



Illinois

Preferred Provider Program

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Employer Information and Implementation Guideline

Welcome to the Preferred Provider Program (PPP) for Illinois. As an insured of Travelers, you are able to take an active role in helping reduce your workers' compensation costs. Travelers has partnered with Coventry Health Care Workers' Compensation, Inc. to provide a custom PPP that is approved in every county in the state of Illinois. The enclosed materials will explain how to implement and use this program for your employees' work-related injuries.

The PPP is a network of medical care providers designated for treatment of work-related injuries. The PPP is required to have an adequate choice of medical providers available to treat common injuries within a reasonable distance of a covered employee's residence. Participation in this PPP allows you to encourage your injured employees to choose medical providers from a listing of PPP providers. These PPP providers have experience treating work-related injuries. The PPP encourages a proactive approach toward diagnosing and treating work-related injuries and promoting a safe, medically appropriate return to work.

What you should know

- An injured employee is allowed two choices of treating provider.
- After being informed of the PPP, an employee has the right to decline participation in writing subsequent to and at any time after an injury occurs.
- If an employee declines to participate, this written notice constitutes one choice of provider, leaving him/her with only one more choice.
- You will need to retain and provide any written notices of non-participation that you receive to Travelers when an injury occurs.
- First aid or emergency care should be obtained from the nearest medical facility and does not constitute a choice of provider.

Implementation Steps

1. Provide your employees with a copy of the **Notice of Worker's Compensation Preferred Provider Program (PPP)** as directed by the Illinois Workers' Compensation Commission and included in this packet.
2. Determine and post at the worksite a listing of occupational clinics and treating doctors available in the network and nearby your worksite.
3. If a worksite injury occurs, encourage your participating employee to choose a treating doctor from the PPP network directory.
4. When you receive notice of an injury, provide your employee with a copy of the **Notice of Preferred Provider Program for Workers' Compensation Medical Care** found in this packet. This will reinforce the notice provided when the program was implemented.
5. Collect, retain and forward to Travelers any written notices of non-participation in the PPP.
6. Remember to report your claim to Travelers.

Please take some time to review the information on **How to Find a Network Provider**. If you have any questions about this program and the enclosed materials, please contact us at (844) 722-4698.

The Travelers Indemnity Company/Coventry Health Care Workers' Compensation, Inc. (Coventry)

Notice of Our Workers' Compensation Preferred Provider Program (PPP)

This information is being provided to you to explain your rights and responsibilities should you have an accident at work.

Illinois law allows our company to offer healthcare services to employees for workers' compensation injuries through a Preferred Provider Program (PPP). The Illinois Department of Insurance has approved our network of medical providers for treatment of work related injuries. The Department of Insurance requires our PPP network to meet standards for geographic accessibility, adequacy of medical providers and other factors important to assuring the adequacy of care to our injured employees.

You may choose to be treated by any of the medical providers of your choice in our PPP subject to the limitations described below. Our list of PPP medical providers is attached or you may access the list of the medical providers in our PPP at www.myWCinfo.com.

After your report of injury to us, you may in writing to us decline your participation in the PPP. Should you decline participation in the PPP, the law provides that your declination of participation constitutes one of the two choices of medical providers to which you are otherwise entitled. You may also decline treatment from our PPP at any time throughout your treatment for this work-related injury. However, that declination will also constitute one of your two choices of medical providers unless the Illinois Workers' Compensation Commission determines that the medical treatment provided to you by our PPP is inadequate.

In addition, the law provides if, prior to report of an injury, you are provided non-emergency treatment from a medical provider not within the PPP, that treatment would constitute one of the two choices of a medical provider to which you are otherwise entitled to. Please be advised that our company may not be required to pay for medical treatment you receive from medical providers outside or beyond your two choices of medical providers and subsequent referrals.

If our PPP does not provide a medical provider who can provide an approved medical treatment, a medical provider not a member of the PPP may be used at our expense if you have complied with our PPP's pre-authorization requirements for use of the medical provider who is not a member of the PPP.

For additional information regarding our program requirements, please review the attached materials that we are required to provide you pursuant to Section 370m (215 ILCS 5/370m) of the Illinois Insurance Code.

IF YOU ARE INJURED ON THE JOB, IN CASE OF EMERGENCY, SEEK IMMEDIATE MEDICAL ATTENTION AT THE NEAREST EMERGENCY FACILITY.

Immediately report your injury to your supervisor/manager or contact:

Employer: _____
Contact name: _____
Address: _____
Telephone: _____

The Travelers Indemnity Company/Coventry Health Care Workers' Compensation, Inc.

Aviso de Nuestro Programa de Proveedor Preferido (PPP) de Compensación Laboral

Esta información se le provee para explicarle sus derechos y responsabilidades en caso de que usted tenga un accidente en su trabajo.

