

FIRST SOURCE

BY FIRST REHABILITATION RESOURCES, INC.

INSIDE THIS ISSUE:

- Vocational Outcomes
- The Future of Claims
- Territory Expansion
- Pain Management Program+ Spanish Speaking Department
- Spring Recipe
- Steps to CMS Payments
- Ethical Guidelines
- Utilization Review



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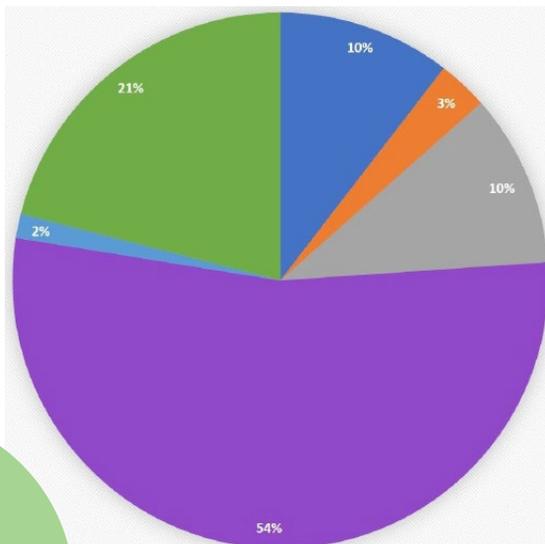
Editor: Sarah Gervasi

FRR Calendar Year 2016 Vocational Outcomes

Nothing will add a big goofy grin to a Vocational Case Manager's face quicker than getting 'the call.' You know the one!? The call we get when one of our Clients gets to tell us about their new job. This makes my day Every. Single. Time. There is something special about watching someone go from oftentimes confused, upset and focused on their injury to excited, positive and focused on their future. This week I got 'the call' twice. A Police Officer, with a back injury and a light duty release, secured a new position as a Bus Driver, earning quite close to her pre-injury wage within 90 days. Second, a Refuse Collector, with a right leg injury and a medium duty release, secured a new position as a Production Worker with the same hourly wage as his pre-injury position within 2 months. Their excitement over that phone line is palpable and contagious. We use that excitement as fuel to help us coach and encourage our other Clients, who aren't quite there yet. We know that all of their hard work, pounding the pavement, Job Club attendance, interviewing practice, networking, following up, *more following up*, interviewing, rejections, and more interviewing along with our training, coaching and instruction, can lead to a bright new future for them... and give us another big goofy grin.

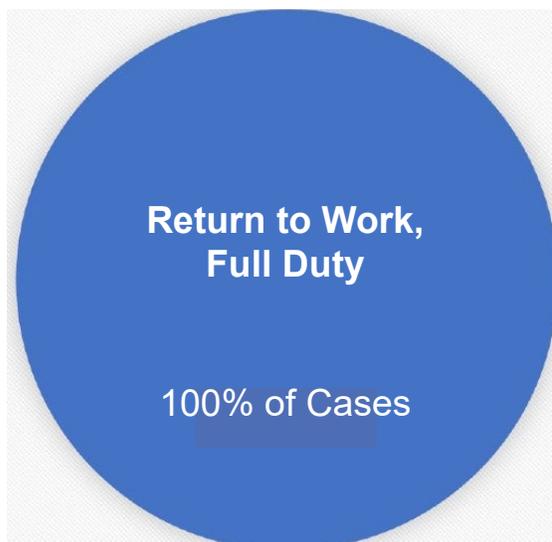
~Brian Sappington, BS, CCM, JCTC, Senior Vocational Case Manager

Case Resolution Outcomes



- Medical Interruption (10%)
- Non-Compliance (3%)
- Rehabilitation Plan Not Extended/Approved (10%)
- Return to Work (54%)
- Self Employment (2%)
- Settlement Pursued (21%)

Trauma Response/ Desensitization Outcomes



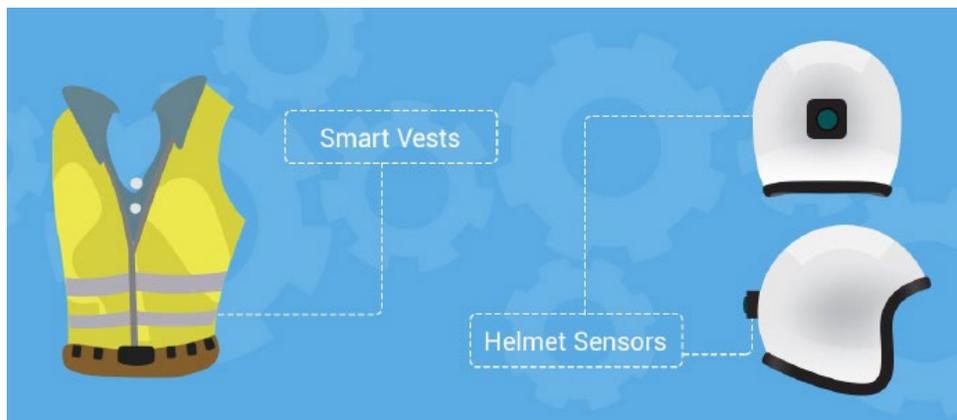
The Future of Claims

Adopted from 'How Technology is Changing Workers' Compensation', *Insurance Journal*, by Denise Johnson. February 22, 2017

New technologies are improving workers' compensation programs in everything from communications and training to health care delivery and claims, according to experts.

