1200	(614) 291-5400	0.95		
PROFECT CARE, HEALTH	HOSPITAL - GENERAL/ACUTE CARE	700 W STATE ST COLUMBUS, OH 43220-2001	(614) 234-5000	2.39		
SELECT SPECIALTY HOSPITAL OF COLUMBUS	HOSPITAL - GENERAL/ACUTE CARE	1407 BROADVIEW AVE COLUMBUS, OH 43206-5001	(614) 297-4000	3.99		
SHENANDOAH COMMUNITY HOSPITAL	HOSPITAL - GENERAL/ACUTE CARE	2200 W BROAD ST FRANKLIN, OH 43001-0001	(614) 297-4000	3.99		
DEPARTMENT OF VETERANS AFFAIRS (COLUMBUS)	HOSPITAL - GENERAL/ACUTE CARE	3401 TAPSCOTT AVE FRANKLIN, OH 43002-0000	(614) 297-5000	4.94		
WILSONS HOSPITAL, INC.	HOSPITAL - GENERAL/ACUTE CARE	2000 W BROAD ST FRANKLIN, OH 43001-0000	(614) 292-2000	4.95		
ST. SPECIALTY - NEW-COLUMBUS	HOSPITAL - GENERAL/ACUTE CARE	3000 BROAD ST COLUMBUS, OH 43201-0000	(614) 293-4400	4.95		

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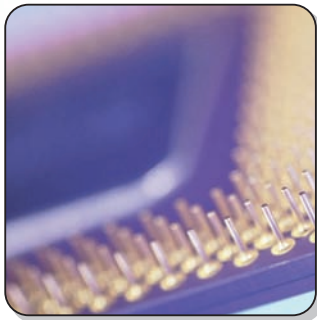
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## Case Management Systems



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**By integrating our state-of-the-art case management system with “paperless” imaging technology, we have created a technology model for workers’ compensation claims management.**

At CareWorks, we dedicated two solid years of research and development to the implementation of our integrated case management system. Today, we have united four key components – case management, first report of injury, imaging and employer databases – into one system. Combine this with enhanced electronic data interchange (EDI) transmissions and CareWorks is interacting with BWC more efficiently than ever before.

### Dynamic, Paperless Case Management & Imaging

Our “Paperless Operation” initiative has allowed us to stop working solely from hard copy paper files by converting all medical and claim information to electronic images. Paper received by CareWorks through hard copy mail is scanned into our imaging system. All inbound faxes are automatically converted to electronic format when they are received. Either way, the imaged document is placed within the appropriate electronic claim file in our Case Management system. In addition, we have developed a number of systematic prompts to help our case managers effectively manage a variety of treatment timeframes, including: follow-up on return to work; release for return to work; transitioning from alternate to full duty; and, treatment authorizations.

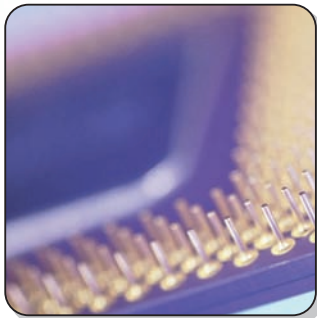
### First Report of Injury (FROI)

As new injuries are entered into our FROI system, a number of built-in features help our associates provide BWC with complete and accurate injury reports. Automatic prompts “catch” missing information, inaccurate dates and any formatting issues. This alleviates delays in FROI filing and speeds initial claim triage.

### Employer Database

By connecting our employer database to our Case Management system, our staff can customize our processes to meet your company’s individual needs. For some employers, this may include information about your business structure or specific requirements for a particular region or division. This information helps everyone at CareWorks better understand and serve your unique operations.

## Case Management Reporting



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### Quarterly case management and medical bill payment reports.

A complete listing of new injuries which have been reported to the Ohio Bureau of Workers' Compensation can be sent to CareWorks customers on a quarterly basis. Your policy/risk number is located at the top left of each report, with claim status abbreviations and definitions found on the reverse side.

Our Quarterly Reports itemize and summarize medical charges which were paid during the reporting period and the resulting cost savings. The ICD-9 diagnosis code represents the primary conditions billed by the provider of record to the MCO.

If you identify an injured worker that should not be on your report, please call us, toll free, at 1-888-627-7586. We will take the necessary steps to notify BWC accordingly. Or, call your individually assigned CareWorks Account Executive to conduct a thorough review of your report.

We work closely with our customers to deliver the following customized report options:

- Case Management Report
- Case Status Active Claims
- Claims Management ICD-9 Report
- Claims Management Accident Description
- Claims Notes
- Employer Summary
- ICD-9 Cost Report
- ICD-9 Frequency Report
- Lost Days Report
- Lost Time Claims Report
- Medical Bill Payment Report
- Medical Bill Payment Explanation of Benefits (EOB) Report
- Medical Bill Payment Surplus Fund Report
- Medical Bill Summary Report
- Medical Bill Summary Surplus Fund Report
- Provider Profile Cost Report
- Provider Profile Frequency Report
- Quarterly Case Management Report
- Quarterly Medical Bill Payment Report

# Initial Treating Physicians



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## Customized workplace injury posters.

An important part of our medical management services is helping our customers locate quality physicians and medical providers for their injured workers to visit following a workplace injury.

This helps our customers develop strong, local relationships throughout the markets they operate in, with a continued goal of successful return to work.

Below is a generic snapshot of a workplace injury poster we can develop for our customers at no charge. For more information contact your assigned CareWorks Account Executive who will work with you to create a customized education piece that meets your individual needs.

### IMPORTANT NOTICE FOR WORKPLACE INJURIES

In the event of a work-related injury, please see one of the medical providers recommended by your employer listed below and follow these important steps:

- 1 Report the accident immediately to your Supervisor.
- 2 Select a medical provider from the following list for immediate care.\*
- 3 For additional providers, call CareWorks from 8:00 a.m. - 5:00 p.m. at 1-888-627-7586.

In the event of a life threatening injury, seek the closest hospital emergency room regardless of physician network affiliation or BWC certification status.

**PROVIDER LISTINGS FOR  
WORKERS' COMPENSATION**

OCCUPATIONAL HEALTH

**Provider  
Name**

Street Address  
City, State Zip

**Phone Number**

Hours of  
Operation

**Company Name**

Address City, State Zip Code  
Phone Number

\*Employees may receive treatment from any BWC certified provider.



## Remain at Work (RAW)



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### There are two prominent goals of developing an effective Remain at Work (RAW) program:

- Assisting injured workers who remain at work after an injury; and,
- Providing services to injured workers with medical-only claims that are having difficulties or possibly could experience lost time.

Injury prevention is the best step in controlling workers' compensation costs, because the best claim is the claim that never happens. However, proactive return to work techniques like RAW can help employers avoid costly lost time claims.

The primary benefit of developing an effective RAW program is maintaining an injured worker's current employment status and regular work hours.

Rough statistics indicate that the average medical only claim cost \$700 while the average lost time claim can cost more than \$50,000.

If an injured worker needs specialized services or is having difficulty in initially returning to work, the employer should notify CareWorks as quickly as possible. Then, working together, the injured worker, employer, MCO and physician can develop a RAW plan to coordinate and pay for necessary services.

### There are requirements for an injured worker to be eligible for RAW:

- Injured worker has an allowed/certified medical-only claim;
- Injured worker is experiencing difficulty at work due to this allowed condition; and,
- Employer, injured worker or physician has identified this difficulty.

Talk with your CareWorks Account Executive about how you can develop an effective Remain at Work or other early return to work programs that can help you best manage your workplace injuries.

# CareWorks

Family of Companies



CareWorks  
Consultants Inc.

[www.careworks.com](http://www.careworks.com)

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# CareWorks Consultants Profile

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## About CareWorks Consultants

As the largest workers' compensation Third Party Administrator (TPA) in Ohio, CareWorks Consultants, Inc. (CCI) strives to exceed customer expectations and reduce the impact of workers' compensation costs. As a result of delivering best-in-class service to our customers, CareWorks Consultants is proud to maintain one of the highest client retention rates in the industry. Our service delivery model is based on a team approach with the client as our focus. Our knowledgeable associates and advanced technologies continue to distinguish us from the other TPAs in Ohio.