La ley de Illinois permite a nuestra compañía ofrecer servicios de cuidados de salud a los empleados para lesiones relacionadas con Compensación Laboral, a través de un Programa de Proveedor Preferido (PPP). El Departamento de Seguros de Illinois ha aprobado nuestra red de proveedores de servicios médicos para el tratamiento de lesiones relacionadas con su trabajo. El Departamento de Seguros requiere que nuestra red PPP cumpla con las normas de accesibilidad geográfica, competencia de los proveedores de servicios médicos y otros factores importantes para asegurar la aceptabilidad del cuidado para nuestros empleados lesionados. Usted puede elegir recibir tratamiento por cualquiera de los proveedores de servicios médicos que usted elija en nuestro PPP sujetándose a las limitaciones descritas más abajo. Se adjunta nuestra lista de proveedores de servicios médicos del PPP, o usted puede acceder a esta lista de proveedores de servicios del PPP en www.myWCinfo.com.

Después de habernos informado de su lesión, usted puede declinar su participación en el PPP enviándonos una comunicación por escrito. En caso de que usted rehúse participar en el PPP, la ley establece que su rechazo a la participación constituye una de las dos elecciones de proveedores de servicios médicos a las que usted de otra manera tendría derecho. Usted también puede declinar recibir tratamiento de nuestro PPP en cualquier momento durante su tratamiento de esta lesión relacionada con su trabajo. No obstante, esta declinación también constituirá una de sus dos elecciones de proveedores de servicios médicos, a menos que la Comisión de Compensación Laboral de Illinois determine que el tratamiento médico que le proveyó nuestro PPP es inadecuado. Además, la ley dispone que si antes de informar una lesión usted recibe cuidados que no sean de emergencia de un proveedor de servicios médicos no perteneciente al PPP, ese tratamiento constituirá una de las dos elecciones de proveedores de servicios médicos a las que usted de otra manera tendría derecho. Por favor, tenga en cuenta que nuestra compañía no tiene obligación de pagar por tratamientos médicos que usted reciba de proveedores de servicios médicos prestados fuera o más allá de sus dos elecciones de proveedores de servicios médicos y sus referencias subsiguientes.

Si nuestro PPP no tiene un proveedor de servicios médicos que pueda brindar un tratamiento médico aprobado, podrá usarse un proveedor de servicios médicos no perteneciente a nuestro PPP con los gastos a nuestro cargo si usted ha cumplido con los requisitos de autorización previa de nuestro PPP para el uso del proveedor de servicios que no es miembro de nuestro PPP.

Para mayor información acerca de los requisitos de nuestro programa, sírvase revisar los materiales adjuntos que se nos requiere proveerle de acuerdo a lo dispuesto en la Sección 370m (215 ILCS 5/370m) Del Código de Seguros de Illinois.

SI SE LESIONA EN SU TRABAJO, EN CASO DE EMERGENCIA PROCURE ATENCIÓN MÉDICA INMEDIATA EN LA INSTITUCIÓN DE CUIDADOS DE EMERGENCIA MÁS CERCANA. Informe *inmediatamente* su lesión a su supervisor/gerente o comuníquese con:

Empleador: _____
Nombre del Contacto: _____
Dirección: _____
Teléfono: _____

The Travelers Indemnity Company/Coventry Health Care Workers' Compensation, Inc. (Coventry)

**NOTICE OF PREFERRED PROVIDER PROGRAM
FOR WORKERS' COMPENSATION MEDICAL CARE**

We have received your report of a work-related injury. Please be advised that we have established a Preferred Provider Program (PPP) for medical treatment for workers' compensation cases, pursuant to the Illinois Workers' Compensation Act (820 ILCS 305/8(a) and 8.1a). Our PPP has been approved by the Illinois Department of Insurance as required under the Act.

We recommend that you obtain your medical care from the PPP network for any work-related injury because we believe it will provide good treatment for you. You may decline to be treated by providers in our PPP now or at any time throughout your treatment for this work-related injury.

Such declination must be made to us in writing, and will count as one of your two choices of medical providers. We may not be required to pay for medical services outside or beyond your two choices of medical providers and the chain of referrals there from.

However, not receiving treatment from our PPP will not be considered a choice of physicians if: 1) there is no medical provider in the PPP that provides treatment you need and you comply with all pre-authorization requirements; or 2) the Illinois Workers' Compensation Commission has determined that the treatment provided to you by our PPP is inadequate.

To obtain the list of medical providers in the PPP, go to www.myWCinfo.com or call (844)722-4698. To decline participation in the PPP, you must do so in writing; direct it to ILPPP@travelers.com. If you have questions about the employer's PPP network, please contact (844) 722-4698.

If you have any questions about your rights under the law, please call the Public Information Unit at the Illinois Workers' Compensation Commission at 312/814-6611, toll-free 866/352-3033, email the IWCC at infoquestions.wcc@illinois.gov, or check the Commission's website at www.iwcc.il.gov/.

