



Who is AmeriSys?

P.O. Box 160729
Altamonte Springs, Florida 32716-0729

WHO IS AMERISYS?

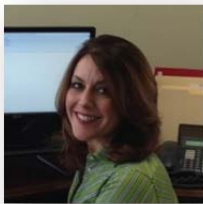
AmeriSys is a regional managed care organization founded in 1985.

On April 1, 2000, AmeriSys was acquired by Brown & Brown Insurance Services, Inc. and subsequently rolled into USIS, Inc., a wholly owned subsidiary of Brown & Brown, Inc. The depth and stability of one of the largest insurance brokerage firms allows us to assure you that we will be there to fulfill our contractual obligations and commitments.

Our 28 years of experience in Florida Workers' Compensation services and programs have allowed us to develop and hone our skills, talents and systems. Though we are committed to researching and implementing new techniques, technology and procedures to enhance services and stay abreast of medical and legal changes, we are also not given to chasing every whimsical notion or ideology without proper testing and evaluation. We still believe that a well-trained, well-experienced staff focused on the best treatment and service available to injured employees, coupled with systems that provide for proper documentation and communication to all parties involved, ultimately provides the best outcomes functionally and economically.

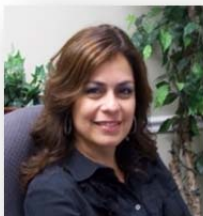
We are honored and privileged to be awarded the State of Florida contract for Medical Case Management services. We are grateful for the opportunity to serve our state and its' injured employees.

WHO ARE KEY STAFF MEMBERS AT AMERISYS?



Cheryl Gulasa RN, CCM

- Vice President, AmeriSys
- Experience as both a case-manager and manager working with multiple public entities
- 10 Years with AmeriSys



Mayra Cortes RN, CCM

- Unit Manager for the State of Florida account
- Experience in public entity Intake, Triage and Case Management Supervision
- 10 Years with AmeriSys

