EXHIBIT F

Dedicated Nurse Review Process

Case Referral

The adjuster will refer claims to the Dedicated Nurse (DN) for those injured workers who are on no duty status or restricted duty status with exceptions noted (field case management assigned). The nurse will use professional judgment to determine if the case will be opened as a full assignment, limited assignment or if just a limited review will be completed and the case referred back to the adjuster

Referral Criteria

1. Lost Time for more than 14 days
2. Limited, Restricted or Modified Duty for more than 30 days

There may be occasions the adjuster needs additional assistance on medical management cases. The following criteria should be considered when determining the need for possible referral to the DN:

3. Co-morbidity complicating the work injury
4. Known problem providers or multiple providers
5. Treating provider is outside the scope of practice for the IW's diagnosis and/or treatment plan
6. Surgery is planned and/or anticipated
7. Repetitive trauma injuries
8. When non-compliance issues with the medical treatment plan are identified
9. In the event of re-injury of the same body part
10. Injury that occurs in the first 90 days of employment
11. When the injured worker, physician, adjuster, employer or attorney request Medical Case Management
12. When treatment plan exceeds usual and customary parameters as set forth in Official Disability Guidelines (ODG)
13. In cases where pre-existing medical conditions could impact the extent or duration of rehabilitation
14. Files with repeat / high level diagnostic testing
15. Incomplete medical information obtained, which could include a DWC-73 and adjustor has been unable to obtain information after multiple attempts made, the DN will intervene for assistance
16. Return to Work (RTW) full duty (FD) is changed to Limited Duty (LD) without documented change in medical reports
17. A closed claim becomes active again after 2+ years of no treatment
18. Additional diagnosis added i.e. per DD, DWC-73s, Medical bills, or by any other means
19. Pre-existing medical conditions are prevalent
20. Relevance of treatment or diagnostic testing

In the event the criteria are met for field case management assignment, the DN is notified for oversight only and to assist both the adjuster and field case manager as needed.

The Adjuster will complete and e-mail the referral form to the DN. If the DN feels the referral too early or inappropriate for the claim, the Claims Supervisor will be notified; who will review and discuss with the adjuster if necessary. (See Exhibit Referral Form)

Receipt of Referral

The Dedicated Nurse receives the referral and enters the case information on COA DN Case List spreadsheet. (The spreadsheet is updated as certain tasks are completed, such as referral received, MD Intro letter sent, case opened, initial review completed, RTW referral made, case management determined not indicated and case closed.)

Initial Review

The following tasks should be completed within 5 business days of receipt of referral:

1. The DN reviews the notes and records in the JI Claims System and determines the appropriate level of assignment (full or limited) and review / report to complete ("Initial Dedicated Nurse Review" or "Limited Nurse Review"). (See Exhibits Initial Dedicated Nurse Review and Limited Nurse Review)
    - Full assignment: case requires continued assessment / intervention by DN; applies to more serious / complicated cases. Follow up diaries are set and additional reviews / reports will most likely be completed.
    - Limited assignment: case is referred for short term assignment or DN determines goals can be met in short time period; examples: one time review / recommendations requested, assistance needed to prepare questions to MD, or MD contact requested to facilitate medication weaning. Follow up diaries may be set as necessary.
    - Limited review: case does not require ongoing DN intervention to reach resolution; brief review is completed and case is referred back to adjuster for handling / monitoring. No follow up diaries are set; adjuster to consult with or re-refer to DN if necessary.

2. The DN will obtain information needed to complete report and determine if / when follow up with employee will be needed. If there is not sufficient information available for review, information will be requested (usually medical records), a note will be entered in the claims system and the review / report will be delayed until sufficient information has been obtained with which to make appropriate determinations and complete a thorough review. The case will be considered "opened" as of the day the initial review was attempted and additional information requested.
3. The MD Introduction Letter, which includes reference to the MDA guidelines and includes the injured workers' essential job function (EJF) is sent to the treating provider(s). This letter also, explains the DN role and addresses the RTW Program of the City. (See Exhibit MD Introduction Letter)
4. The DN will complete the Initial Dedicated Nurse Review or Limited Nurse Review, which is located in the correspondence section of the JI Claims System.
5. The report is copied and entered into the Notes section of JI Claims System with the header titled "Dedicated Nurse - TCM" and Subheading titled "Initial Nurse review", where it is available to all parties at JI, Risk Management and the RTW coordinator. The COA Risk Management HR Consultant and RTW Coordinator receive an email copy of the reports, (only reports with RTW issues identified are forwarded to RTW Coordinator) as well as are notified that the reports have been completed via the twice-monthly "Initial Dedicated Nurse Review and MD Contact Report".
6. Set follow up diary based on medical events, usually between 30 and 60 days, with diary code "Miscellaneous Review" to prompt for information to be assessed / tasks to be performed and follow up review to be completed if necessary. All documentation should be in "laymen's" terms that are easily read by the DWCR, Adjuster, Risk Management and RTW Coordinator.
7. In the event the DN determines injured worker is severely injured, an email will be sent to Risk Management and the RTW Coordinator with that information identified on the subject line and details provided as to the type of injury, treatment provided / anticipated and RTW issues.

