



## Network Facilities

Best efforts should be made to provide operative block times that allow **SelectNet** specialists to perform surgery within ten (10) business days after obtaining prior authorization from the claims management team.

## **REFERRAL MANAGEMENT PROGRAM**

As case manager, the **SelectNet** PCP is responsible for the overall coordination and oversight of the injured worker's medical care. This includes determining when and how to utilize mid-level practitioners, making referrals to specialist providers, accessing services offered by ancillary care provider networks within **SelectNet**, and properly utilizing out-of-network providers. The following sections outline **SelectNet** provider's responsibilities pertaining to the aforementioned topics.

PCPs should refer to specialists in **SelectNet** whenever possible. A complete list of specialist providers can be found on Pinnacol Assurance's Web site, [www.pinnacol.com](http://www.pinnacol.com). To access, click on "Pinnacol Service Link," then choose "**SelectNet** Directory Search." Periodic updates will be sent to **SelectNet** providers upon request. If internet access is not available, printed directories can be ordered through Pinnacol Assurance's Medical Operations Department at 303-361-4945 or 800-873-7242, extension 4945.

Key points regarding referrals:

- In **SelectNet**, only PCP's should initiate referrals. **SelectNet** specialists should make subsequent referrals to a **SelectNet** provider **only** after communicating with the PCP.
- The PCP must communicate directly with the specialist to assure that referral limitations are observed.
- The PCP can make out-of-network referrals with prior authorization. Specialists in **SelectNet** agree to make their best effort to evaluate the injured worker within five (5) business days.

## Referral Procedure for **SelectNet** Providers

Pinnacol Assurance's network referral program emphasizes the primary care (gatekeeper) model:

- The PCP chooses the **SelectNet** specialist provider.
- The PCP's office schedules the appointment. A **SelectNet** specialist must see the injured worker within five (5) business days. If the injured worker cannot be seen within five days, another **SelectNet** specialist should be used.
- The PCP's office gives the injured worker a copy of the referral information and any pertinent medical information for delivery to the specialist provider.

## Referrals for Rehabilitation, Durable Medical Equipment, and Prescription Medications

In addition to the network of primary care and specialist medical providers, **SelectNet** also contains ancillary care provider networks. Collectively, these networks manage the majority of the ancillary medical care needs of injured workers covered by Pinnacol



Assurance. Specific services offered by these providers include: outpatient physical, occupational, and speech rehabilitation; orthotic and prosthetic care; durable medical equipment; home health care; and prescription medications. Please refer to the **SelectNet** directory for a listing of providers offering ancillary services in their respective geographical service areas.

Injured workers with coverage through Pinnacol Assurance should be referred directly to the appropriate participating ancillary care provider. With regard to prescription medications that are dispensed directly from a contracted provider's medical clinic, the provider should dispense no more than a one (1) time fourteen (14) day supply of medication. Following this initial fill, and should an injured worker have additional medication needs, Pinnacol requests that any future prescriptions be filled through Pinnacol's Express Scripts pharmacy benefits program. Pinnacol Assurance requests strict adherence to this policy, provided there is a participating provider within a fifteen (15) mile radius of the clinic where the injured worker is being treated. If this policy could delay or prolong treatment, the claims management team should be contacted for an out-of-network referral.

### Out-of-Network Referrals

If referral care is not available within the **SelectNet** network, the PCP should contact the claims management team to discuss using an out-of-network referral. Approval will be authorized only if a **SelectNet** provider cannot meet the need for timely and appropriate care.

## **USE OF MID-LEVEL PRACTITIONERS**

The **SelectNet** PCP is responsible for ensuring that injured workers receive appropriate, timely, and cost-effective care. To do this, the PCP may utilize mid-level practitioners. Physician assistants (PA) and nurse practitioners (NP) are clearly distinguished from the physicians with whom they collaborate by workers' compensation law. Therefore, the **SelectNet** PCP personally must maintain on-going case management responsibility, including:

- Signing DOWC forms [e.g., *Physician's Report of Workers' Compensation Injury* (WC164)].
- Determining when an injured worker reaches MMI.
- Determining whether permanent impairment exists at MMI.
- Reviewing any change in work status or return to full duty and signing the WC164.

Other limitations of PAs and NPs include the following:

- A physician supervisor must review and sign (electronic signature accepted) the chart of every injured worker seen by a PA no later than seven (7) days after the injured worker was seen. [*Colorado State Board of Medical Examiners Rules and Regulations for Certification of and Practice by Physician Assistants* (Rev: 30 MAR98), Section 1, Subpart IIB]
- A physician may not supervise more than two (2) PAs at a time (Ibid. Section 1, Subpart IIA).



- PAs may not perform any services that the supervising physician is not qualified or authorized to perform (Ibid. Section 3, Part II).
- NPs with prescriptive authority must maintain a formal collaborative agreement with a Colorado licensed physician outlining their respective duties [C.R.S. 12-38-111.6(4)(d)(I-III)] (Colorado Nurse Practitioner Act).
- Colorado law does not permit the independent practice of medicine by advanced practice nurses [C.R.S. 12-38-111.6(4)(d)(IV)(A)].

## MEDICAL MANAGEMENT

In addition to complying with the responsibilities outlined in the foregoing sections, **SelectNet** providers are expected to cooperate with Pinnacle Assurance's utilization management program. This includes, but is not limited to, providing appropriate documentation regarding medical necessity; interacting with Pinnacle Assurance's claims management teams when questions arise; and following Pinnacle Assurance's appeals process when disputes occur.

## MAXIMUM MEDICAL IMPROVEMENT

According to the Workers' Compensation Act of Colorado, maximum medical improvement (MMI) is defined as "The point in time when any medically determinable physical or mental impairment as a result of injury becomes stable and when no further treatment is reasonably expected to improve the condition." [C.R.S. 8-40-201(11.5)].

The definition of MMI stated above indicates that an injured worker's need for maintenance care must not delay a finding of MMI. The statute goes on to state "The requirement for future medical maintenance which does not significantly improve the condition...shall not affect a finding of maximum medical improvement." [C.R.S. 8-40-201(11.5)].

It is important that the **SelectNet** PCP does not delay a finding of MMI when an injured worker has no job to which he or she may return. The **SelectNet** PCP is the best person to state an opinion on MMI.

Once it is determined that an injured worker has reached MMI, the right to receive temporary total disability (TTD) or temporary partial disability (TPD) benefits ends, and the worker may or may not be entitled to permanent disability benefits.

The claims management team must address whether or not, and to what extent, the carrier is liable for permanent disability benefits once MMI is reported. **It is imperative that permanent disability be evaluated at the same time MMI is reached.** For more information on permanent disability see the "Permanent Impairment" section below.