Injury prevention tips, workforce training and claims updates can be communicated via smart phone apps. Telemedicine and mobile apps can direct injured workers to preferred medical providers or even give real-time advice with video conferencing. Claims can be managed with custom email alerts and notifications.

Wearable technologies, can monitor employee movements, alert co-workers of danger, monitor fatigue, body temperature and repetitive motion. For example, the construction industry has seen high tech vests and helmets that have lights or vibrate to alert employees of potentially dangerous changes in surroundings.



Telehealth was originally created to bring healthcare to rural areas. Now, it brings healthcare to employees and allows employers the ability to create virtual clinics which, in turn, drives greater productivity.

Companies can implement telenursing where injured employees can call 24/7 and speak with a registered nurse and report a claim. In a service called Early Intervention, the nurses immediately assess the medical history, pain level, accident description, and offer treatment recommendations, saving valuable time and potentially claim costs. FRR provides both of these services.

FRR's Expanding VA and NC Teams

Spring is in the air, grass is growing, and so is FRR!

This month, we have hired additional staff in both Virginia and North Carolina to support our customers' needs.

A Vocational Counselor and additional Nurse Case Manager will be added to our Richmond area team, as well as, an NCM in the Virginia Beach Region. We also have an additional NCM joining us in Charlotte, North Carolina, complimenting our current Nurse in the Raleigh Durham area, as well as reaching into South Carolina.

We are very excited to welcome these new members of the FRR team.

Contact Dora Morris, our Vice-President of Sales & Marketing, for more information about our staff and territory.

DMorris@1stRehab.com or
703-798-0373.

FRR is pleased to share that we now have two staff members who are Registered Nurse-Board Certified (RN-BC) in Pain Management: Bonnie Painter, RN-BC, CCM, and Gaye Baker, BSN, RN-BC, CCM. Bonnie, Delaware based, has 12 years of nursing experience and 5 years with FRR in the Workers' Compensation industry. Gaye, North Carolina based, has 40 years of nursing experience, 27 years in the industry and almost two years with FRR.

FRR currently offers a variety of resources to review and manage files involving chronic, high level opioid usage. Our Nurses review cases for Medication Reconciliation, meet with Treating Physicians to discuss current treatment regimes, coordinate Independent Medical Examinations to determine ongoing needs, and prepare files for Utilization Review.

Nurse Case Managers, Cynthia Diaz, MSN, MBA, RN, and Abelina Maldonado, BSN, RN, CMSRN, comprise FRR's Bilingual, Spanish Speaking Department.

Cynthia has 12 years of nursing experience and is based in Baltimore, MD.

Abelina has 17 years of nursing experience and is based in Laurel, MD.

We take great pride in having these experienced Nurses as part of our staff. Through the use of their bilingual skills, the FRR difference can reach further to the population of Spanish Speaking Injured Workers and their families.

VEGGIE PASTA PRIMAVERA

Prep Time: 15 mins

Cook Time: 30 mins

Loaded with a rainbow of springtime vegetables and lots of Parmesan, this garden-fresh pasta primavera is a delicious and healthy spring side dish!

- | | |
|-------------------------------------|-----------------------------|
| 1 lb farfalle pasta | 1 C Spinach, chopped |
| 2 C fresh broccoli | 1 C frozen peas |
| 2 C asparagus, trimmed, 2 in pieces | 1 C cherry tomatoes, halved |
| 1 sweet pepper, diced | 1/4 C lemon juice |
| 1 medium onion, chopped | 2 T minced fresh basil |
| 4 cloves garlic, minced | Salt & Pepper |
| 3 T Olive Oil | Grated Parmesan for topping |

Cook pasta according to package, reserve 1/2 C pasta water. In large skillet, over medium-high heat, saute broccoli, asparagus, pepper, onion and garlic in olive oil until veggies are tender, 7-10 mins. Stir in spinach peas, and cherry tomatoes, cook for 5 more minutes. Remove the cooked veggies from heat and stir in cooked pasta, 1/2 C pasta water, lemon juice and basil. Season with salt and pepper, and top with parmesan. Serve warm.



Fun Fact! Did you know *Primavera* means 'Spring' in Italian? Now you do!

