**SAMPLE LIST OF PARTICIPATING EMPLOYERS**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Company Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL METRO HEALTHCARE</td>
<td>AMERICAN NATIONAL RED CROSS</td>
</tr>
<tr>
<td>BRISTOL MYERS SQUIBB CO.</td>
<td>CARESTREAM HEALTH</td>
</tr>
<tr>
<td>CENTRAL PARK CONSERVANCY</td>
<td>CLAIRE’S STORES</td>
</tr>
<tr>
<td>COMMUNITY CARE PHYSICIANS, P.C.</td>
<td>DAEMAN COLLEGE</td>
</tr>
<tr>
<td>DMN MANAGEMENT SERVICES LLC</td>
<td>ELMHURST DAIRY, INC.</td>
</tr>
<tr>
<td>EMPIRE MERCHANTS LLC</td>
<td>JC PENNEY</td>
</tr>
<tr>
<td>JET BLUE AIRWAYS</td>
<td>KOHL’S</td>
</tr>
<tr>
<td>LORETTO MANAGEMENT CORP</td>
<td>MULTISORB TECHNOLOGIES, INC</td>
</tr>
<tr>
<td>M&amp;T BANK CORPORATION</td>
<td>OPPENHEIMER</td>
</tr>
<tr>
<td>PEPSI COLA</td>
<td>PHOENIX HOUSE FOUNDATION</td>
</tr>
<tr>
<td>RAYMOURS FURNITURE COMPANY</td>
<td>RENSSELAER POLYTECHNIC INSTITUTE</td>
</tr>
<tr>
<td>RIVERHEAD BUILDING SUPPLY CORP</td>
<td>ROSINA FOOD PRODUCTS, INC.</td>
</tr>
<tr>
<td>SAMS CLUB</td>
<td>SEARS</td>
</tr>
<tr>
<td>SOUTH SHORE HOME HEALTH SERVICES</td>
<td>ST. VINCENT’S HOSPITAL</td>
</tr>
<tr>
<td>SUNRISE SENIOR LIVING, INC.</td>
<td>THE HOME DEPOT</td>
</tr>
<tr>
<td>UNITEX TEXTILE RENTAL SERVICES</td>
<td>VOLUNTEERS OF AMERICA</td>
</tr>
<tr>
<td>WALMART STORES</td>
<td>WHOLE FOODS MARKET</td>
</tr>
<tr>
<td>WINGATE HEALTHCARE</td>
<td>YMCA OF GREATER NY</td>
</tr>
</tbody>
</table>
MEDICAL DIRECTOR FORUM

“WHO YOU GONNA CALL?”

The 1984 Ghost Busters movie theme song asks “who you gonna call” if you have a problem with ghosts. While providers in the MetraComp network usually don’t have a problem with “ghosts” they often do have a vexing problem; return to work.

The most important element of providing care to MetraComp patients is to “do right medically”. That is to provide the high quality care that our providers do give, but a close second in importance is to appropriately assist in the return to work. Often this means accommodated or restricted work. It is here where it is important to know “who to call”. You are expert in your field, but often your field is not the definition of disability or limited duty.

Most of the employers whose employees we see do have limited duty programs. Thus the challenge is to recognize that the injured worker may well be able to do limited duty and define those limits in a way that is safe for your patient as well as understandable to their supervisor.

This is not always an easy process. The injured employee may have a fear of further injury. They may feel they will be scrutinized by fellow employees if they are not doing the whole of their job. They may have a secondary agenda.

The employer may have a limited duty policy as a stated policy, but it is often the immediate supervisor that makes the decision regarding a return to work. They may have a misunderstanding of what the injured employee can do. They may see it as a chore to find the limited work. They may also have secondary agendas regarding the employee.

So how do you, an expert in your field, decide what to do regarding limited work. All too often it just seems simpler to take the employee out of work. They generally don’t disagree with you. You don’t have to define anything; just check “no work” and “100% disability” and you are done, right? But consider the consequences. If someone is out of work they may well be out two days. Out of work two days and they remain out four days. A week then out two weeks, etc. If someone is out of work for three months the likelihood of ever returning to work becomes very small.

Not returning to work may mean loss of the job. With the job also goes social supports such as insurance. And getting another job becomes more difficult with a long term absence on the record. All in all, returning to work is often the “best medicine” for an injured employee.

So what are you to do? You want what is right medically. You aren’t necessarily an expert on limits and restrictions.

It is actually rare that a person cannot do something. As one of my colleagues put it: “if they are not on a ventilator in an ICU then they can probably do something”. The challenge is determining that “something”. Is the person ambulatory? Can they safely be in the workplace? Will being in the workplace make them worse?

First ask the patient. Establish what the person who does the job feels they can or cannot do. They are often the best source of information. Address their concerns and educate regarding unrealistic concerns. Respect the realistic concerns. Then outline a return to work plan, which may start day one or may need a few days before it can be implemented.

Think about what you might or might not be able to do with the condition. Is the physical demand of their job greater than the physical demands of your job? Could you do the job as they outline it with the medical condition they have? If so, outline limits that keep them safe and give the employer the opportunity to accommodate.