## Why do 32,000 employers choose CareWorks Consultants?

- Partner in Controlling Costs**  
 CareWorks Consultants saves our customers millions of dollars every year. We become a lasting partner, providing a comprehensive cost management approach.
- Ohio Focused Solutions**  
 Due to Ohio's unique workers' compensation system, CareWorks Consultants specializes in providing Ohio employers with the most effective cost management tools in our state.
- Information Technology**  
 CareWorks Consultants has the capability to create and customize reports based on unique requirements. We give our customers 24-hour access to our systems and electronic workflows.

## Comprehensive TPA Services

### Claims Administration Services

- Quality Claims Management Associates
- Team-based Approach
- Open Customer Communication
- Proactive Case Management

### Hearing Representation

- Effective Litigation Management
- Experienced Hearing Representatives

### Risk Management Services

- Group Rating
- Retrospective Rating
- Group Retrospective Rating
- Drug Free Workplace
- Safety Council
- Deductible Program
- Self Insurance
- Safety Consultation Services

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Partner with a TPA that has a strong history of significantly lowering and controlling workers' compensation costs.

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## State Fund Services

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### State Fund Experience

Since 1950, CareWorks Consultants Inc. (CCI) has provided quality third party administrator (TPA) services to state fund employers. With 32,000 state-funded clients, CareWorks Consultants strives to provide best-in-class claims administration services to our clients. CareWorks Consultants is proud to maintain one of the highest client-retention rates in the industry at 97 percent.

### Claims Administration Services

Effective state fund claims administration begins with quality claims management associates.

- CareWorks Consultants provides its clients with a dedicated, experienced Claims Examiner.
- CareWorks Consultants' Claims Examiners average nine years of workers' compensation experience.

CareWorks Consultants utilizes cost-control strategies to effectively assist our clients in controlling costs.

- Independent Medical Examinations (IMEs)
- File Reviews
- Functional Capacity Evaluations (CEs)
- Continuing Wages
- Handicap Reimbursement
- Lump Sum Settlements
- Modified Duty Programs

### Hearing Representation

CareWorks Consultants' hearing representatives average nearly 20 years experience in Ohio workers' compensation. CareWorks Consultants' associates are trained to identify the potential for a hearing or appeal filing, resulting in:

- Immediate file preparation;
- Well-organized, detailed claims files;
- Higher quality of hearing representation for our clients.

### Technology

CareWorks Consultants provides our clients with state-of-the-art technology designed to improve services and achieve mutual goals for your workers' compensation program.

- Real-time, web-enabled access to our claims management, imaging and reporting systems.
- Front-end imaging solutions with system workflows and agendas allowing our associates to track the history of all documents and actions taken.
- Secure, electronic exchange of data with service partners, as well as clients.



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## BWC Rating Programs

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### Base Rating

Base-rated employers pay their workers' compensation premiums according to the base rates established by BWC for each manual classification. Base rating allows employers to pay workers' compensation premiums based on the average costs of claims filed against all employers in like industries, utilizing the same manual classifications.

### Experience Rating

Experience-rated employers can be credit-rated or penalty-rated, depending on the claims cost record of their particular business. Employers who qualify for experience rating are usually larger, with expected losses of \$2,000 or more. An experience-rated employer with a better-than-average loss experience, compared to others in the same classification, will receive a credit and pay a rate lower than the base rate. An experience-rated employer with a higher loss experience, compared to others in the same classification, will be penalized and pay a rate higher than the base rate.

### Group Rating

Group rating allows employers operating similar businesses to group together to achieve lower premium rates than they could individually. Each group is sponsored by an organization, such as a trade association or chamber of commerce. The sponsoring organization forms the group based on eligibility requirements. BWC publishes rates for the group members, as if the group were one large company, allowing group participants to achieve a credit and pay a rate lower than their individual rate.

### Group Retrospective Rating

Performance driven employer groups. Employers receive premium rebates or assessments based on results of safety & cost control efforts. This program seems to be modeled after a similar program currently available in the state of Washington. While this program provides the potential for premium savings, employers will share a predetermined level of risk (assessments) with other plan participants.

### Deductible Program

This program offers an up-front discount on employer premium rates in exchange for accepting the financial obligation, up to the deductible amount chosen, of any new claim incurred during the policy year enrolled. The program is set up to create incentives to promote workplace safety and pro-active claims management. The deductible options range from \$500 to \$200,000 per claim.

### 100% Experience Modifier (EM) Cap

Private employers who have become penalty-rated for the policy year beginning July 1, 2010 had increases to their Experience Modifier (EM) limited, or capped, at 100%. In other words, an employer's July 1, 2010 EM (which is used in computing the employer's individual merit premium rates) could not be more than double the originally published July 1, 2009 EM. Employers must adhere to BWC's 10 Step Business Plan in order to maintain the cap.

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## BWC Rating Programs

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### Retrospective Rating

A retrospective-rated employer assumes a portion of the risk in return for a possible reduction in premiums. The greater the assumed risk, the greater the potential reduction in premiums. Employers can customize the retrospective rating plan to control the amount of risk assumed and the potential savings by selecting the maximum premium and maximum claims costs they are willing to pay. Employers with a consistent claims history and proven safety practices benefit the most from retrospective rating.

### Self Insurance

Self-insured employers administer their own workers' compensation claims. Self-insured employers must abide by BWC's and the Industrial Commission's rules and regulations to provide accurate and timely payments of compensation and benefits to their injured employees. Self-insured employers pay benefits directly to their injured employees and service providers, and do not pay BWC workers' compensation premiums. In order to be granted self insurance, an employer must meet several requirements, including workforce size, financial stability and other requirements.

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## Group Rating

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### CareWorks Consultants Group Rating

Joining a group rating program is the single best way for an Ohio employer to significantly lower their workers' compensation premiums.

- The most effective programs pool together employers from similar industries with low claims experience, helping to generate maximum premium savings for its participants.
- The Buckeye Workers' Compensation Alliance, administered by CareWorks Consultants Inc. (CCI), is a multi-tiered group rating program offering the highest possible discounts.
- Based on each customer's unique eligibility criteria, we place employers in the highest discount level achievable, minimizing your need to comparison shop.

### Why is CareWorks Consultants' Buckeye Workers' Compensation Alliance group rating program the best choice?

- Premium discounts ranging from the BWC maximum to a lesser percentage for companies with a higher prevalence of new claims.
- Multi-tiered program helping to preserve your valuable group rating status from year to year, even when new workplace injuries do occur.
- Savings of more than \$1 billion through CareWorks Consultants and the Buckeye Alliance group rating program for the 32,000 Ohio employers already CareWorks Consultants group clients.

### How much money can you save with the Buckeye Workers' Compensation Alliance Group Rating Program?

The following two scenarios illustrate the significant impact of achieving group rating status.

Company in Group Rating

Annual Premium: \$1,000  
 Group Rating Savings: 50%  
 Premium Savings: \$500  
 Total paid to BWC: \$500

Company NOT in Group Rating

Annual Premium: \$1,000  
 Group Rating Savings: 0%  
 Premium Savings: \$0  
 Total paid to BWC: \$1,000

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Let CareWorks Consultants provide you with a NO COST,  
 NO OBLIGATION analysis that maximizes your group rating potential.

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# Group Retrospective Rating

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## What is Group Retrospective Rating?

Group Retrospective Rating is an option for employers who are ineligible for traditional group rating. Under this program, BWC-certified group sponsors pool employers of like industry that meet their criteria for safety and claims management practices. If the total future claim costs of the group stay under a prescribed BWC threshold, the group members receive premium refunds ranging from 10 percent to 50 percent of their individual premiums paid.

## Considerations before Joining

Employers who wish to take part in group retrospective rating must fully understand the risk involved. If the group's claim costs exceeds the prescribed BWC threshold, the entire group of employers will pay a premium assessment. This assessment is capped at a percentage of the employer's individual annual premium. CareWorks Consultants thoroughly reviews each group member's safety program and claim history prior to acceptance into all CareWorks Consultants group retrospective rating programs we administer. CareWorks Consultants works aggressively and proactively to help our group retrospective rating clients prevent injuries and control costs to maximize the benefits of the program for all participants.

## Paying your Premiums

Group retrospective rating employers continue to pay their semi-annual premiums (at their individual rates) to BWC, as if they were not in a group.

- If new claim costs remain under predetermined limits for the group as a whole, rebates will be issued by BWC at 12, 24 and 36 month intervals after the policy year ends.
- Employers that maintain participation in the group retrospective program for multiple years can continue to get multi-year rebates, if the group continues to perform well.