4 Steps to Determine Conditional Payments by the Center for Medicare/Medicaid Services(CMS)

1 Contact the Benefits Coordination & Recovery Center (BCRC) of CMS by mail or telephone to 'report the case'. Information needed to do this:

- Full name, health insurance claim number, gender, date of birth, address, phone number of Beneficiary
- Date of injury/accident
- Description of injury or illness
- Type of claim (workers' compensation, liability, no-fault)
- Insurer/workers' compensation entity name and address
- Beneficiary Attorney or other representative name, as well as name of law firm, with complete address and phone number

2 Insurer will receive a Rights and Responsibilities letter once the case is established with the BCRC's (the Beneficiary and Attorney will be copied on this correspondence, as well; if the letter is passed along to FRR, we will note the date and follow-up with BCRC, as appropriate.

3 A Conditional Payment Letter (CPL) will then be generated within approximately 65 days of the issuance of the Rights and Responsibilities letter; again, FRR is able to assist in the follow-up process.

4 Once received, the CPL should be thoroughly reviewed to ensure only injury/case-related claims are included (BCRC may just list all payments made since the date of injury on the CPL, instead of only those related to the injury), with BCRC being made aware of any disputes; FRR can assist in conducting records review to ensure payments are related to the injury.

Ethical Guidelines for Case Managers

Each industry ... each person ... has their Ethical Guidelines to perform within each day and with each action. We seize our Ethics, we honor our Ethics, and most importantly, we live our Ethics. Our Ethics equal our Integrity. Our Integrity defines who we are, both personally and professionally, and 'yes,' the two must cross. As I prepare for my upcoming internal Annual Ethics Training for all Employees, I wanted to share with you the following, guiding our Case Management here at First Rehab ... primarily adopted from The State of Michigan's Worker's Compensation Agency, and further refined by us.

Janet M. Dayhoff, MS, CDMS, CRC,CCM, President

DO ...

1. At the onset, discuss your role and relationship, and boundaries
2. Promote transparency of relationship, to the extent appropriate
3. Consider privacy relative to Individually Identifiable Health Information (IIHI)
4. Provide advocacy and support to the person with the disability
5. Place Client safety, privacy, and autonomy first
6. Maintain objectivity, regardless of agreement/disagreement
7. Be inclusive of all parties involved in the recovery and rehabilitation process
8. Include goals and timeframes when creating the Medical and Vocational Plan; be flexible and allow for updates
9. Educate all parties whenever possible, on the positive and cost-effective aspects of return to work programs and processes
10. Determine what is needed for a successful recovery and return to work
11. Determine if treatment is appropriate
12. Use valid disability duration guidelines, and use them as 'guidelines,' i.e. MDG/ODG
13. Obtain, maintain and utilize appropriate Medical Releases
14. Do all to enhance trust, recovery, return to work, and elimination of extra costs that all parties can embrace
15. Trust your clinical and professional intuition
16. Consult those in the know, versus those you know
17. Understand, embrace and allow technology to advance your practice and broaden your perspective

DON'T ...

1. Practice outside the boundaries of your role or competence
2. Initiate case services prior to obtaining authorization
3. Fail to exercise caution in protecting IIHI
4. Become personally and/or emotionally involved
5. Change appointments for 'just your sake'
6. Perpetuate disability by failing to address treatment provider recommendations, health concerns, or return to work issues in a timely fashion
7. Assume that you have an absolute right to attend all doctor's appointments despite Client wishes against it
8. Schedule additional medical examinations without reason
9. Interfere with due process
10. Provide legal direction
11. Exploit others for personal gain
12. Fear supportive technological advances; use them as an advantage
13. Expect to always find clear answers; instead, ask questions, consider the implications, educate yourself and act with ethical perspective as guidance

Utilization Review for District of Columbia Workers' Compensation Cases

FRR's Newest Service Enhancement

Timely and appropriate Physician review and report is coordinated, as outlined, by Statutory Regulations by a URAC accredited organization.

Any medical treatment rendered, or intended to be rendered, may be subject to a Utilization Review before, during or after provision when questions exist regarding necessity, character, sufficiency or even clarification. The UR Report must be received within 60 days of request, and if not received within 120 days, the medical treatment may automatically be approved. Reports must outline the medical records reviewed, and all findings must be justified with accompanying rationale. Reports are admissible, and upon Report receipt by all

parties, re-consideration may be requested, with Appeals and Hearings to follow.

The standard Report time from date of receipt of full records is two weeks, with expedited requests accepted and accommodated as possible.

For more information on coordinating a Utilization Review with FRR, please contact Sandy John, BSN, RN, CCM, Senior Medical Supervisor/Senior Clinical Staff Member. SJohn@1stRehab.com or 410.272.4274

Referrals:
• www.1strehab.com/request.asp
• Phone:
301.369.3401
410.792.0506
888.252.0368
• Facsimile:
301.362.9350
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