Managed Care Frequently Asked Questions

Q) How do I locate a physician within the Provider Directory Network?

A) The Prime Health directory of network medical providers is available to injured workers in three ways:

1. Dial 1-866-348-3887 and a customer service representative will assist you.
2. Internet: Visit the DAS Workers’ Compensation web page under Medical Provider and Pharmacy Directory Look-up.
3. Contact the DAS Claims Processing Center

Q) What if I treat with a physician not in the approved provider directory?

A) If you treat with a physician outside of the approved network provider directory, your claim for benefits may be suspended (subject to the authority of the Workers’ Compensation Commission). However, if you are referred for treatment in a specialty not included in the network directory, you may seek treatment from any provider on the list of approved Workers’ Compensation Commission providers.

Q) How is my medical treatment pre-certified?

A) You and/or your medical provider must contact the TPA claims adjuster and provide necessary information relating to your claim for benefits and the type of medical treatment for pre-certification. Usually it is the medical provider. You and your medical provider will be advised of the certification decision.

Q) What medical treatment is pre-certified?

A) Physical and Occupational therapy in excess of 12 visits, Chiropractic treatment in excess of 12 visits, repeat imaging procedures, bone scans, home health services, repeat lab studies, nursing home, pain management, in-patient rehab, work hardening, durable medical equipment in excess of $1,000. A comprehensive listing is available through the TPA.

Q) What if I need prescription medication?

A) A pharmacy benefit management program is in place to provide the prescriptions ordered by the WC treating physician for the work-related injury.

Injured employees requiring prescribed medications should have their prescriptions filled within a network pharmacy. The listing of network pharmacies is available:

1. Dialing myMatrixx at 1-877-804-4900
2. Internet: Visit the DAS Workers’ Compensation web page under Medical Provider and Pharmacy Directory Look-up.

All major chains are represented.

You will receive an acknowledgement letter from myMatrixx.

Contact List and Phone Numbers

Gallagher Bassett Services, Inc.,
55 Hartland Street, Suite 400
East Hartford, CT 06108

Main Phone Number: (860) 256-3400
Toll Free Number: (866) 422-7622
Fax Numbers: (860) 291-9875
(860) 291-9839

Prime Health Services (Medical Network)
7110 Crossroad Blvd.
Brentwood, TN 37027

Toll Free Number: 1-866-348-3887

myMatrixx (Pharmacy Network)
5706 Benjamin Center Drive
Suite 103
Tampa, FL 33634-5262

Toll Free Number: 877-804-4900

Department of Administrative Services
Workers’ Compensation Division
450 Columbus Blvd. - Suite 1401
Hartford, CT 06103

Phone Number: (860) 713-5002
Fax Number: (860) 713-7458

Workers’ Compensation Fraud
Reporting Hotline: 1-800-927-0456
What is Workers’ Compensation?

Workers’ Compensation is a mandatory program pursuant to Connecticut General Statutes, which provides payment of medical expenses and lost wages for employees who suffer a work-related injury or illness. For a complete benefits structure outline, please consult Chapter 568 of the General Statutes.

Department of Administrative Services (DAS)

DAS is the central administrator for the State of Connecticut’s workers’ compensation program. As such, DAS designs the structure of how claims are reported and administered within state government. This brochure is designed to provide employees’ general information on Reporting an Injury, Access to the Medical Provider Directory and Managed Care Medical Services, Managed Care Dispute Resolution, Pharmacy Program, Medical Procedures requiring Pre certification, Lost time, Return to Work, Role of the Third Party Claim Administrator, and General Contact Information.

Role of the Third Party Claim Administrator (TPA)

The workers’ compensation third party claims administrator, Gallagher Bassett Services, Inc., approves or contests claims. The decision is not made by the supervisor, agency, or DAS Claims Processing Center but through the TPA within a process of evaluating all pertinent information about the claim for benefits. For all lost time claims, a GBS claim representative will initiate contact with the injured worker, the DAS Claims Processing Center supervisor, and human resources to review the pertinent information regarding the claim. The TPA works with the Managed Care provider for the delivery of managed care services if applicable to the claim for benefits.

Employee Claim Reporting Procedures

The employing state agency processes workers compensation claims by facilitating information between the various involved parties: injured employee, supervisor, managers, Payroll, Human Resources (HR), and the Third Party Claim Administrator (TPA).

In the event an employee sustains an injury or illness arising out of and during the course of employment, these procedures are to be followed:

- Immediately report injury to your supervisor.
- Assist the supervisor by providing thorough information regarding the incident so the workers’ compensation claim packet can be completed.
- If medical treatment is required, utilize a physician within the approved Provider Directory.
- Contact your Human Resources office with any questions you may have on completing the claim packet with your supervisor.

To claim a recurrence of your original workers’ compensation claim, you are to immediately contact your supervisor and human resources division so it can be reported to Gallagher Bassett Services, Inc. The following information is to be provided in support of your recurrence claim:

- The original date of injury for the workers’ compensation claim
- Details of the recurrence
- What medical facility you are/will treat with for the recurrence claim
- Provide your supervisor and human resources any medical disposition form from your treating physician outlining lost or restricted duty time.

Medical Treatment

Injured employees seeking medical treatment are directed to receive treatment from a provider within the Gallagher Bassett Services, Inc./Prime Health Medical Provider Network directory. Directories are available through:

1. Dialing myMatrixx 1-877-804-4900
2. Internet: Visit the DAS Workers’ Compensation web page under Medical Provider and Pharmacy Directory Look-up

The network consists of privately owned and chain pharmacies. A first fill and prescription management components support the program.

Lost time

If you are unable to return to work due to your reported claim, you must contact your supervisor and human resources division immediately. You are required to present all Work Status medical slips to your Human Resources office.

Return to Work

Return to work is authorized in the following two forms:

Regular Duty: The employee must immediately notify HR, and your GBS claims adjuster at the DAS Claims Processing Center when the medical provider releases the injured worker back to regular duty.

Restricted Duty: The employee must immediately notify HR, and your Gallagher Bassett Services, Inc. claim adjuster at the DAS Claims Processing Center when the treating physician prescribes a return to work on restricted duty. Accommodations will be made whenever possible to return the injured employee to work within their restrictions. HR must receive a Worker Status Report or general medical report from the treating physician clearly indicating the nature and expected duration of the employee’s restrictions.

Payroll Deductions

Please note that payroll deductions for health insurance and other items are not deducted from workers’ compensation checks. It is the employee’s responsibility to make payments to maintain their health and life insurance coverages. Agency HR will provide payment instruction.

Managed Care Program

The State of Connecticut delivers all necessary medical services to injured employees through an approved managed care program in compliance with C.G.S. § 31-279-10. The program provides a network of medical facilities and provider physicians that the injured employee must treat within, medical treatment pre-certification and utilization review, nurse case management, prescription drugs, and access to any specialized physician you may need to treat that does not reside within the existing network.

Managed Care Dispute Resolution

The employee, employee representative, or provider of care has the right to dispute Utilization Review determinations of the Medical Care Plan. Appeals may be made in writing or on an expedited basis telephonically and through fax communications. The parties may request an appeal of an adverse determination within fifteen (15) days of receipt of the adverse determination. A response will be available within thirty (30) days of receipt of the appeal request.

In the event that either the employee or medical provider wishes to appeal a decision made by the Utilization Review department, either party may write to: MedInsights, Inc. 206 Gothic Court, Ste. 308, Franklin, TN. 37067. An expedited telephonic appeal may be initiated by contacting MedInsights, Inc. at 1-800-220-2517. Any provider or employee dissatisfied with the results of the appeal may request a hearing.