The Travelers Indemnity Company/Coventry Health Care Workers' Compensation, Inc. (Coventry)

AVISO DE PROGRAMA DE PROVEEDOR PREFERIDO PARA CUIDADOS MÉDICOS A TRAVÉS DE COMPENSACIÓN LABORAL

Ha recibido su informe de una lesión que usted sufrió en su trabajo. Sirvase tener en cuenta que hemos establecido un Programa de Proveedor Preferido (PPP) para tratamientos médicos en casos de Compensación Trabajadores, de acuerdo con lo dispuesto en la Ley de Compensación Trabajadores de Illinois (Illinois Workers' Compensation Act) (820 ILCS 305/8(a) y 8.1a). Nuestro PPP ha sido aprobado por el Departamento de Seguros de Illinois tal como lo requiere la Ley arriba citada.

Le recomienda obtener sus cuidados médicos a través de la red PPP para cualquier lesión relacionada con su trabajo porque consideramos que le proveerá un buen tratamiento. Usted puede rehusar recibir tratamiento de los proveedores de nuestro PPP ahora o en cualquier momento durante su tratamiento por esta lesión relacionada con su trabajo.

Deberá comunicarnos esta negativa por escrito, y se contará como una de sus dos elecciones de proveedores médicos. No se nos podrá requerir que paguemos por servicios médicos prestados fuera o más allá de sus dos elecciones de proveedores de servicios médicos y la cadena de referencias de los mismos.

No obstante, no recibir tratamiento a través de nuestro PPP no se considerará una elección de médicos si: 1) no hay un proveedor de servicios médicos en el PPP que provea el tratamiento que usted necesita, y usted cumple con todos los requisitos de autorización previa; o 2) La Comisión de Compensación Trabajadores de Illinois ha determinado que el tratamiento que le ha provisto nuestro PPP es inadecuado.

Para obtener la lista de proveedores de servicios médicos en el PPP a dirigirse al sitio en la red: www.myWCinfo.com o llamando al (844) 722-4698. Para declinar su participación en el PPP, debe hacerlo por escrito; dirijalo a ILPPP@travelers.com. Si tiene preguntas acerca de la red del PPP del empleador, sirvase comunicarse con (844)722-4698.

Si tiene cualquier pregunta acerca de los derechos que le otorga la ley, llame por favor a la Unidad de Información pública de la Comisión de Compensación Trabajadores de Illinois al 312/814-6611, llame sin cargo al 866/352-3033, envíe un correo electrónico a IWCC a infoquestions.wcc@illinois.gov, o visite la página de Internet de la Comisión en www.iwcc.il.gov/.

Preferred Provider Program Key Points

- An injured employee is allowed to choose a treating provider from the network directory who is appropriate for the treatment of his or her occupational injury. The injured employee is allowed to make up to two choices of treating providers. Any additional change will require approval of the employer and/or Travelers.
- If an employee does not wish to participate in the PPP, the employee must provide notice in writing to the employer and Travelers should a work related injury occur.
- If participation has been declined in writing, it constitutes one of the available two choices of provider.
- First Aid or Emergency care should be given at the closest medical facility and does not constitute a provider choice.
- When an employee provides a notice of work-related injury to the employer, the employer may recommend the injured employee to choose a provider within the PPP network.
- Any non-emergency treatment with a non-PPP provider selected by the injured employee prior to giving notice of a work-related injury to the employer is considered to be one of the employee's choices of provider(s).
- Primary treating and hospital health care services for emergency medical must be located within 30 minutes or 15 miles of the employee's residence in a non-rural area.
- Occupational health services and specialty providers are to be within 60 minutes or 30 miles of the employee's residence.
- An appointment for initial treatment is to be available within three business days of a request.
- An appointment for treatment of common work-related injuries is to be available within twenty business days of request.
- If an employee is working or resides temporarily or permanently outside the Illinois geographic area, and requires treatment for their work-related injury, they may choose a treating provider from a network listing of at least three providers in that area.
- Employers and employees may obtain a current provider network listing by:
 - Using the Find a local Network Provider Link on myWCInfo.com
 - Sending a request to ILPPP@travelers.com
 - Calling (844)722-4698 and requesting a listingTalking with the Claim Professional and requesting a listing

How to Find and Use the Network Directory

1. Access the PPP Network directory by linking to www.mywcinfo.com . This website can provide access to a selection of PPP providers within a radius of the worksite or the injured employee's residence. This site has other features such as a link to workers' compensation claim resources and information regarding how to obtain injury related medications prescribed by the treating provider.
2. Another link can be found on www.travelers.com .
 - Select: Claim Center, then Claim Support Center and choose Find a Network Medical Provider on the right hand side of the page.
3. On either of these sites, a listing may be obtained by using workers' compensation, zip code, state and the type of provider desired.
4. From that point, the list may be broadened and refined by distance, type of provider or region.
5. Additional information about a provider can be obtained by clicking on the map icon next to the provider's name.
6. A selected listing may be printed or emailed to a recipient's email address.
7. Another method is to email a request for a listing to wcpn@travelers.com specifying a location or locations. Listings will be generated and provided by email in response.
8. If internet access is not available, please contact Travelers at (844)722-4698 and request a provider listing which will be sent by mail within 3 business days.