



**State of New Jersey  
Department of Banking and Insurance**

**ANNUAL REPORT  
WORKER'S COMPENSATION MANAGED CARE ORGANIZATION**

**A. ADMINISTRATIVE INFORMATION**

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**Name of WCMCO**

**Main Administrative Address:** \_\_\_\_\_  
Street and Number

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City, State and Zip Code

**Internet Website Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**New Jersey Office:** \_\_\_\_\_  
Street and number

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City, State and Zip Code

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_  
Name Area Code & Phone Number

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E-mail Address

Fax Number

**As an Officer of the WCMCO, I certify that for the reporting period above, all information and statements made in this Annual Report are true, complete and current to the best of my knowledge and belief.**

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Name Title Signature Date

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**B. NETWORK**

1. Are the network providers under direct contract with the WCMCO?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Identify the entities with which the WCMCO has current contracts for network formation:

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**C. WCMCO SERVICES**

Please indicate whether the following services are performed by the WCMCO or contracted to another entity. If the latter, please identify the entity:

<b>Function</b>	<b>In-house</b>	<b>Entity</b>
Billing		
Case Management		
Early Return to Work Program		
Care Management		
Fraud Detection Program		
Grievance Program		
1. Members		
2. Providers		
Quality Assurance		
Utilization Review		

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**D. BUSINESS ACTIVITY**

Please complete the following two charts. Do not attach financial statements or reports. Report only Managed Care Worker's Compensation activity in New Jersey. Do not report the entire financial results of the entire company.

If a WCMCO has subcontracted any claim function to another entity, please include the figures from them. The claims of any carrier who identified your WCMCO for the purposes of the premium reduction should be included. Any time an employee presents for injury, the claims should be included no matter which of your contracted networks is involved. If an employer is identifying your WCMCO as their managed care network, then their claims should be included whether case management was involved or not.

**Definitions:**

**CLAIM:** A claim is defined as each bill for a separate encounter for medical services. Please use date bill was paid for reporting purposes.

**CASE:** Number of new cases opened during the calendar year. A case is defined as a work-related injury or illness resulting in a need for medical care. This may involve numerous claims over an extended period of time.

**CHARGES BY PROVIDERS:** Charges are defined as total provider billed charges, both in and out-of-network, for which payment is legitimately due. This excludes charges related to duplicate bills and charges related to medical care that is denied.

**PAID TO PROVIDERS:** Payments made to in and out-of-network medical providers for eligible medical expenses.

<b>WCMCO</b>	<b>Income</b>	<b>Expenses</b>	<b>Gain or Loss</b>
<b>2019</b>			
<b>2018</b>			

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<b>WCMCO</b>	<b># of New Cases</b>	<b>#Claims submitted to MCO</b>	<b>Charges by Providers</b>	<b>Paid to Providers</b>
<b>2019</b>				
<b>2018</b>				

- The WCMCO has no business to report**
- The WCMCO is not in contract with any insurers**
- The WCMCO is in contract with insurers but has no business to report.**

**E. CHANGES IN OPERATIONS**

Pursuant to N.J.A.C: 11:6-2.4 (b) WCMCOs are required to report all changes in operations to the Department of Banking and Insurance within 30 days of said change(s), including but not limited to, contractual changes, name changes, mergers, acquisitions, sale of the WCMCO and additions or termination of preferred provider organizations serving as the network. Such changes should be submitted under separate cover with all supporting documentation to the following address:

New Jersey Department of Banking and Insurance  
Office of Managed Care  
20 West State Street, 9<sup>th</sup> floor  
PO Box 329  
Trenton, New Jersey 08625-0329

**CERTIFICATION:**

- This certifies that no changes described by N.J.A.C: 11:6-2.4(b) are applicable for calendar year 2019.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature and Title)

- This certifies that changes described by N.J.A.C: 11:6-2.4(b) have occurred during the calendar year 2019 and were submitted or will be submitted by

\_\_\_\_\_.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature and Title)