## Deadlines to Enroll

Interested employers must apply through a BWC-certified sponsor. Certified sponsors provide the application and determine whether to include employers in their group retrospective program.

Deadlines for applying are:

- Private, state fund employers - Last business day of April.
- Public employer taxing districts - Last business day of October.

## Compatibility with Other BWC Programs

An employer may **not** participate in the following programs when participating in a group retrospective rating program:

- Individual Retrospective Rating;
- \$15,000 Medical-Only Program;
- Drug-Free Safety Program;
- Safety Council Discount Program;
- Deductible Program;
- One Claim Program; or,
- Group Experience Rating.

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## Alternative BWC Premium Discount Programs & Rebates

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### One Claim Program

The One Claim Program (OCP) is designed by BWC to help employers who have lost group rating status because of one significant claim to reduce their future premium payments. Participating employers are eligible for a 40 percent rate discount. The deadline to apply is the last business day in April.

### New Deductible Program

The BWC Deductible Program allows employers to participate in a per claim deductible plan, resulting in an upfront premium rate discount. Employers select their deductible amount, ranging from \$500/claim up to \$200,000/claim. Private employers may apply until the last business day in April.

### 100% EM Cap Program/10-Step Business Plan

The 100% Experience Modifier Cap is a program that limits the increase for an individual employer's experience modifier (EM) to minimize the effects of a significant premium increase for employers that become penalty rated. In essence, this program limits an employer's EM% increase to no more than double the previous year's EM percentage whether it was an individual or group EM. The 10 steps are 10 management areas identified to control costs of existing claims or prevent claims from occurring. Private employers application is due to BWC by September 30. Private employers application is due to BWC by March 31.

### Drug-Free Safety Program

The Drug-Free Safety Program allows employers to implement a drug/alcohol policy, testing and safety training program to earn a discount on their premiums. Private employers application deadline is the last business day in April. Public employers application deadline is the last business day in October.

### Safety Council

Employers can earn a 2% premium discount by enrolling and participating in a local safety council program.

### FlexPay

FlexPay allows employers to pre-pay premiums online and receive discounts for early payment. To enroll, please visit [www.ohiobwc.com](http://www.ohiobwc.com).

### 50/50 Payment Plan

This program allows employers to report their full six-month payroll but make two equal payments for the six-month period rather than paying the full amount at once. To enroll, please visit [www.ohiobwc.com](http://www.ohiobwc.com).



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## Self-Insured Services

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### Self-Insured Experience

CareWorks Consultants, Inc. (CCI) has a fifty-year history of successfully partnering with self-insured employers. With more than 200 self-insured clients, CareWorks Consultants represents more self-insured employers than most other Ohio third party administrators (TPAs). CareWorks Consultants partners with our self-insured clients to establish a service plan based on your program requirements and best practices.

### Why do more than 200 self-insured employers choose CareWorks Consultants?

- Dedicated, integrated claims team structure;
- Innovative claims management philosophy;
- Agenda/time-based computer systems;
- Imaging technology;
- Online, real-time client access to claim data and images;
- Advanced reporting capabilities;
- Cost control tools; and,
- Accountability.

### Why do self-insured employers stay with CareWorks Consultants?

- Dedicated employees;
- Outstanding customer service;
- Timely claims processing;
- 99.7% accuracy rate - fee bill processing;
- Quality audit results;
- Web-based technology;
- Integration of products and services; and,
- National bill processing service capabilities.

### Strategic Partnerships

CareWorks Consultants, through our relationship with CareWorks USA and VocWorks, provides the following integrated services that can positively impact the management of your program.

- Case Management
- Cost Containment
- Vocational Rehabilitation

### Self-Insured Clients

- Major League Soccer
- Dayton Freight
- Mercy Health Partners
- Gordon Food Service LLC
- Mercy Health System of Southwest Ohio

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Partner with a TPA that has a strong history of significantly lowering and controlling workers' compensation costs.

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CareWorks   
Family of Companies

CareWorksUSA

[www.careworks.com](http://www.careworks.com)



# Integrated Disability Management

Helping people get back to work...  
helping businesses reduce lost productivity

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**In today's workplace, the value of people or "human capital" is critical to driving productivity and ultimately your bottom line. With the rising costs of illness or injury-related absences from work, employers recognize the need for outcome based solutions focused on the health and productivity of their employees.**

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CareWorks USA's Disability Management services are designed to work together or independently and are customized to each employer's program. We simplify the administration of your disability-related programs by providing a personalized approach to your employees.

Our experienced disability management professionals work with you and your employees to effectively manage return to work. CareWorks USA's Disability Management delivers best-in-class services that can make a direct, positive impact on your bottom line. When an employee is absent from work, the impact on productivity is the same for any illness or injury - whether on or off the job - or other family medical leave issues.

CareWorks USA's Disability Management provides a comprehensive approach to managing disability-related absences and returning your employees to work. From a single, streamlined absence reporting process, to leave administration, claim administration and disability case management of short and long-term disability and workers' compensation benefits, our services help you achieve your goals of managing the health and productivity of your workforce.

## CareWorksUSA

1-888-627-0065

[www.careworksusa.com](http://www.careworksusa.com)

## Disability Management FML Solutions

- 24/7 absence reporting through one toll-free phone, toll-free fax or online.
- Employee and worksite education on FML reporting procedures.
- Experienced leave administration specialists.
- Disability Nurse Case Manager availability for review of leave requests.
- Close communication with employers and their employees.
- Fair and consistent administration of FML leaves.
- Compliance with federal and state-specific leave requirements.
- Accurate tracking of absences, including intermittent and reduced schedule leaves, in any increments of time using any 12-month calendar period designated under FMLA.
- Concurrent administration of FML with disability and workers' compensation benefit programs.
- Timely correspondence and reporting.
- Electronic data interfaces.

## Clinical Management

Clinical management is a critical component to our FML Administration services. It can mean the difference between a well managed leave and ongoing absence management issues. Our nurses work closely with your CareWorks USA designated leave coordinator to determine FML designation based on the medical information submitted. Upon receipt of certification forms for "serious health condition" our nurse reviews for the following:

- Duration of disability – is the duration appropriate for the condition?
- Provider specialty – is the provider specialty appropriate for the condition?
- Serious Health Condition – does the condition and information provided meet the definition of Serious Health Condition as defined by the DOL?
- Medical Necessity – does the certification form contain medical information which supports the need for leave under FML?

The nurse case manager provides a written nurse review which includes clinical opinion and recommendations with regard to the requested leave. Our nurses and leave coordinators are structured into integrated teams, working closely with each other to ensure the best possible outcomes.

## Customized Approach

Our customized services ensure that your FML program is administered according to your organization's values and policies and our experienced account management team makes the implementation process easy for you and your employees.

It takes more than just the best disability management services to improve your workforce's productivity and control your program costs – it takes teamwork. At CareWorks USA, we proudly partner with our clients and strategic partners to ensure we're delivering the best results for your program.

**For more information about CareWorks USA's Disability Management Solutions talk with your assigned CareWorks USA Account Manager, call us toll-free at 1-888-627-0065 or visit us on the internet at [www.careworksusa.com](http://www.careworksusa.com).**

## CaseWorks: On-line Claim Access

CaseWorks provides 24/7 real time access to all claim information. View claim status, Disability Specialist and Nurse notes, utilized benefit time, remaining benefit, recovered time, claim determinations and any documentation associated with the claim (i.e. certifications, correspondence). CaseWorks features self-run reporting capabilities for quick easy reporting and multi-level system security to ensure HIPPA compliance for multi user access.

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[www.careworksusa.com](http://www.careworksusa.com)





# Leave Administration Outsourcing

Helping people get back to work...  
helping businesses reduce lost productivity

Employers are increasingly faced with significant challenges in effectively managing FML and state leave related absences. Inappropriate administration and mismanagement of absences can cost an employer millions of dollars in revenue, production and legal fees. Today's employees are becoming more knowledgeable on the use of FML and state leave benefits. As their knowledge and use of these benefits increase, so too will your associated administrative and personnel costs. To combat increasing costs associated with employee absences, it is both financially and administratively critical to have a solid, well governed absence management program in place.

## Three Primary FMLA Challenges

### Compliance Challenges

- Increasing exposure to litigation.
- According to the Equal Employment Opportunity Commission (EEOC), employees who successfully sued for wrongful termination based on FMLA absence received an average of \$87,500 - \$450,000 in damages.
- Appropriate application and coordination of state leave benefit and FML.
- Are your programs being administered within federal and state regulations? (i.e. are you meeting notification time frames, are you keeping accurate records?)
- Inconsistent handling of claims.
- Keeping up with regulation changes.