Limited Review

When cases are referred that the DN determines do not appear to require case management intervention to proceed to case resolution, the DN will perform an abbreviated or limited review, and refer the case back to the adjuster for handling / monitoring. The review will include recommendations for the adjuster (if any), and identify circumstances that would prompt additional discussion with or referral to the DN. This will allow the DN to devote increased time on more complicated / serious cases.

The limited review report is located in the correspondence section of the JI Claims System. It is copied and entered into the notes section with the header titled “Dedicated Nurse - TCM” and subheading titled “Limited Review”.

Examples of kinds of cases that may be triaged and referred back to the adjuster include simple / single diagnoses, even when surgery is recommended or likely to be recommended, such as:

1. Knee injuries (meniscus tears, ACL tears)
2. Shoulder injuries (rotator cuff tears, impingement syndrome)
3. Some sprains / strains
4. Contusions
5. Finger fractures
6. Hernias

Notification to Provider

If the employee is losing time, the Dedicated Nurse will complete and submit this notice to the provider(s) and complete the following tasks within seven business days of receipt of referral. Letters may be sent to providers regarding employees on limited duty as determined necessary.

1. Prepare the MD Introduction Letter and include relevant sections of the MDA guidelines, based on the identified diagnoses. Essential Job Functions (obtained from the City of Austin) for the employee’s position are to be included and the letter is faxed to the treating provider and relevant specialists.
2. Enter note in Notes section of JI Claims System with the header titled “Dedicated Nurse - TCM” and Subheading titled “MDA/EJF letter sent”. Indicate who letter was sent to and fax number in note.

On-going tasks

1. Subsequent reviews are completed utilizing the “Subsequent Dedicated Nurse Review” form. A follow up diary will be set as determined necessary, usually between 30 and 60 days, with diary code “Miscellaneous Review”. (See Exhibit Subsequent Dedicated Nurse Review)
2. Subsequent reviews are completed following the same process as noted above, and are sent to Risk Management and RTW Coordinator on a case by case basis.
3. Additional medical, pre-authorization requests, etc are reviewed when notification is received from pre-auth nurse or adjuster.
4. All ongoing documentation will be entered in Notes section of JI Claims System with the header titled “Dedicated Nurse - TCM” and Subheading appropriately titled. All contact with employee, provider and adjuster will be documented.

5. Subsequent letters are completed with updated information and forwarded to the physician as indicated, such as when the treating physician changes or there is a substantial change in diagnosis. This may include new MDA sections if applicable.
6. DN will staff the file with adjuster as needed and document in claims notes. Examples include notification of substantial change in condition, identification of appropriate medical providers, recommendation for peer review and determination of appropriate questions to be asked of treating or reviewing physicians.
7. DN should be notified by the adjuster if the employee resigns or is terminated so the information can be documented in the report and plans / goals changed accordingly.

Closure

File is closed when it is determined that TCM services are no longer indicated.
Criteria for closure includes but is not limited to the following:

- Return to work full duty status
- Permanent restrictions determined
- Medical stability achieved for compensable injury
- DN and adjuster agree TCM is no longer indicated

Reports

1. A report will be prepared from the DN COA Case List and posted monthly listing all active / open cases, as well as cases that were closed the prior month. The report is due by the 10th of each month and will be sent to the following individuals at the City and JI: Claims Supervisor, Adjusters, UM Manager, Senior Nurse, Account Manager, COA RTW Coordinator and Risk Management HR Consultant. This is also posted on the website for the City.
2. The Initial Dedicated Nurse Review and MD Contact Report is completed twice monthly, at the middle and end of the month, and forwarded to Risk Management and RTW Coordinator at the City of Austin. This report includes information on all new referrals.

Pre-authorization Denials

Injured workers are contacted by the Dedicated Nurse within one business day of a denial determination. The nurse will document their discussion and explanation of decision rationale and appeals / reconsideration process in RMIS. (Document discussion of IRO process when applicable)