Workers' Comp

Care Abroad: Assisting U.S. Employees Injured Overseas

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As the world opens up again in this COVID era, more U.S. companies with a global reach are sending employees overseas to conduct business. But what happens when those employees are injured outside the U.S.? In today's Inside Workers' Comp, Tammy Bradly joins us to talk about the Care Abroad program.

Tom Kerr (TK): Tammy, what is the Care Abroad program?

Tammy Bradly: Tom, Genex Care Abroad is really a care management solution for employers who have employees who are either working outside of the U.S. or foreign employees who are injured in the U.S. but opt to return to their country of origin for treatment and recovery and fall under a state or federal compensation program.

TK: So how would someone injured overseas be covered by the U.S. workers' comp system?

Bradly: It's probably easier to give an example. Think of a pilot or flight crew that fly international trips. They're in another country while working, they are getting off the plane or in the airport and they have a slip and fall. They would be covered under their state workers' compensation program.

We had one situation where an executive was on a rewards trip in Mexico and fell off a horse. And that was actually covered under the particular state workers' compensation program.

Then of course, in addition to someone that might be covered under a state plan, there's also federal programs like Foreign Voluntary. That is a specific insurance that covers employees when they are working long-term outside of the country.

TK: OK. So how does Care Abroad work when there is an injury? Can you walk us through the process?

Bradly: Sure, and the process is really simple. You can submit your referral to Genex following your normal referral process, whether that's phone, email, Genex Case Connect, or even electronic referral, and it will be assigned to our catastrophic management team for oversight. They handle assignment to the international team and oversee the entire process for you. I will say that these referrals typically come in by phone because it's usually an urgent request. And the good news is we have that 24/7 intake, so regardless of time of day or day of week, we have someone there to take that referral.

Then, once it comes in, our catastrophic management team gets the case assigned to our international, telephonic case management team, and they immediately do outreach to all the involved parties to start gathering information.

Because each referral is different, their activities may vary, but some of the key activities that they do are many of the same things we do when we're doing normal, case management activities within the U.S. we provide that support to the injured employee and their family. They're communicating with the providers and the facilities, they're getting medical status, they're collecting medical records and, oftentimes, they're actually coordinating payment of medical services so that we can ensure that the treatment is necessary and secure payment for that treatment.

They also do things like coordinate transportation, temporary housing, literally, whatever that employee needs until they are stable and able to either return to their normal functions where they are or back to the U.S. We also do repatriation where we coordinate the travel of getting that employee back to the U.S. If that indeed is needed, our telephonic case managers may engage what we refer to as field agents to assist. The local field agents are what I refer to as "your feet on the street." They're similar to a field case manager. They're very familiar with the country, the particular area of the country, and what resources are available. The field agents could be nurses, they could be doctors, they could be therapists. And sometimes, in the more remote countries, they may just be some type of investigative type person, claims person.

But again, they know the local, they know the culture, they know how to get things done. And, oftentimes, that's what you need: someone who knows how to make things happen and get things done. When field agents are brought in, all their activity is overseen by the telephonic case manager that was assigned to the case. Sometimes, all we are asked to do is locate a provider willing to trade an injured employee.

The team has access to an international network of providers and facilities so, typically, they would look to see if there's a provider within their international network that they can refer to. This really makes the payment process much easier because they have an agreement in place with that provider or facility.

However, there may not always be a contracted provider in the area. So, in those situations, they'll work directly with the provider's office to usually guarantee payment for services rendered. Because that's typically the biggest obstacle. Providers in some countries won't treat you, or maybe not even release you from the hospital until payment has been made in full for the services rendered.

So, it's really a wide variety of things we do just depending upon the circumstances. But the process is easy and works very similar to how it would work if you were managing a case within the U.S.

TK: What are some of the challenges case managers face when ensuring the injured employee receives the care he or she needs while overseas?

Bradly: Well, I would say one of the key obstacles, particularly for injured employees, is they honestly have no idea where to go for treatment or, in some cases, even if adequate treatment facilities are available, where they're located. Obviously, this brings on a lot of stress and anxiety on the employee, which we can ease that stress and anxiety by helping him or her get into that provider or facility, and ensure that payment is made.

There are also language barriers that hinder the communication between the employee, the provider, and the facility, and all the support that may be available. And so, we can help with that as well, making sure that there are interpreters.

Oftentimes, we may talk to the provider and then we will speak with the employee and explain to them what the treatment plan is because that employer, employee and provider simply aren't able to communicate with one another.

I mentioned earlier the access to adequate care. Every country's health care system is different, and the standard of care can be very different than what we're used to here in the U.S. A key component to our program is helping injured employees get access to care and, in worse?case scenarios, that may mean transporting them to a larger city in that country or even a neighboring country and, of course, back to the U.S. So, those are two big problems.

But let's say you have access to care. How are you going to pay for it? I've seen on numerous occasions where the facilities literally will not discharge someone from the hospital until the bill is paid in full. And we're able to help with this. The international team intervenes with the hospital and arranges for payment. They handle all of the currency exchanges and, most often, they're covering these services and then pass that direct cost onto the referring party or the payer for reimbursement.

As part of that payment process, they're also reviewing those bills when they come in to make sure that they're accurate and all the charges align with the documented care that's received. Because, in most situations, these bills also come in a different language, and so your average claims adjuster is not going to be able to read the bill.

So, many times we are interpreting the bill for them or even the medical records. That's another big piece of what we do is getting that interpretation so that they can appropriately set up and adjudicate their claim.

