## Post-Accident Employee Notice

Your employer has workers' compensation insurance with Kentucky Employers' Mutual Insurance (KEMI). KEMI is part of a certified managed care plan with Occupational Managed Care Alliance, Inc. (OMCA). OMCA is the certified plan Administrator for this managed care plan. OMCA's purpose is to assist you in receiving medical care when you are injured or ill as a result of a work-related incident.

This system requires that all care be delivered or authorized by an approved gatekeeper physician (Gatekeeper). Therefore, in all cases (with the exceptions listed below), you **must** use one of the Gatekeepers on the approved list for your treatment. A list of Gatekeepers is available at <u>www.omca.biz.</u> If your physician believes you need care from a specialist, he or she will authorize that care within the specialist panel.

Here are the limited situations in which treatment may be obtained outside of a Gatekeeper:<sup>1</sup>

- (a) For emergency care as defined in 803 KAR  $25:110^2$ ;
- (b) If the employee is referred by a gatekeeper physician outside the managed care plan for medical services;
- (c) If authorized treatment is unavailable through the managed care plan; and
- (d) To obtain a second opinion if a managed care plan physician recommends surgery.

If initial emergency care following a compensable injury is rendered by a medical provider outside the managed health care plan, you may remain under the care of that provider so long as the provider complies with utilization review, reporting standards, and quality assurance mechanisms required by the managed care plan.<sup>3</sup>

#### Change of Gatekeeper

If you are dissatisfied with your Gatekeeper, you have the right to change to another Gatekeeper within the network one time without prior approval by submitting a new Form 113 (Designated Physician Form) to KEMI. Thereafter, approval must be granted by KEMI prior to any change. If you need information about what to do, where to go, or a Gatekeeper listing, call 1-800-KYCOMP-1, toll free, 24 hours a day, 7 days a week. Louisville area employees can call 502-499-6000.

#### Grievances

If you are dissatisfied about some aspect of your medical care, you may submit a completed Grievance Form. According to 803 KAR 25:110, a grievance shall be made when a written complaint or written request is delivered by the employee or provider to OMCA setting forth the nature of the complaint and remedial action requested.<sup>4</sup>An employee or provider must file a grievance within thirty (30) days of the occurrence of the event giving rise to the dispute.<sup>5</sup> OMCA shall render a written decision upon a grievance within thirty (30) days of receipt by OMCA.<sup>6</sup>

An employee or provider that is dissatisfied with the OMCA resolution or a grievance may apply for review by an administrative law judge by filing a request for resolution within thirty (30) days of the date of the OMCA final decision.<sup>7</sup> Upon review by an administrative law judge, the movant shall be required to prove that the OMCA final decision is unreasonable or otherwise fails to conform with KRS Chapter 342. Grievance forms should be submitted to Occupational Managed Care Alliance, Inc. (OMCA), P.O. Box 20908, Louisville, Kentucky 40250-0908. To receive a copy of a Grievance Form, call 1-800-KYCOMP-1 or write a letter to the same address.

# I understand that my employer has joined a certified managed care plan for workers' compensation, and my signature below indicates that I have read and understand this explanation of that plan.

### EE Signature

Date \_\_\_\_\_

<sup>&</sup>lt;sup>1</sup> 803 KAR 25:110 Section 4(a)-(d).

<sup>&</sup>lt;sup>2</sup> 803 KAR 25:110 Section 1(2) defines "emergency care" as: (a) Medical services required for the immediate diagnosis or treatment of a medical condition that if not immediately diagnosed or treated could lead to serious physical or mental disability or death; or (b) Medical services that are immediately necessary to alleviate severe pain. "Emergency care" does not include follow-up care, except when immediate care is required to avoid serious disability or death.

<sup>&</sup>lt;sup>3</sup> 803 KAR 25:110 Section 9(1)(c).

<sup>&</sup>lt;sup>4</sup> 803 KAR 25:110 Section 10 (3(a).

<sup>&</sup>lt;sup>5</sup> 803 KAR 25:110 Section 10(3)(b).

<sup>&</sup>lt;sup>6</sup> 803 KAR 25:110 Section 10(3)(c).

<sup>&</sup>lt;sup>7</sup> 803 KAR 25:110 Section 10(5)(a).