Often, the employer has sent along a job description that can help you decide if your patient can do the job. It can highlight areas where you feel that doing a particular physical motion or exposure would be detrimental to your patient and you can indicate that they need appropriate limits.

Remember that you are giving a medical recommendation. Thus, the recommendation should speak to physical activities, not to a
particular job task or title. The Americans with Disability Act (ADA) calls for employers to accommodate where feasible. Telling the employer that the person cannot do a particular task limits the options under the ADA. Better to say for example “limit lifting to 10 pounds” than to say that the person “cannot do stock work.” The employer may have stock work that is under the 10 pound limitation and would allow the employee to continue working safely.

If you need help determining the workplace demands then contact the insurance company adjuster and ask if a nurse case manager has been assigned to the case. Nurse case managers can be an invaluable source of information about the availability of work and the work place dynamics that may be impacting your patient’s return to work and recovery.

A physical therapist can assist in defining what physical constraints the injured employee might have. This often does not have to be a formal “functional capacity evaluation” which can take time to arrange and still might not give you the answers you need. But a frank discussion with the therapist can help to start to outline the appropriate limitations.

If there are still questions about what limits are appropriate and the ability of the injured person to work then consider referral to an occupational physician. Determining limitations and fitness to work is a core competency of occupational physicians.

And don’t forget that you can always reach out to me as the MetraComp Medical Director. I may be able to help clarify the employer’s needs versus your patient’s capabilities.

It may take a little more work than simply taking the person out of work. But you will be busting potential future “ghosts” if you help your patient get a safe and timely opportunity to return to work.

Karl Auerbach MD, MS, MBA FACOEM
Medical Director

PPO Administrator Forum

MEDICAL RECORD REVIEW
MetraComp performs the Medical Record Review process annually. Please be sure to include all elements of requested documentation in your response to help guarantee a successful review. Thank you again for your continued cooperation and support of this process.

PROVIDER NETWORK SURVEY
Enclosed, please find a MetraComp Provider Network Survey. Please take a few minutes to complete the survey. We value your service to MetraComp and care about your opinion. Please return survey to MetraComp, Attn: QI Specialist via FAX: 855-711-7957 or MAIL: 3200 Highland Ave, Downers Grove, IL 60515. You can also complete the survey on-line @ www.metracomp.com.

If you are interested in serving as a Community Provider for MetraComp, please be sure to mark this under item #9 on your completed Provider Network Survey and return as the form instructs.

Thank you for your participation in our program.

Tamara Puccia
PPO Administrator

NETWORK UPDATE
MetraComp received approval for certification expansion into three additional counties: Chautauqua, Livingston and Ontario. This brings our total number of Certified Counties to 29 as follows: Albany, Broome, Bronx, Cayuga, Chautauqua, Columbia, Dutchess, Erie, Kings, Livingston, Madison, Monroe, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Suffolk, Westchester.

IN-NETWORK REFERRALS
Referring MetraComp PPO participants (injured workers) to other MetraComp PPO providers is critical to the direction of care available under the NY PPO program.

MetraComp participating providers can be located by visiting our website at www.metracomp.com and clicking on the “Locate a Provider” link at top of the home page. This will direct you to our on-line referral tool.

We appreciate your time and attention to making referrals to other MetraComp participating providers.

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**REGULATORY/WC BOARD UPDATE**

**Reminder:** Effective October 1, 2015, The Board required use of ICD-10 consistent with Medicare and Medicaid. The Board continues to be available to provide whatever support stakeholders may need and to respond to inquiries regarding the transition from ICD-9 to ICD-10. Inquiries can be sent to the Board at icd10@wcb.ny.gov. In addition, the CMS website continues to be an excellent resource for ICD-10 information. The latest information, timelines and resources can be found on the CMS website at www.cms.gov/icd10.

The NY WC Board has proposed numerous regulation changes including, but not limited to: variances, optional prior approval and authorization for medical services. More information regarding these proposed regulations can be found at: http://www.wcb.ny.gov/content/main/SubjectNos/sn046_828.jsp

The NY WC Board has announced revised reimbursement rates for psychiatric inpatient exempt units. More information can be found at: http://www.wcb.ny.gov/content/main/SubjectNos/sn046_821.jsp

The NY WC Board Chair has announced the adoption of ICD-10 Starting on October 1, 2015. More information can be found at: http://www.wcb.ny.gov/content/main/SubjectNos/sn046_785.jsp

The NY WC Board has adopted regulations for an Ambulatory Surgery Fee Schedule based on the Ambulatory Patient Groups (APG) system, effective 10/1/15. More information can be found at: http://www.wcb.ny.gov/content/main/SubjectNos/sn046_784.jsp http://www.wcb.ny.gov/content/main/SubjectNos/sn046_773.jsp

**COMPLAINTS/GRIEVANCES**

To report complaints/grievances, please call (1-800-360-1275).

**ADDITIONAL RESOURCES**

MetraComp: http://www.metracomp.com/

Occupational Safety and Health Administration (OSHA): http://www.osha.gov/

National Institute for Occupational Safety and Health (NIOSH): http://www.cdc.gov/niosh/homepage.html

American College of Occupational and Environmental Medicine (ACOEM): http://www.acoem.org/