### Administrative Challenges

- Staffing concerns and increased absenteeism costs when leave is taken with little or no notice.
- Lack of accurate record keeping and reporting methods, decentralized information and perceived inequitable treatment of employees.
- Determining what constitutes a serious health condition.
- Tracking intermittent and reduced schedule leaves.
- Accurate tracking of FML bank, utilized and recovered time
- Lack of administrative personnel or resources to manage FML and leave benefits on a daily basis

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## Employee Challenges

- Employees continue to increase utilization of FMLA as a result of an aging workforce and increased knowledge of FMLA.
- Co-workers pick up additional work for those on leave, resulting in lower workplace morale as a result of co-worker resentment.
- Employees dislike employers asking sensitive questions when making FMLA determinations.

## Why Outsource to CareWorks USA

- **Reduce administrative time and expense through more efficient, automated administration.** Studies have shown it can take an average of four to six hours to process an initial FMLA claim request. This does not include any follow-up or claim recertification.
  - Here is a sample cost analysis for a 500-Employee company averaging 75 FML claims each year. The employer will spend at least 25 hours a month doing FMLA. This equates to 7.5 full weeks a year just on the initial processing of FML claims.
- **Positively impact employee productivity and morale through fair and consistent application of FMLA requirements.** Each claim is processed utilizing the same workflow. Employees have one toll free telephone number to call and our staff is available 24 hours a day, seven days week to assist their FMLA needs.
- **Consistent and accurate tracking of FMLA hours.** Outsourcing eliminates the need for manual tracking or counting of hours to determine an employee's eligibility and/or available FMLA benefit time.
- **Employee Education.** The education of employees on any new program or policy is essential to a program's success. CareWorks USA provides customized education programs for all absence management programs.
- **Accurately capture and report lost work time, associated costs, and employee trends.** Reports can be customized to provide ongoing transaction information and program trends, which can be used for staffing, management and other planning.
- **Alleviate concerns regarding privacy.** CareWorks USA strives to ensure that all communications (including reports) comply with the Health Insurance Portability & Accountability Act's (HIPAA's) requirements for protected health information. Our *Files Anywhere* program allows access to shared information while keeping it secure from unauthorized personnel.
- **Remain in compliance with state and federal FMLA laws.** Defense of an FMLA complaint costs, on average, \$78,000 - \$100,000 in legal fees regardless of the outcome. CareWorks USA Disability Management Solutions stay current on regulation updates and proposed federal and state leave law changes.
- **Customization of your program.** Program design, reporting, educational materials and correspondence to employees can be customized to meet each customer's individual needs, policies and workplace culture.
- **Designated Leave Specialists.** CareWorks USA understands the importance of relationships. As such, we assign designated leave specialists to each of our customers. Our leave specialists are highly trained, experienced professionals with a thorough knowledge of FMLA and state specific leave regulations.
- **Integration of Nurse Case Managers.** Integration of Physician Advisors and Nurse Case Management: Our experienced panel of physician advisors and nurse case managers are instrumental in making accurate decisions involving medical conditions and information.

**For more information about CareWorks USA's Disability Management Solutions talk with your assigned CareWorks USA Account Manager, call us toll-free at 1-888-627-0065 or visit us on the internet at [www.careworksusa.com](http://www.careworksusa.com).**

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# FMLA Overview for Employers

Helping people get back to work...  
helping businesses reduce lost productivity

The Family and Medical Leave Act (FMLA) of 1993 entitles eligible employees of covered employers to take up to 12 weeks of unpaid, job-protected leave in a 12-month period for specified family and medical reasons. An eligible employee is entitled to 26 workweeks of leave to care for a covered service member with a serious injury/illness during a single 12-month period.

## Final FML regulations took effect on January 16, 2009.

The final regulations address new military leave entitlements included in amendments to the FMLA enacted as part of the National Defense Authorization Act for 2008. Job-protected leave rights for employees who provide care for covered service members are included.

## Who is a covered employer?

FMLA applies to all employers with 50 or more employees for 20 or more work weeks during the current or preceding calendar year. All local, state and federal employers, including schools, are covered employers under FMLA.

## To be eligible for FMLA, an employee must:

- Work for a covered employer;
- Have worked for the employer for a total of 12 months (does not have to be consecutive);
- Have worked at least 1,250 hours over the previous 12 months; and
- Work at a location within the U.S. or any U.S. territory where at least 50 employees are employed by the employer within 75 miles.

## Who is a covered military member?

- An employee's spouse, son, daughter or parent on active duty or call to active duty status.

## An FMLA approved leave can be taken for one or more of the following reasons:

- Birth and care of the employee's newborn child;
- Adoption or foster care by an employee;

- Care for an immediate family member (spouse, child or parent) with a serious health condition; or,
- Serious health condition of an employee.
- Qualifying exigency arising out of the fact that an employee's spouse, son, daughter or parent is a covered military member on active duty (or has been notified of an impending call or order to active duty) or is deployed to a foreign country.
- Care of a spouse, child, parent or next of kin with a serious injury or illness incurred or exacerbated within five years of active duty in the armed forces.

## What is a serious health condition?

A serious health condition is an illness, injury, impairment or physical or mental condition that involves either:

- A period of incapacity or treatment with inpatient care in a hospital, hospice or residential medical facility and any subsequent treatment in connection with such care; or
- Continuing treatment by a health care provider including any period of incapacity due to:
  1. A health condition resulting in a period of incapacity of more than three consecutive full calendar days, and any subsequent treatment that also involves treatment two or more times, within 30 days of the first day of incapacity by and under the supervision of a health care provider or one treatment for a continuing regimen of treatment.
  2. Pregnancy or prenatal care.
  3. Any period of incapacity or treatment for such inca-

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capacity due to a chronic serious health condition which requires periodic visits (defined as at least twice a year) for treatment by a health care provider and may involve occasional episodes of incapacity (e.g., asthma, diabetes).

4. A permanent or long-term condition for which treatment may not be effective (e.g., Alzheimer's, a severe stroke, terminal cancer).
5. Conditions requiring multiple treatments for restorative surgery or for a condition which would likely result in a period of incapacity of more than three full calendar days if not treated (e.g., chemotherapy or radiation treatments for cancer).

#### **How much notice must the employee give for FMLA leave?**

An employee seeking FMLA leave is required to provide 30-day advance notice when the need is foreseeable. If 30 days notice is not practical, such as because of a lack of knowledge of approximately when leave will begin, a change in circumstance or a medical emergency, notice must be given as soon as practical.

#### **What is eligibility notice?**

When an employee requests FMLA leave, or when the employer acquires knowledge that an employee's leave may be FMLA qualifying, the employer must notify the employee of their eligibility to take FMLA leave within five business days. This notification must include if the employee is eligible for leave. If the employee is not eligible for leave, the notification must include at least one reason why the employee is not eligible.

#### **What information can an employer require to determine an employee's need for FMLA leave?**

An employer may require an employee to provide medical certification supporting the need for leave due to a serious health condition of the employee or an immediate family member. This certification must be completed by the employee's health care provider and provided within 15 days of notification by the employer.

#### **Can an employer contact the health care provider?**

- If an employee submits complete and sufficient certification signed by the health care provider, the employer may not request additional information from the health care provider.
- The employer (HR, leave administrator or management official - not the employee's direct supervisor) may contact the health care provider for the purposes of clarification or authentication of the medical certification (either on initial certification or recertification).
- Employers may not ask for additional information beyond that of the certification form.

#### **What is designation notice?**

When the employer has enough information to determine whether the leave is being taken for FMLA qualifying reason, the employer must notify the employee whether the leave will be designated and will be counted as FMLA leave within five business days, absent extenuating circumstance. The designation notice must be in writing.

#### **How is the 12-month period calculated under FMLA?**

An employer may select one of four options for determining the 12-month period:

- The calendar year;
- Any fixed 12-month leave year such as a fiscal year, a year required by State law, or a year starting on the employee's anniversary date;
- The 12-month period measured forward from the date any employee's first FMLA leave begins; or
- A rolling 12-month period measured backward from the date an employee uses FMLA leave.