TK: How does the case manager navigate so many different foreign health care systems if an injury occurs in a country that may not have similar standards or procedures as we do here in the US?

Bradly: It's important to understand that this team of telephonic case managers, this is really their specialty. It's all they do. They have access to medical directors not just within the U.S. but outside of the U.S. Again, they have access to their network of providers that have been credentialed and have set up payment processes. So,

they can't have been everywhere, but they have covered many different countries across the globe.

And, in those areas where they may not be familiar with or may be experiencing obstacles, this is when they bring in their field agents who are the local experts to provide them with that additional level of expertise that they need to get things done.

TK: Is there any part of the world where Care Abroad cannot be deployed? Are there any government restrictions from any countries, or is it pretty much wide open so if anyone travels anywhere in the world this program is available to them?

Bradly: We have not come across a country or an area that we could not cover yet. Again, when you get into those very remote countries, oftentimes it is using that field agent and maybe even moving that employee to a more populated area where there's better treatment options available.

It's really going to depend upon what's going on in the world at the time. But so far, we've not had any issues getting coverage anywhere where we needed it. Likely because people wouldn't have employees in places that are not safe for their employees.

TK: Yeah, that makes sense. So, can you give me an example of an interesting case where the Care Abroad program was implemented?

Bradly: Sure, one I mentioned earlier was the horseback riding incident. A high?profile executive was seriously injured on a work?rewards trip in Mexico. He was hospitalized. He was not really stable, but he was insistent on being transferred back to a particular U.S. hospital.

And, so this required the international team working with the facility in Mexico while we had a local Genex field case manager on the receiving end to arrange for the hospital to accept the transfer because, first you have to get the treating hospital to agree to the transfer, and you have to secure all the required paperwork to get them even admitted to the new hospital.

So, on the U.S. side, the local case manager secured the agreement of the facility and the provider and got sign? off and all the paperwork that we needed to present to the provider in Mexico or the facility in Mexico. Once all of that was secured, then that transfer could occur.

But due to the severity of the injuries, the employee was transferred via air ambulance. The local Genex case manager met him at the airport and was with him through the admission process. He had ambulance to the hospital, and she helped facilitate getting him admitted into the U.S. facility.

And all of this occurred within a matter of three days, and there were a lot of people touching this including the claim staff. They were very heavily involved nights and weekends, approving all the things we needed them to approve from a payment perspective to make all of this happen as quickly as possible.

Another unique and sad scenario: we had an individual with a severe spinal cord injury in the U.S. and had actually been in a long?term care facility for several years, but he was from a Central American country. And he decided — he was very determined — that he was going home. But the problem was he didn't have a lot of support and family where he was going.

And, as with spinal cord injuries, many times these individuals need round-the-clock support. Not to mention the area of the country that he was going to was quite remote. There were not hospital facilities in the area.

And so, this was another situation where we had to bring in that local field agent with the expertise to help us find care to support this very complex injury and ongoing lifetime treatment. And while the situation is not optimal, we were able to get him set up, and actually find a physician that would make house calls out into the remote area that he lives. She does that on a regular basis so we can monitor his care.

Now we are just intervening anytime he may have a special issue or something that needs to be coordinated, but this was an involved case where we successfully moved him from a state-of-the-art, long-term care facility to the complete opposite end -- living in the middle of nowhere with little to no resources.

TK: So, did this employee live in the U.S. prior to this injury or was it just that he worked for an American company?

Bradly Yeah, he was living and working here. And there are many people like that from all over the world that live and work, whether it's for a short period of time or an extended period of time, in the U.S.

And we see this a lot in this program where workers from another country get injured and they want to go home. Usually, it's not as severe of a case as I just described, but again we receive a call with a request, "Hey, this person is moving back to this country and this city. Find them an orthopedic surgeon so we can get them the care they need and get them released." It's a very common occurrence.

TK: Oh, so if a non-U.S. employee is working for a U.S. company, gets injured in the U.S. and wants to go home to receive care, you can pick up the treatment there as well? Is that what you're saying?

Bradly: Oh, absolutely. Again, a very common occurrence because depending upon where they are, the claims professional may not be available when the provider is and there may be a communication issue, they can't read the medical records. So, that's really where we come into play. We intervene with that local provider and obtain all information that's needed.

It's less about where employees are injured, and really more about if they fall under state or federal regulation for workers' compensation. If they do, we would be appropriate for this program.

TK: What type of employers or employees would benefit most from this program.

Bradly: I would say it is across the board. Again, we have executives that are traveling to another country for a meeting, we have the airlines that have people on a regular basis that are going in and out of a number of countries, and then you have people that are doing some type of construction work at a site in another country.

TK: How unique is Care Abroad? Are there other programs like it?

Bradly: I would say that there are very few that specialize in workers' compensation. There are obviously a number of international health and travel companies out there, but if you haven't purchased their policies, you don't have access to their services.

And so, in situations where employees don't have access to all the benefits of an international travel policy that was purchased for a particular trip, that's really where we come into play. And the nice thing is the team specializes in international care, but they understand U.S. comp. So, they understand federal regulations and they're accustomed to working with any of the state workers' compensation systems.

So, it's really a good fit. They understand what they need to do on the comp side from a regulatory perspective and then they have that access and can assist with care management in other countries as well.

TK: Thanks, Tammy. In our next Inside Workers' Comp, we'll dig into the home modification process and how workers' comp professionals go the extra mile to ensure recovering injured employees can regain their independence in the home setting.

Until then, thanks for listening.



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