

Attachment C

Occupational Health Survey

COMPANY: CCG _____

Contact Name: _____

Contact Phone and Email: _____

Street Address: _____

City, State, Zip Code: _____

2. Injury Information SEE PRIOR RESPONSE AND ATTACHMENT

Is your company self-insured? YES _____

Name of Carrier or Third Party Administrator ACCG _____

Total number of Work Comp claims filed YTD 2011 SEE PRIOR RESPONSE AND ATTACHMENT

Total number of Work Comp claims filed in 2010 SEE PRIOR RESPONSE AND ATTACHMENT

Number of Lost Work Days by ICD-9 Code (please use separate sheet of paper, if necessary)

<i>Year-to-Date 2011</i>		<i>Calendar Year 2010</i>	
Number of Days	ICD-9 Code	Number of Days	ICD-9 Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Average number of days lost per Lost Time Accident YTD 2011 _____

Average number of days lost per Lost Time Accident in 2010 _____

Total number of injuries YTD 2011 _____

Total number of injuries in 2010 _____

Total number of OSHA Recordable injuries YTD 2011 _____

Total number of OSHA Recordable injuries in 2010 _____

3. Workers Compensation (WC) Costs SEE PRIOR RESPONSE AND ATTACHMENT

Total Incurred Workers' Comp Costs YTD 2011 \$ _____
(medical, TTD; paid and reserved)

Total Incurred Workers' Comp Costs for 2010 \$ _____
(medical, TTD; paid and reserved)

Do you have a Return to Work Program? If so, please describe. YES, WE ATTEMPT TO BRING ALL INJURED EMPLOYEES BACK TO WORK. WE WANT TO BE MORE SUCCESSFUL IN THIS AREA AND WILL DISCUSS PROGRAMS WITH SUCCESSFUL MANAGER

Please briefly explain your "loss development factor", or "reserve multiplier" systems, that result in your incurred WC cost.

6. Current Exams/Visits/Surveillance Volumes and Cost (2011) SEE PRIOR RESPONSE AND ATTACHMENT

Annual Number of **Non-Occupational** visits/encounters performed on-site by type of visit:

Encounter/Visit Type	Annual Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Non-Occ. Visits	_____

Occupational Visits _____ SEE PRIOR

RESPONSE AND ATTACHMENT

Visit Type	Amount	Performed On-site?
Annual number of drug screens	_____	Yes No
Annual number of audiometry screens	_____	Yes No
Annual number of vision screens	_____	Yes No
First Occupational Health Visits	_____	Yes No
Follow-Up Occ. Health Visits	_____	Yes No
PT visits	_____	Yes No
Ergonomics/Workstation Evals	_____	Yes No
Other Exams (please identify)	_____	Yes No
Other Exams (please identify)	_____	Yes No
Other Exams (please identify)	_____	Yes No

For testing performed on-site, please provide any relevant per unit cost (drug screens, lab diagnostics by type, etc.).

For testing listed above performed off-site, please provide the unit cost for each type of testing.

Please provide a list of any other Health Services that are performed onsite or outside your current insurance plan.

7. Workers' Compensation Claims Data SEE PRIOR RESPONSE AND ATTACHMENT

On a separate spreadsheet, please provide all treatment codes (CPT codes) for medical care rendered off-site by community providers, broken-out by work related and non-work related cases. Please identify the time period used, and whether it is work related or non-work related.

For example:

200 units of CPT 99211, occupational health

100 units of CPT 94010, occupational health

150 units of CPT 99214, non-occupational health

Etc...

8. Case Management (2011) SEE PRIOR RESPONSE AND ATTACHMENT

Monthly Number of Open Claims

Work Related _____

Non-Work Related _____

Monthly Number of FMLA Requests _____

Do you currently follow any national disability guidelines? If so, please explain.

9. Physical Therapy SEE PRIOR RESPONSE AND ATTACHMENT

2011 YTD number of visits _____

2010 number of visits _____

Does the contracted PT clinic provide work conditioning, work hardening or job analysis?

Is there any work hardening equipment in the PT clinic? If so, what kind?

What type of equipment is used for functional capacity evaluation?