

MANAGED-CARE/UTILIZATION REVIEW

Has your organization contracted with an approved Managed Care Organization to provide medical services to injured employees? KRS 342.020(3)

If so, please provide the following information:

Name: _____

Address: _____

Phone No.: _____

E-Mail Address: _____

If your organization has not contracted with an approved Managed Care Organization to provide medical services to injured employees, who provides Utilization Review and Medical Bill Audit for medical treatment rendered to injured workers? 803 KAR 25:190 § 3(3)(5)

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

E-Mail Address: _____

Please Note: It is the self-insured employer's responsibility to inform the Kentucky Department of Workers' Claims when policy changes relating to the administration of claims, managed-care and utilization review have been implemented within a respective employer's self-insurance program.