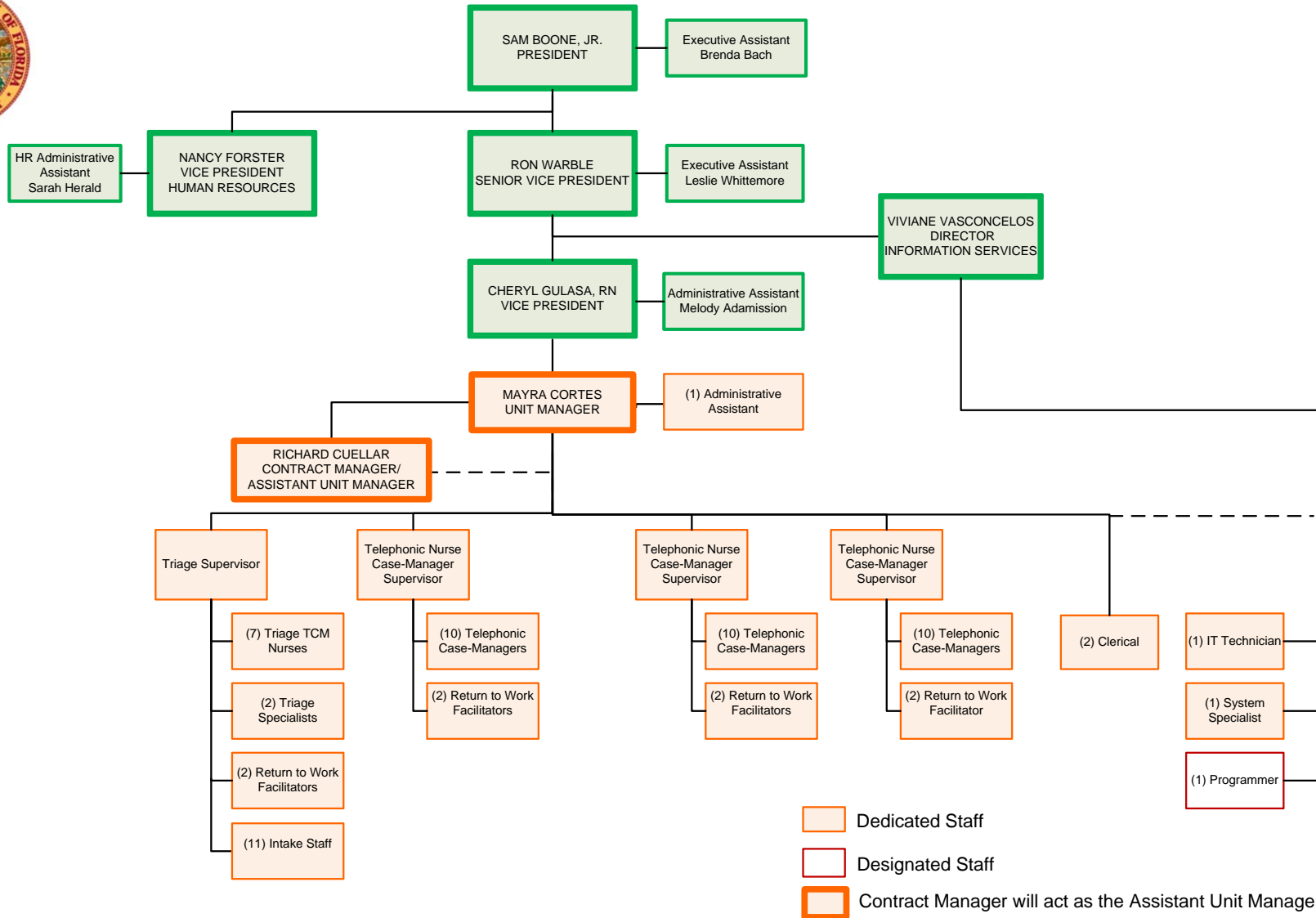


Richard Cuellar RN, CCM

- Contract Manager for the State of Florida account
- Vast experience in working with presumption claims for public entities
- 8 Years with AmeriSys

WHAT DOES YOUR PROGRAM LOOK LIKE?

The State of Florida program unit will reside in Altamonte Springs, Florida. All departments will be housed in one facility. We felt this was essential for team development, along with our firm belief in accountability. Each member of our team is responsible for your injured employees from the time the FROI is reported until the injured employee gainfully returns to employment. While it may not be their primary responsibility, all team members will be familiar with the Intake/Triage process and will be able to assist when needed.



HOW DO YOU REPORT AN INJURY?

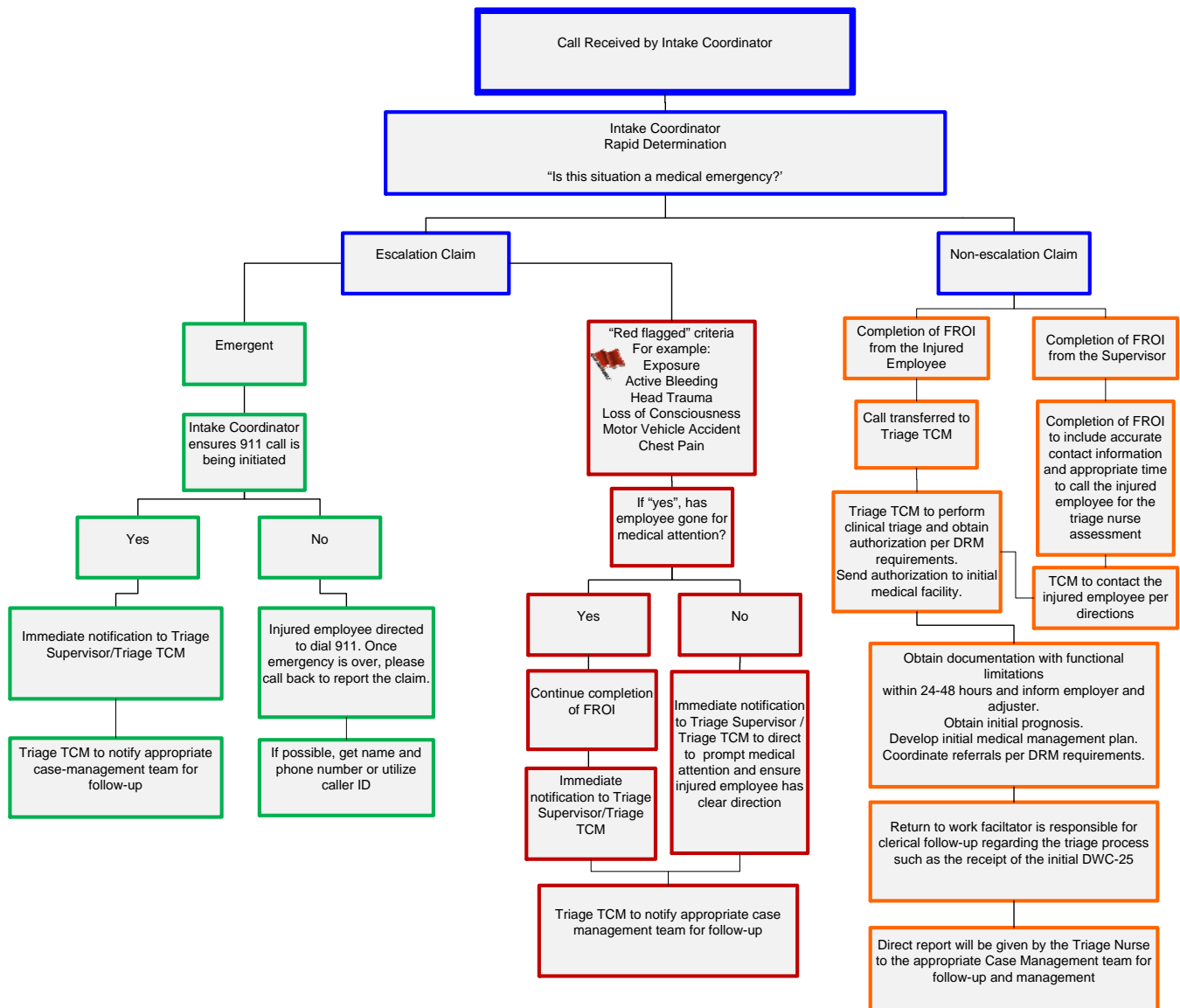
AmeriSys is prepared and committed to receive your injured employees' First Report of Injury 24/7/365 by telephone or fax directly from the injured employee and/or the supervisor or designee.