#### **Does leave such as workers' compensation or short-term disability count against an employee's FMLA entitlement?**

FMLA leave and workers' compensation or disability leave can run concurrently, provided the reason for the absence is due to a qualifying serious illness or injury and the employer properly notifies the employee in writing that the leave will be counted as FMLA leave.

#### **Can accrued paid time be substituted for unpaid leave under FMLA?**

Employees or employers may choose to use accrued paid leave, such as sick or vacation time, to cover some or all of the unpaid FMLA approved leave. The employer is responsible for designating if an employee's use of paid leave counts as FMLA leave.

#### **Is an employee entitled to health benefits while on an approved FMLA leave?**

If group health insurance coverage was provided to the employee prior to the FMLA leave, the employer is required to maintain this coverage during the leave period. The employer can make arrangements for the employee to pay his or her share of the health insurance premium while on leave.

#### **What is the employer's responsibility upon the employee's return from an FMLA approved leave?**

An employer may require a fitness for duty certification prior to returning an employee to work from an FMLA approved leave. Upon return, the employee must be returned to the same position the employee held when leave commenced, or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment.

#### **What are an employer's responsibilities for notifying employees of their rights and responsibilities under FMLA?**

All covered employers must provide notice approved by the Secretary of Labor explaining rights and responsibilities under FMLA. The Department of Labor's poster providing this notice can be found at [www.dol.gov/esa/whd/fmla/finalrule/FMLAPoster.pdf](http://www.dol.gov/esa/whd/fmla/finalrule/FMLAPoster.pdf). On January 28, 2008, new FMLA military leave requirements went into effect. A supplemental poster providing notice of these new requirements can be found at [www.dol.gov/esa/whd/fmla/NDAAAamndmnts.pdf](http://www.dol.gov/esa/whd/fmla/NDAAAamndmnts.pdf). Covered employers must also inform employees of their rights and responsibilities under FMLA. This may be part of the employer's Employee Handbook or other Human Resources policies and procedures.

## **CaseWorks: On-line Claim Access**

CaseWorks provides 24/7 real time access to all claim information. View claim status, Disability Specialist and Nurse notes, utilized benefit time, remaining benefit, recovered time, claim determinations and any documentation associated with the claim (i.e. certifications, correspondence). CaseWorks features self-run reporting capabilities for quick easy reporting and multi-level system security to ensure HIPPA compliance for multi user access.

**For more information about CareWorks USA's Disability Management Solutions talk with your assigned CareWorks USA Account Manager, call 1-888-627-0065 or visit us on the internet at [www.careworksusa.com](http://www.careworksusa.com).**

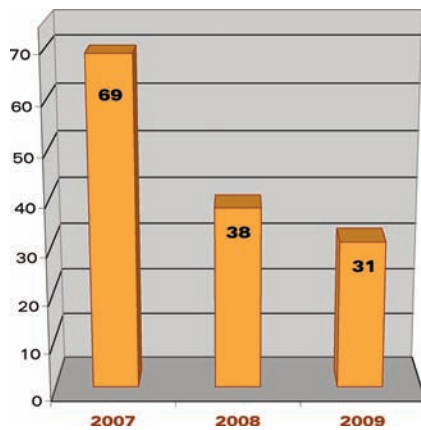


# CareWorksUSA

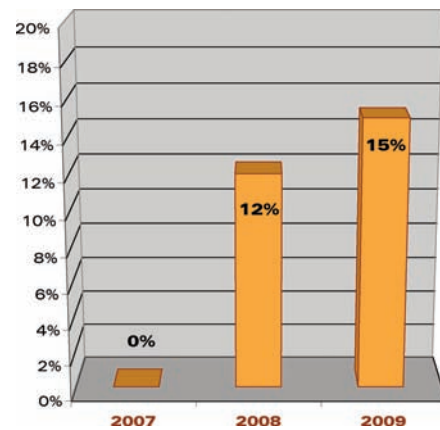
## FMLA Administration 2007 - 2009 | Case Study

Simonton Windows | West Virginia

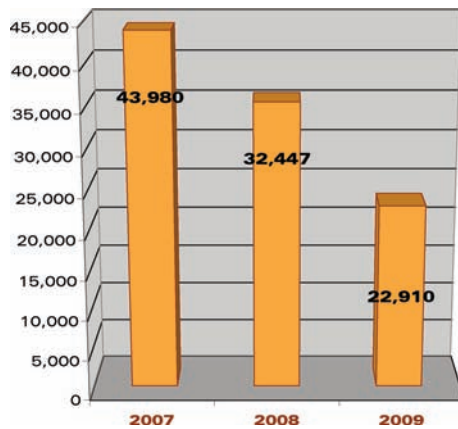
New Claims



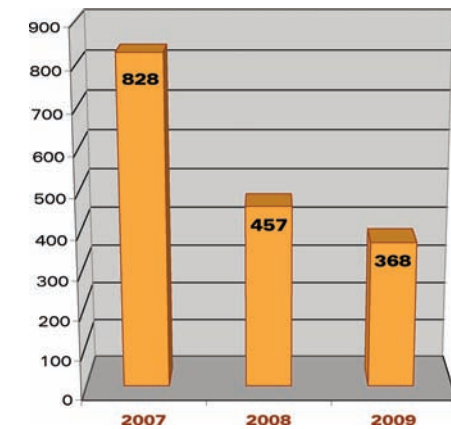
Claim Denials



Hours Claimed Comparison



Claim Volume Comparison



### Case Study Summary

- 750 employees.
- Administration began April 1, 2008.
- 54% reduction in monthly claim volume (from 69 to 31).
- 21,070 saved hours since program inception.
- \$14.00 average hourly wage.
- \$294,980 in savings since program inception.
- \$33,930 annual program fee.
- 4.8 Return on Investment.

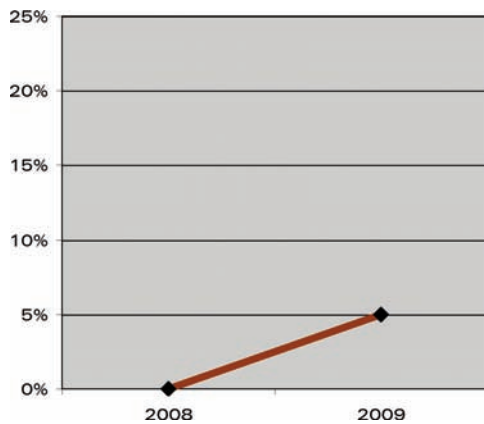


# CareWorksUSA

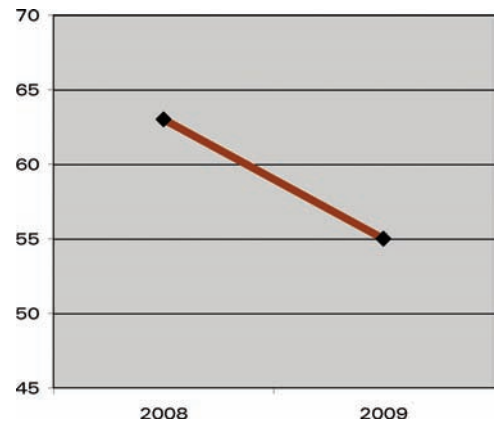
## Integrated Disability Management 2008 - 2009 Case Study

Energys Corporation | Cleveland, Ohio

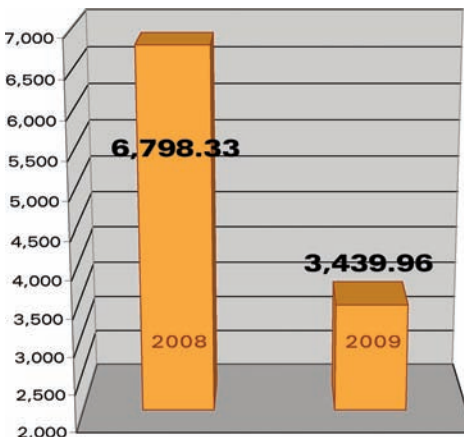
Denials Comparison



Claims Comparison



FMLA Hours Comparison



### Case Study Summary

- Total number of FML Hours utilized in 2008 was 6,798.33.
- Total number of FML Hours Utilized in 2009 was 3,439.96.
- 3,358.37 total hours saved in CareWorks USA's first year of service.
- $\$15.75$  (average hourly wage)  $\times$  3,358.37 =  $\$52,894.33$  saved.
- Yearly Program Fee:  $\$3,007.68$ .
- 17.6 Return on Investment in first in first year of service.

