

WORKFIRST COMPREHENSIVE CARE ORGANIZATION (WCCO) PARTICIPATING EMPLOYER AGREEMENT

The WORKFIRST Comprehensive Care Organization (WCCO) is a comprehensive program designed to help employers manage workers' compensation and employee health costs. The WCCO is comprised of a network (panel) of healthcare providers (see Attachment "A") who have a sincere interest in preventing occupational illness and injury, providing efficient, quality medical care to injured workers, and returning the injured employee to work in a timely and cost-effective manner.

The WCCO agrees to work with _____ ("Employer") to manage the company's occupational health programs and costs by providing services geared towards prevention of work-related injury and illness, timely and appropriate medical care, case management of injuries, and Employer and employee satisfaction.

WCCO RESPONSIBILITIES

PREVENTION

A variety of programs and services are available to assist Employer in:

- making wise hiring and placement decisions;
- implementing substance abuse policies;
- complying with OSHA and Department of Transportation regulations on employee health and safety;
- promoting employee health and wellness.

Please refer to Attachment "B" for specific prevention services.

Employer will receive a credit of 10% of the total WCCO participation fees paid. The credit will be held in a "Wellness" account, which can be accessed by the Employer to purchase any occupational health service EXCEPT direct patient care. Types of services which are eligible for purchase with "Wellness" account credits include:

- Occupational health consultation, on an issue or topic of the Employer's choice
- Occupational health education and training programs (OSHA-mandated, injury prevention, etc.)
- Worksite ergonomic assessment/consultation
- Consultation on employee wellness programs
- Wellness/health promotion services (presentations, screenings, etc.)
- WORKFIRST DOT & non-DOT Consortium fees
- Flu Shots

In addition, Employer will receive a 10% discount on all Pre-placement Examinations and Initial driver examinations at WORKFIRST, and 10% off all preventive services at Gettysburg Hospital Rehabilitation Medicine, Alliance Rehabilitation Services, and HEALTHSOUTH. A "Preferred Employer" hourly rate will be offered by Beck Therapy on all Preventive Services (Discount does not apply to work-related injury treatment). Gettysburg Hospital Rehabilitation Medicine also offers employees of participating employers access to the Rehab Medicine fitness center for a monthly fee of \$25.

Unless explicitly stated herein or separately agreed to, all other services are billed on a fee-for-service basis. "Wellness" account credits cannot be redeemed for cash, and are forfeited upon termination of this agreement.

INJURY CARE

The WCCO meets the needs of employers and injured workers by providing:

Access: to an adequate number and specialty distribution of licensed health care providers for the treatment of work-related injury or illness.

Timeliness: appropriate and timely delivery of services to workers.

Coordination: a case management and evaluation system, which includes continuous monitoring of treatment from onset of injury or illness until final resolution.

Communication: a system which relates necessary and appropriate information among the employee, employer, health care providers and insurer.

Customer satisfaction: a philosophy that promotes speedy case resolution and helps to reduce unnecessary legal actions.

All panel providers of the WCCO agrees to:

1. Accept appropriate referrals.
2. See injured workers as soon as possible following referral: emergencies immediately, all others within two (2) days. All initial injuries will be triaged through WORKFIRST, with referral to Participating Providers as appropriate.
3. Avoid duplication of tests, etc. which have been performed within a reasonable time frame prior to the referral.
4. Monitor an injured worker's progress through appropriate daily or weekly contact with the injured worker and/or persons providing health services to the injured worker.
5. Work with health care providers and injured workers to develop treatment and discharge plans, including appropriate work-related therapy services (physical therapy, occupational therapy, work conditioning, and work hardening).
6. Coordinate return-to-work plans with Employer and recommend part-time or modified-duty work plans.
7. Identify an injured worker's abilities and skills and match them with work opportunities.
8. Maintain a case communication system and relate necessary and appropriate information concerning the injured worker among the injured worker, the Employer, health care providers, and the Employer's workers' compensation insurer.
9. Monitor and review utilization patterns as part of a total quality improvement program.
10. Bill the Employer or its designee as required under current workers' compensation law.

EMPLOYER RESPONSIBILITIES

Participating Employer will work with the WCCO to enhance the health and safety of workers and facilitate return to work following a work-related injury or illness. The Employer agrees to:

1. Post a panel of designated providers, listing WORKFIRST and WCCO providers.
2. Use WORKFIRST as the entry point to the WCCO for work-related injury or illness.
3. Communicate with the WCCO case manager regarding employee injury, job availability, etc.
4. Facilitate employee compliance with health care provider recommendations.
5. Allow access to the worksite for the purpose of analyzing the jobsite and work practices, with the goal of assisting the Employer with safety and injury prevention strategies.
6. Modify the worksite and/or job, whenever feasible, to facilitate speedy return to work.
7. Allow WORKFIRST to provide training to appropriate personnel (i.e., safety, human resources, supervisors) regarding the WCCO.

- 8. Remit payment for all occupational health services within thirty (30) days of receiving an invoice.
- 9. Remit payment for WCCO membership on a monthly basis, within thirty (30) days of receiving an invoice.

FEES

The fees for membership in the WCCO are based on the company's claims experience, at the rate shown on Attachment "C". The fee is calculated and charged monthly on a retrospective basis. A quarterly statement will be sent to employer indicating the Employer's "Wellness" account balance.

The Employer and WORKFIRST CCO agree to perform their respective duties as outlined above.

This Agreement will remain in force for a period of one year; provided, however, that either party may terminate this Agreement upon thirty (30) days written notice. There will be no redemption of "Wellness" account dollars after termination of this Agreement. The WCCO may terminate this agreement upon 10 days written notice for non-payment of fees. This Agreement will be automatically renewed annually unless otherwise indicated by one of the parties.

WORKFIRST Representative:

Employer Representative:

 Patty McGuire
 Administrative Director

 Signature

 Printed Name

 Title

Date: _____

Date: _____

WORKFIRST
 2250 East Market Street
 York PA 17402

 Company Name

 Address

 City State Zip