The toll-free number for claim reporting is: **800-455-2079**

The fax number is: **407-902-2001**

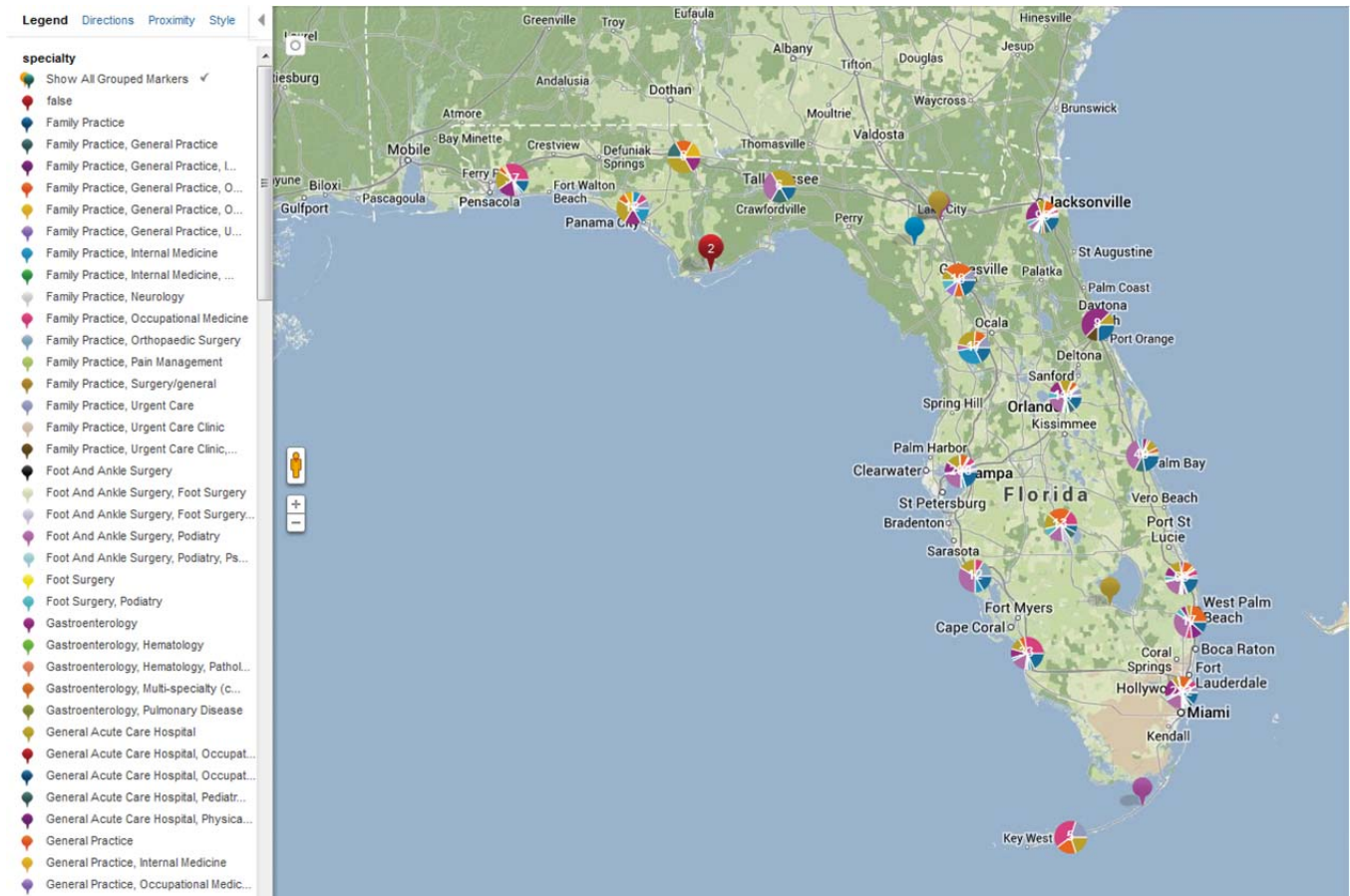
Once a call is received, the phone tree is initiated. First and foremost assessing if the reported injury is emergent in nature, then progressing through the protocols as described below. A Triage RN Case-Manager will do an initial assessment of each injured employee, ensuring he/she is directed to the most appropriate of care. As well as providing appropriate initial care, the initial assessment also makes the Triage Case-Manager aware of any underlying conditions that may complicate the injured employee's recovery and return to work.