CareWorks USA has saved Energys  $\$17.60$  for every  $\$1$  spent on FML Administration outsourcing in 2009. Return on Investment is calculated based on Energys' annual program fee and saved work hours realized by CareWorks USA.

# CareWorksUSA

## Disability Management Solutions Customer References

2011

- **Automated Packaging Systems**  
Streetsboro, Ohio  
Denise Gibson  
*Human Resources Manager*  
(330) 342-2264
- **Cleveland State University**  
Cleveland, Ohio  
Gerry Modjeski  
*Director, Employee Benefits*  
(216) 687-4710
- **Columbus Regional Airport\***  
Columbus, Ohio  
Laura Wirthman  
*Human Resources*  
(614) 239-3346
- **Energys\***  
National  
Annette Beissel  
*Senior Benefits Specialist*  
(610) 208-1861
- **Eye Lighting International of North America, Inc.**  
Cleveland, Ohio  
Bobbi Dougher, PHR  
*Manager of Human Resources & Employee Benefits*  
(440) 392-3630
- **HDT Engineered Technologies, Inc.\***  
Solon/Mansfield, Ohio  
Michelle Barry  
*Human Resources Manager*  
(440) 248-6111
- **Media Source Inc.**  
National  
Cynthia Griffin  
*Human Resources Manager*  
(614) 873-7944
- **Otterbein Homes**  
Lebanon, Ohio  
Kim Bacovin  
*Corporate Human Resource Generalist*  
(513) 933-5436
- **Pole Zero**  
West Chester, Ohio  
Peggy Matter-Taylor  
*Director of Human Resources*  
(513) 870-9060, Ext. 219
- **Richland County**  
Mansfield, Ohio  
Cathy Mosier  
*Purchasing Director*  
(419) 774-5895
- **Samaritan Behavioral Health**  
Dayton, Ohio  
Marilyn Houser, MSM  
*Director of Employee Services*  
(937) 278-6251, Ext. 4327
- **Simonton Windows**  
National  
Sheila Bowie  
*Human Resource Generalist*  
(304) 659-3804
- **Village of Groveport**  
Groveport, Ohio  
Brenda Lovell  
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(614) 836-5301
- **Wilson Memorial Hospital**  
Sidney, Ohio  
John Eve, MBA, SPHR  
*Director of Human Resources*  
(937) 498-5306

\*Denotes employer with unionized workforce.

# CareWorksUSA

## Disability Management Solutions Customer Testimonials

2011

“SBHI outsourced the processing of FMLA benefits to CareWorks USA in 2008. That business decision has resulted in our total confidence that SBHI employees are receiving the full benefits they are entitled to under this very complicated Federal Program. It has also saved SBHI significant resource dollars by allowing us to re-direct our HR priorities.”

**Marilyn Houser, MSM**

*Director of Employee Services | Samaritan Behavioral Health, Inc*

“For the past year, Jackson Township has used CareWorks USA to manage our FMLA program. Prior to partnering with CareWorks USA, our program was difficult to manage in-house. Now, our claims are being tracked and paperwork is getting completed on time. We are very happy with the performance of CareWorks USA and the work their employees do to manage our FMLA program.”

**Chief Lloyd Sheets**

*Fire Department | Jackson Township, Ohio*

I just wanted to take a moment to tell you how smoothly our transition has been to CareWorks USA and how wonderful Teri and Theresa have been to work with. They have gone out of their way to be available and to make sure things transfer without a hitch. We really appreciate it. It confirms to me that we made the right decision in switching to CareWorks USA.”

**Denise Gibson**

*Human Resources Manager-Employee Relations | Automated Packaging Systems*



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# Services Overview



## Services Overview

Delivering a full line of case management, rehabilitation, medical cost containment and absence management services.

### Quality Case Management Services

- Catastrophic and Crisis Intervention Case Management
- FMLA Absence Management Services
- Long and Short Term Disability (LTD/STD) Medical Management
- Medical Field Case Management
- Modified Duty Off Site (MDOS) Nationally
- Task Based Case Management
- Telephonic Case Management
- Toll-Free Call-in and First Report Response
- Vocational Case Management

### Vocational Rehabilitation Services

- Employability Assessments
- Job Placement Programs
- Job Seeking Skills Training (JSST)
- Labor Market Surveys/Stokes Evaluations
- Permanent Total Disability (PTD) Vocational Assessments
- Vocational Evaluations, Assessments and Screenings

### Supplemental Management Services

- Fee Bill Processing
- Independent Medical Exams (IMEs)
- Integrated Disability Management
- Medical Bill Audits
- Medical Cost Projections
- Physician File Review
- Utilization Management

**For more information, please contact one of the  
VocWorks Account Managers listed on the reverse side.**

# VocWorks

1-877-641-2010

[www.vocworks.com](http://www.vocworks.com)

## Services Overview

Delivering a full line of case management, rehabilitation, medical cost containment and absence management services.

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# Quality Case Management Services



## Telephonic Case Management

Staying in touch with injured employees helps employers reduce the impact of lost-time injuries.

Our proactive medical management practices focus on disability duration guidelines and treatment protocols, which help set goals for safely reducing lost days, minimizing unnecessary treatment and decreasing overall claim costs.

Our nurse case managers initiate medical triage

and establish ongoing contact with the injured employee, providers and employer to develop a case management plan.

We coordinate and maintain communication with all parties through resolution to ensure timely return to work.

## Medical Field Case Management

Timely and cost effective medical management of workplace injuries.

One of the most effective ways to achieve cost containment and reduce the financial impact of workplace accidents is to implement nurse-driven medical case management.

Onsite nurse case management helps establish appropriate medical treatment plans for allowed claim

conditions to facilitate optimal case outcomes.

Medical case management allows for direct contact with the injured worker, providers, physicians and employees to eliminate any unnecessary wait time for treatment requests, services coordination and ultimately, return to work.

## Task Based Case Management

Time limited, goal oriented case management intervention.

Task assignments are goal-oriented, task-focused case management activities designed to move a claim forward, without implementation of full field case management.

A case manager can be assigned on a limited basis

with very specific short-term goals in order to bring the case to closure or move toward return to work

Employers who utilize task assignment services are able to provide appropriate medical management for claims, while controlling overall claims costs.

## Vocational Case Management

Helping to establish a vocational plan of action.

Through our onsite services, we visit the injured employee's home, workplace and provider's office to get a first-hand impression of injury severity and barriers to recovery and return to work.

When severe injury cases require long-term voca-

tional assistance, a Certified Rehabilitation Counselor (CRC) can be instrumental in establishing and facilitating a reasonable and appropriate vocational plan of action to assist the injured worker in returning to remunerative employment.

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# Quality Case Management Services (continued)

## Catastrophic Case Management

Immediate, onsite case management intervention for severe and life-threatening injuries.

Catastrophic injuries represent less than five percent of all workplace injuries and nearly 50 percent of all costs. Although these types of injuries are not common, early intervention can be one of the most effective tools to control costs.

With Catastrophic case management, immediate attention can be given not only to an injured worker, but to other employees and family members. Our case managers can conduct an immediate assess-

ment and triage of an injured worker's injuries, diagnoses and preliminary prognosis.

Serious injuries and catastrophic cases often times require coordination of care between multiple disciplines. Not only are our case managers experts with coordination of care, they have experience with death claims and are available to provide counseling to employees and families.

## Modified Duty Off Site (MDOS)

A unique return to work alternative that reduces the cost and duration of lost-time incidences.

When an injured worker is released to return to work with temporary restrictions that an employer cannot accommodate, VocWorks can facilitate the creation of an off-site position, usually with a nonprofit organization.

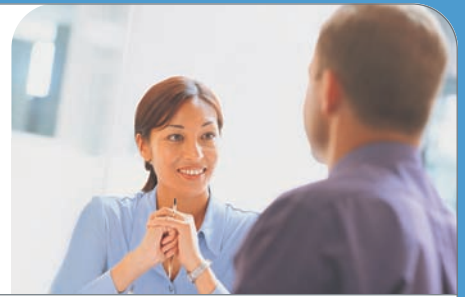
The injured worker can temporarily work until they can return to their regular duty position with the original employer or until they are released to work on

a permanent basis or reach a medical plateau.

Implementing a MDOS program helps reduce the number of OSHA lost-time days and also has a direct impact on the amount of compensation paid to injured employees.

Every MDOS placement is coordinated and managed by a credentialed case manager to ensure optimal resolution.

