



City of Coconut Creek
Service Instructions
Workers' Compensation Program
Service Period: 10/01/2018 – 09/30/2023

Program Overview

Program Effective Date: October 1, 2018

The City of Coconut Creek is a member of Preferred Governmental Insurance Trust for its workers' compensation coverage.

Client Contact:

Mr. Sanjeev Bissessar, IPMA-CP
Risk Manager
City of Coconut Creek
4800 W Copans Road
Coconut Creek, FL 33063
(954) 973-6737

Producer:

Michelle Martin, CIC
Vice President
Public Risk Insurance Agency
220 S Ridgewood Ave Suite 210
Daytona Beach FL 32114
(386) 239-4047

Managed Care

Bill Review	Vendor: AmeriSys	Network: Coventry
Telephonic Case Management	Vendor: AmeriSys	Must utilize on all lost time claims.
Field Case Management	Vendor: AmeriSys	Will discuss with client prior to assignment.
Vocational Rehabilitation	Vendor: AmeriSys	Will discuss with client prior to assignment.



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Special Handling Instructions

First Report	Claims may be reported via the PGCS toll-free number @ 800-237-6617, online @ www.pgcs-tpa.com , e-mail @ wccclaims@pgcs-tpa.com or via facsimile @ 321-832-1448.
Adjuster Assignment	All claims must be assigned to the designated claim specialist within 24 hours of receipt of the phone, fax, e-mail or online report.
First Contact	All employer, injured employee and medical provider contact must be completed within 24 hours of the first report. If claim is catastrophic contact with client must be within two (2) hours. Three-point contact is required on all lost time claims.
Investigation	A thorough investigation and recorded statement of the employee is required for all questionable claims, claims involving pre-existing conditions, occupational disease, cumulative injuries, high severity claims, or any claims which appear fraudulent. The claim specialist must contact the client immediately if an employee refuses to cooperate such as failure to return phone calls or submit to a recorded statement.
Reserving	Medical Only initial claim reserve must be set at ultimate exposure. Lost Time/Indemnity – initial reserves set within 7 days. Solid reserves within 30 days of receipt of the initial report.
Subrogation	All subrogation possibilities must be investigated. Parties must be put on notice within 30 days of initial investigation.



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Special Handling Instructions Continued

Claims Closure	All claims must be closed within 10 days of the final payment.
Medical Management Criteria	Telephonic Nurse Case Manager intervention on all claims with indemnity exposure. Use of managed care guidelines, physician contact within 24 hours of the injured employee's appointment. Utilization review and cost containment must be utilized on all files. Field Nurse Case Management assignments will be discussed with the client in advance. The client will be notified when medical appointments are made. The client will be copied on all communication between the adjuster and medical case manager. The client at times may need to partner with PGCS/AmeriSys to ensure timely medical appointments. If the appointment date and time are not satisfactory, PGCS will contact the client to request intervention with the doctor's office to possibly secure an earlier appointment.
Return to Work Policy	The client makes every effort to get injured employees back to work light duty. The Adjuster or Nurse Case Manager must notify the client as soon as the employee is able to return to work. To facilitate this process, the client will provide PGCS a detailed Light Duty Job Description and information regarding the light duty position and accommodation.
Claim Reviews	Claim reviews will be conducted on a quarterly basis. Workers' Compensation claim reviews will occur in March & September. Liability claim reviews will occur in June & December. The reviews may be completed telephonically.