Triage/Intake Workflow




HOW DO YOU KNOW YOUR INJURED EMPLOYEES ARE GOING TO RECEIVE THE CARE THEY NEED?


AmeriSys has statewide access to approximately 10,000 qualified and credentialed physicians for initial care as well as all specialties. Physician outcomes are tracked and trended, ensuring that only physicians who have served the State of Florida and its employees in a quality manner, while focusing on maintaining the injured employee at work, are available for use. Below is a sample of our tracking of physician group coverage.



The AmeriPass was designed to expedite authorizations and facilitate care to the injured employee. At the onset of injury, one is sent to the authorized provider as well as the injured employee. Both have contact information on how to reach the medical case management department.

For the Injured Employee:



<div style="text-align: center;"> Workers' Compensation Administrator</div> <p>Patient's Name: Account Name: Claims Adjuster: Date of Injury: Claim #: Part of Body:</p> <p style="text-align: center;">Provider submit bills to: AmeriSys Address City, State, Zip</p>	<p style="text-align: center;">Pharmacy Information</p> <p style="text-align: center;">Group# Processor: BIN# XXX.XXX.XXXX</p>
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Dear Employee Name

Please keep this document as reference for your Workers' Compensation coverage. It is important to present this document to your authorized treating physician related to your occupational injury. If you have questions regarding your medical services please contact your Telephonic Case-Manager_____ at 800.427.3590 ext. XXXX

Your authorized treating provider is as follows:

Dr. John Doe
Address
City, State, Zip
Phone:

Appointment Date/Time: _____


Ancillary Service Providers require prior authorization. Your TCM will coordinate any services prescribed by your authorized treating physician such as diagnostics, physical therapy and medical equipment. Once the service has been coordinated you will be notified.

For prescriptions please take this letter and your prescription(s) to a pharmacy near you. If you need assistance locating a pharmacy of your choice near you, please call _____ toll free at (XXX.XXX.XXXX).