# Vocational Rehabilitation Services



## Transferable Skills Analysis

A series of tests and analysis of past accomplishments help determine what positions a person may be able to do.

**Transferable skills** are the back bone of any vocational evaluation tool. Transferable skills encompass a person's work history, education, training and experience. The level of transferability of a person's skills to other jobs and work environments can be impacted by physical and/or psychological restrictions.

There are a variety of vocational evaluation tools that can help determine a person's level of transferability.

When considering the workers' compensation injured worker population, a large number of injured workers are **Unskilled or Semi-Skilled** workers.

**Unskilled workers** are workers that typically have a high school education or less. Unskilled workers learn their job through short-term on the job training. A **Semi-Skilled** worker is a worker that typically has a high school education and usually has more extensive

on the job training and/or has taken specialized certificate courses. A higher level of semi-skilled workers may even have up to two years of formal schooling.

A great tool to use when assessing an unskilled worker or low end semi-skilled worker's transferable skills is a **Transferable Skills Analysis** typically referred to as a **TSA**. All that is needed for a specialist to complete a **TSA** is the person's work and educational history and their documented work restrictions.

The results of a **TSA** will indicate what type of jobs the person can perform after consideration of work restrictions. **TSA**s can be a valuable tool to use when job search services are being offered for unskilled or semi-skilled workers. **TSA**s also add value to situations when employability is being questioned or litigated.

## Employability Assessments and Labor Market Surveys (LMS)

Examines current and past labor market trends for the defense of wage loss.

**Employability Assessments** are a useful tool when dealing with wage-loss issues and the reports can be essential in litigated situations.

An employability assessment will at a minimum include a **TSA** and a **Labor Market Survey**, typically referred to as a **LMS**.

A specialist can complete a **LMS** of any specific geographical area. The specialist will take the probable jobs a person can perform as indicated by the

results of the **TSA** and then indicate how many of those jobs are available in a given geographic area and what the wage is for those jobs and any other statistical information requested.

The **TSA**, **Transferable Skills Analysis** and the **LMS**, **Labor Market Survey** are useful tools in situations when the specialist is not able to meet with the injured worker. These tools do not require an in-person meeting with the injured worker.

## Vocational Screenings and Evaluations

Performance-based evaluations correlate medical findings and physical functioning ability related to vocational potential.

**Vocational Screening and Vocational Evaluations** are more extensive evaluation tools with the vocational evaluation being the most extensive.

They both involve a **Transferable Skill Analysis**, **TSA**, a clinical interview with the injured worker and vocational testing.

Both can also include a **Labor Market Survey** if requested. The vocational screening and vocational evaluation are better used when considering short-term and long term retraining or aptitudes.

A **Vocational Screening** is typically used when considering re-training options with unskilled and low

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# Vocational Rehabilitation Services (continued)

end semi-skilled workers.

A **Vocational Evaluation** is typically used when considering re-training options with high end semi-skilled workers and skilled workers.

**High end Semi-Skilled and Skilled Workers** are workers that typically have an extensive on the job training, such as a two-year apprenticeship. An example may be a highly skilled machinist and other "skilled trades." This population of workers may have

at least middle management/ supervisory experience and can include workers that have two years or more of formal training/schooling.

Head injuries, severe psychological conditions and/or catastrophic injuries typically need a full vocational evaluation regardless of the worker's skill level due to the complex nature of these injuries and/or conditions.

## Job Seeking Skills Training (JSST) & Job Placement Programs

Training to develop job search skills teamed with professional assistance and guidance to find new employment.

It is recommended that all clients who will be entering a job search take our intensive training program.

### JSST

- Identifying employment objectives and needs.
- Resume development and job application instruction.
- Interviewing skills, including appropriate grooming and hygiene.
- Education in employer correspondence (ie., thank you letters).
- Instruction on how and where to find a job.
- Training on post interview follow-up.
- Job retention skills.

### Job Placement Program

A structured job search provides daily assistance and guidance from a Job Placement Specialist. The specialist networks on the claimant's behalf in their local community and placement programs involve:

- Assessment of job seeker's vocational goals.
- Contact with the job seeker and employers to monitor job search efforts.
- Job seeker will be expected to have a weekly job search plan.
- Assistance with employer correspondence (ie., writing cover letter and thank you letter).
- Marketing job seeker to local employers and supplying job leads.
- Internet access to employment websites.
- Use of job search resource information.
- Setting up On-The-Job-Training (if necessary) with employer.
- On-going training including mock interviews, etc.
- Link up with the local Department of Job and Family Services.
- Documentation of program participation in progress notes.

## PTD Vocational Assessment

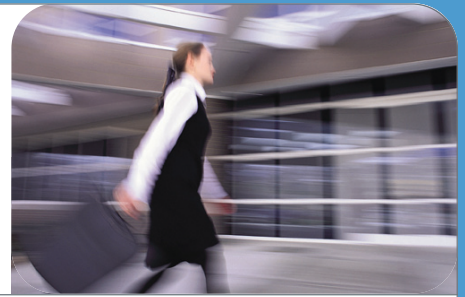
Important service option in defense of Permanent Total Disability applications.

A **PTD Vocational Assessment** is an essential tool in defending a Permanent Total Disability (PTD) application. The specialist will complete an in-depth file review, a TSA and a LMS to provide an expert vocational opinion to help the employer defend the PTD application.

Given the nature of the PTD laws and process, a

claimant attorney does not have to grant that the claimant meet with the employer's vocational specialist. However, when a claimant's attorney does grant a meeting with the employer's vocational specialist, then a vocational evaluation may be done in conjunction with a vocational assessment.

# Supplemental Management Services



## Medical Bill Audits

Bill audits ensure charges are related to allowed conditions and within medical necessity guidelines.

- A Nurse reviews bills to reflect maximum savings while still observing any jurisdictional requirements that may exist.
- Bills are reviewed line-by-line to determine the relationship of billed amounts to documented procedures and relevance to the allowed claim.
- We ensure that the employer only pays for services medically related to the claim and allowed conditions.
- The cost for hospital bill audits is only a percentage of the realized savings; therefore the employer reaps the majority of cost savings.
- Our nurses can defend audit recommendations if questioned by a provider.

## Independent Medical Exams (IMEs)

VocWorks' quality assurance process sets us apart from the competition.

- IME appointment promptly coordinated within 48 hours of receipt of referral.
- IME questions and issues are addressed and reviewed by a Registered Nurse.
- Services include: scheduling with IME physician, review of medical information, correspondence to the injured worker and other involved parties and telephonic follow-up to ensure the injured worker's attendance and prompt receipt of IME report information.
- Saves the account/employer time and administrative costs in setting up an IME.
- National access to a network of IME physicians with a variety of specialties.

## Physician File Review

Appropriate physician specialty completes a paper review of file to address treatment needs.

- Questions and issues written and reviewed by a Registered Nurse.
- Evaluation by physician to determine if current treatment and retrospective treatment is appropriate and related.
- Written report completed and returned promptly.

## Utilization Management

Nurse driven review to ensure appropriateness and cost effectiveness of treatment.

By managing treatment and negotiating treatment if necessary, we ensure that the injured employee receives only appropriate necessary care. Employers benefit when costly, unessential medical procedures that could delay recovery are reviewed. National treatment guidelines and appropriateness criteria support the review process.

## Disability and FMLA Absence Management Services

Saving money through total absence management.

- Top Five Objectives of Short Term Disability and Integrated Benefits Management
- Cost Savings
  - Productivity/Return to Work

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# Supplemental Management Services (continued)

- Employee health and safety
- Employer Process simplification
- Employee Satisfaction

Positive return to work outcomes are essential for the management of employee absences due to disability and FMLA. Customization is the difference. We work with each customer individually, developing a personalized program that meet your unique needs

## Programs can include:

- Early reporting of initial absences through toll-free

- or internet reporting options.
- Immediate nurse triage to establish medical treatment and return to work plans.
- Securing current physical abilities/restrictions from treating providers.
- Coordinating transitional return-to-work with the employer.
- Facilitating progression to full duty return to work with case resolution.
- Communicating effectively with all payer and documentation sources.
- Providing reports and data.

## The Basics of Life Care Planning & Medicare Set Asides

Important service option in defense of Permanent Total Disability applications.