This sheet does not certify compensability or guarantee payment
*****Contact Case-Manager for more details*****

For the Provider:





**Workers' Compensation
Administrator**

Patient's Name:
Account Name:
Claims Adjuster:
Date of Injury:
Claim #:
Part of Body:

Provider submit bills to:
AmeriSys
Address
City, State, Zip

Pharmacy Information

Group#
Processor:
BIN#
XXX.XXX.XXXX

Dear Dr. _____

AmeriSys is the Medical Management provider for the State of Florida DRM. You have been selected as a designated provider for the State of Florida account.

The above-named patient has been scheduled on _____ at _____am/pm.

Please provide us with a completed copy of the DWC-25 pursuant to Statute Sections 440.13(4)(a) and 440.15(3)(d), F.S and in accordance with 69L-7.602, F.A.C. "The **initial DWC-25 Form** must be submitted **within three (3) business days of the initial encounter**. Subsequent DWC-25 Forms must be submitted by the close of the business day **following the date of the actionable event or at a maximum of 30 days from the submission of the prior DWC-25.**"

Preferred Ancillary Providers

If the patient requires any of the following services/treatments, scheduling can be provided by the following or we can assist you with scheduling

(Prior Authorization is required):

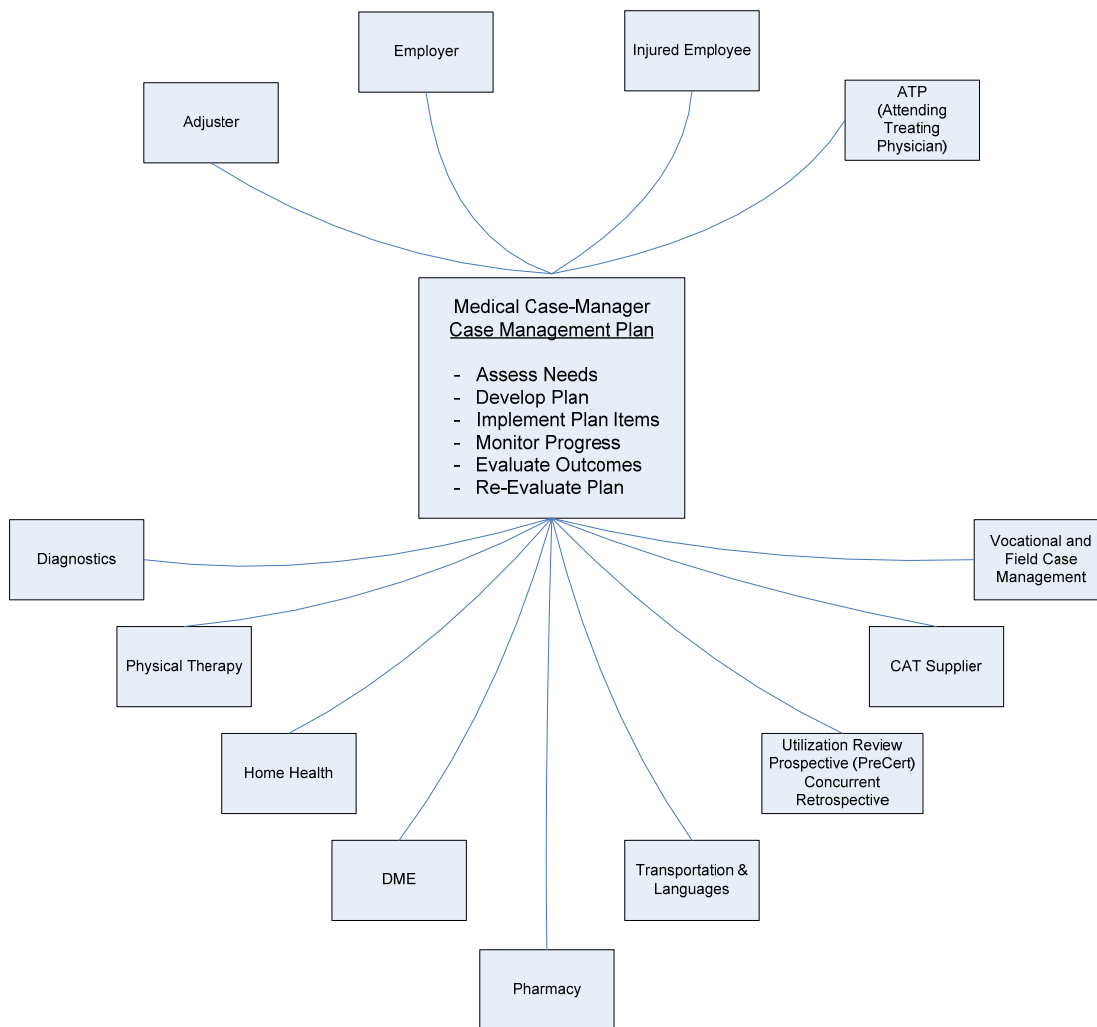
Durable Medical Equipment/ Home Health	
TBD	
Diagnostics	
TBD	

Physical Therapy	
TBD	

Please fax office notes and any procedure requests to my attention at XXX.XXX.XXXX.
I can be reached at 877.333.6348 ext.XXXX. TCM: _____

**This sheet does not certify compensability or guarantee payment
Contact Case-Manager for more details**

The AmeriSys Telephonic Case-Manager acts as the center point of contact ensuring coordination and delivery of approved medical services. The TCM is also responsible to communicate the actions of the claim, including steps taken to facilitate an employee's return to work, to all authorized providers and appropriate parties.



The phone number for injured employees to reach their case-manager is: **800.427.3590**

The phone number for providers to reach the Return-to-Work Facilitator is: **877.333.6348**

WHAT IS A RETURN-TO-WORK FACILITATOR?

AmeriSys has staffed the State of Florida program with EIGHT (8) Return-to-Work Facilitators (RTW Facilitators). These individuals' primary functions will be to obtain receipt of the DWC-25 from the provider, reviewing the work status from the DWC-25 and communicating that status to the appropriate parties, including but not limited to the Workers' Comp Coordinator.

When the DWC-25 is not received in a timely manner from the authorized physician and the RTW Facilitator has exhausted his/her efforts, the Contract Manager will be required to intervene.

See the letter below:

Date

Dear Dr. ,

Your participation in our program in the past years has been a great asset for our clients, customers and their injury referral needs. Significant utilization by many of our largest customers is a true reflection of the value-added service received by you and your staff that lends itself to repeat referrals.

While quality patient care is of utmost importance, we wanted to bring to your attention a concern we have over the lack of timely submission of the necessary paperwork such as the DWC-25 and other medical notes. As the Medical Management Provider we are obligated to comply with the Florida Workers' Compensation Statute and ensure our partners do the same. Despite our verbal and written attempts to obtain this information, we have been unsuccessful in receiving the necessary documentation. We would greatly appreciate your assistance in assuring that the proper processes are in place to provide the required paperwork (DWC-25 and medical notes) for workers' compensation referrals. Please reference the FL WC Statute; this may better assist your office in the requirements with regards to mandated paperwork as it relates to workers' compensation injuries.

Statute – 440.13

Any health care provider providing necessary remedial treatment, care, or attendance to any injured worker shall submit treatment reports to the carrier in a format prescribed by the department. A claim for medical or surgical treatment is not valid or enforceable against such employer or employee, unless, by the **close of the third business day** following the first treatment, the physician providing the treatment furnishes to the employer or carrier a preliminary notice of the injury and treatment in a format prescribed by the department and, within 15 days thereafter, furnishes to the employer or carrier a complete report, and subsequent thereto furnishes progress reports, if requested by the employer or insurance carrier, at intervals of not less than 3 weeks apart or at less frequent intervals if requested in a format prescribed by the department.

Please contact me directly at the number given below to discuss the matter further or if I may be of assistance to answer any questions.

Thank you in advance for your assistance in this matter.

Sincerely,

Richard Cuellar, RN
Contract Manager
800-427 3590, extn 1502 Direct: 407 215 1502

When delays in returning the injured employee to work are identified, the RTW Facilitators will play a key role along with the assigned case-manager to investigate the situation and ensure the physician is aware of the requirements of the position and the light duty opportunities available. Again, outcomes of all correspondences will be communicated to the appropriate parties, including but not limited to the Workers' Comp Coordinator.

WHAT IS THE AMERISYS COMMITMENT?

Our commitment is to provide your injured employees with quality care in the most cost effective manner that is in compliance with the Florida Workers' Compensation Statute and the approved standards of care. Our focus is to provide our customers with the highest level of service and return the injured employees of the State of Florida back to work as soon as it is feasibly safe to do so.