### What is a Life Care Plan?

- A Life Care Plan is essentially a long-term plan of care that addresses the needs of a person who has sustained a catastrophic injury or illness.
- The goal of a Life Care Plan is to identify services and equipment as well as the associated costs that a person will incur in their life as related to their injury.
- The Life Care Plan is able to serve not only as a case management tool, but also as a tool for litigation to identify the needs and associated costs of those with a catastrophic injury or illness.

### Who Needs a Life Care Plan?

- Any person who has sustained a catastrophic injury or a catastrophic illness and needs a guideline for the medical intervention, long-term care, equipment needs, replacement schedule and other associated costs.
- All parties involved including the individual, involved loved ones, treating professionals and legal counsel will benefit from information included within a formal Life Care Plan.

### Who Utilizes a Life Care Planner?

- Life Care Planners are utilized by attorneys representing those with injuries or illness, insurance firms, trust officers, The Ohio Bureau of Workers' Compensation as well as family members of the affected individuals.

### Who Writes Life Care Plans?

- Life Care Plans are written by Registered Nurses or Rehabilitation Counselors and should be developed by a state-certified Life Care Planner.
- Certified Life Care Planners are professionals who have years of experience, have completed rigorous education and testing standards and are

trained as formal educators regarding the needs of those with catastrophic injuries or illness. They are also trained to serve as expert witness should litigation become necessary.

### What is a Medicare Set Aside?

- An Medicare Set Aside is a fund created in a settlement as a result of a workers compensation and/or a liability claim. The agreement is used to allocate a portion of the settlement for future medical expenses and the amount of the set aside is determined on a case by case basis.

### When should an evaluation for Medicare Set Aside be completed?

- If a person is Medicare beneficiary at the time of settlement, regardless of the amount of the settlement.
- If a person is not a Medicare beneficiary at the time of settlement and the settlement is over \$250,000.00 and a "reasonable expectation" exists of Medicare enrollment within 30 months of settlement, a MSA is required. The concept of "reasonable expectation" includes but not limited to the following factors:
  - Receiving social security benefits at the time of settlement
  - Has been denied SSDI but is considering appealing or reapplying
  - If the injured worker is 62 years and six months old, the injured worker will be Medicare eligible within 30 months

A VocWorks legal nurse can assist you in determining the set-aside amount. Once you have identified a file that meets the criteria for an Medicare Set Aside, please contact your VocWorks Account Manager.



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[www.careworks.com](http://www.careworks.com)



**RISKCONTROL360°**

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## OUR MISSION

**RiskControl360 is a leader in assisting businesses in achieving a greater competitive advantage by reducing insurance-related costs and improving performance.**

**We serve clients of all sizes in every industry group, public and private. We partner with insurers, brokers, third-party administrators, managed care organizations and trade associations as a value-added service to their customers.**

**Our goal is to empower business owners and executives to become better risk managers.**

RiskControl360 strives to provide customized and cost-effective safety, human resources, compliance and business consulting services that help its customers identify, assess and mitigate risk exposure and improve business processes. These initiatives result in reduced costs, improved productivity and enhanced overall business performance.

RiskControl360 provides reasonably priced services that exceed customer expectations and result in a significant return-on-investment. To this end we work diligently to understand our customers' business environment as well as state and federal regulatory systems, enabling us to develop and implement the most practical and affordable solutions that achieve noticeable results.

We create, implement and manage customized plans and processes aimed at reducing injuries, illnesses and employee turnover, minimizing insurance premiums, maximizing rebates, ensuring regulatory compliance and achieving our clients' long-term operational goals and objectives. These plans are integrated in to our clients' processes so that they are simultaneously managed along with all other day-to-day business matters.

Client satisfaction is vital to our success. It is the foundation on which we are built. Every associate is responsible to our customers. We pledge to do everything in our power to ensure that we exceed customer expectations.

## TOPICS OF EXPERTISE

Accident Investigation  
Accident Prevention  
Aerial Lift Safety  
Air Pollution Prevention  
Arc Flash/Blast  
Asbestos  
Automated External Defibrillators  
Back Safety  
Bloodborne Pathogen  
Chemical Safety/Hygiene  
Cold Stress  
Combative Patients Safety  
Compressed Gas

Computer Workstation - Ergonomics  
Confined Space Entry  
Confined Space Rescue  
Contingency Planning  
Contractor Safety  
Controlling Workers Comp. - Executive  
Controlling Workers Comp. - Manager  
CPR  
Crane Operation  
Demolition Operations  
Driver Training  
Drug Free Safety Program  
Electrical Safety Program - Advanced

*(continued...)*





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Emergency Action Plan  
Emergency Response  
Employee Handbook  
Energy Conservation  
Environmental Impact Studies  
Environmental Management Systems  
Environmental Sustainability  
Ergonomics Program - General Industry  
Ergonomics Program - Healthcare  
Excavation, Trenching, and Shoring  
Fall Protection  
FESOP  
Fire Extinguisher Safety  
Fire Prevention  
First Aid  
Fleet Safety  
FMLA Management  
Forklift Safety  
Form R  
Hand and Power Tool Safety  
Hazard Communication  
Hazardous Substances  
Hazardous Waste  
HAZWOPER (8-hr. & 40-hr)  
Hearing Conservation  
Heat Stress  
Highway Work Zone Safety  
HIPAA  
Hot Work Permit  
Human Resource Compliance  
Incident Command  
Indoor Air Quality  
Injury and Illness Prevention  
Integrated Disability Management  
IS 14001  
Job Hazard Analysis  
Job Safety Analysis  
Laboratory Safety  
Ladder and Stairway Safety  
Laser Safety  
Lead Compliance  
Lockout Tagout - Affected  
Lockout Tagout - Authorized  
Machine Guarding  
MACT  
Medical Surveillance  
Motor Vehicle Occupant Protection  
New Employee Orientation  
NFPA 70E  
Noise & Hearing Conservation  
Nursing Home Safety  
Office Safety Plan  
OSHA 10-hr. Construction  
OSHA 10-hr. General Industry  
OSHA 30-hr. Construction  
OSHA 30-hr. General Industry  
OSHA Inspection Plan  
OSHA Recordkeeping (300 series)  
Pandemic Influenza  
Patient Lifting Safety  
Personal Protective Equipment  
Power Press Safety  
Powered Industrial Trucks  
Process Safety Management  
Propane Safety  
RCRA  
Recordkeeping and Reporting  
Respiratory Protection  
Restaurant Safety  
Return to Work  
Robotic Cell Safety  
Safety and Health  
Safety and Loss Control  
SARA  
Scaffolds Safety  
Site Safety Plan for Hazardous Waste  
Slips, Trips and Falls  
SPCC  
Substance Abuse Prevention  
SWP3  
Title V  
Transitional Work Management  
Trenching and Excavation  
Violent Behavior Response  
Vocational Rehabilitation Management  
Waste Water Management  
Welding Safety  
Workers' Compensation Cost Control  
Workplace Violence Prevention



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technologies

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# Overview | About Us

CareWorks Technologies is an Information Technology company delivering solutions in the form of people, process, and technology in the core competencies of Consulting, Security, Project Delivery and Management.

People  
Process  
Technology

Delivering Results



Our Vision is to be a world-class Information Technology organization delivering results of exceptional quality and value to our customers.

# Overview | Business Model

- Identify Business drivers to strategically align program/initiatives with the Business Goals.



## Management Consulting

Strategic Alignment  
Governance / Compliance  
White Space / Innovation  
Assessment Services  
Organizational Development  
Agile Methodology Coaching

- 
- Our solutions provide rapid return on investment and are rich with essential features.
  - Comprised of People, Process, and Technology.



## Solutions

Mobile  
Interactive  
Software Development  
Infrastructure  
Project Management

- 
- Diverse Technology Expertise.
  - Short-term and Long-term Resource Planning.
  - Comprehensive Candidate Screening Process.



## IT Consulting

Software Developers  
Business Analysts  
Quality Assurance Analysts  
Network Administrators  
Project Managers

# Solutions | MissionControl

Enterprise Management



- **Web-enabled** fault and performance management tool suite for business critical network equipment.
- Discover network devices in **real time**, providing immediate access to detailed scan information about the devices on your network.
- Collect and store real-time data and historical statistics to evaluate and improve **network performance** and reliability.
- Configurable **alerting system** to automatically notify engineers.

- **Portal** view allows unprecedented visibility of enterprise data.
- Complete **metrics** show true condition of IT Infrastructure, Applications, and Systems... in real-time!
- **Proactively** respond to potential issues before they become network failures and downtime.





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