

TEXAS WORKERS' COMPENSATION HCN ENROLLMENT KIT



IMPORTANT NOTICE

THE WORKERS' COMPENSATION LAW FOR THE STATE OF TEXAS REQUIRES THAT EVERY EMPLOYER PARTICIPATING IN AN HCN MUST NOTIFY EMPLOYEES OF NETWORKS, PROVIDE THEM WITH FORMS AND DOCUMENT THE NOTIFICATION.

Employer Requirements

When you choose a carrier that offers a certified workers' compensation network, you will be required to:

- Provide timely notice of network requirements to your employees when coverage takes effect, as well as when new employees are hired and when an injury or illness occurs;
- Maintain required forms signed by each employee acknowledging their receipt of the notice of network requirements;
- Maintain a list of network health care providers, updated quarterly, including how to contact them;
- Prominently post notices about workers' compensation network coverage.

To Find Out More About Workers' Compensation Health Care Networks

- Call your insurance agent or carrier representative
- Visit TDI's website:
www.tdi.state.tx.us/wc/wcnet/index.html
- Email: WCNET@tdi.state.tx.us

Workers' Compensation Health Care Networks

Information for Employers

What are Workers' Compensation Health Care Networks?

Workers' Compensation Health Care Networks are organizations formed to provide and arrange for health care services to injured employees. They're similar to "managed care" plans offered by health maintenance organizations (HMOs) and preferred provider organizations (PPOs). The main component of these plans is the use of a network of physicians, hospitals, and other providers who work cooperatively to provide patient care.

The plans control costs by contracting with health care providers to perform health services at pre-negotiated rates and by closely supervising patient care and progress under treatment. Workers' compensation health care networks also incorporate the use of return-to-work guidelines to monitor an employee's medical progress and ability to return to the job, and a quality improvement program to evaluate the network's overall effectiveness.

The Texas Department of Insurance (TDI) certifies workers' compensation health care networks

and authorizes defined service areas within which the network may operate. TDI sets minimum financial standards and requirements for access and availability of care. In addition, TDI issues an annual "report card" rating all certified networks in such areas as return-to-work outcomes for injured employees, treatment outcomes, and employee satisfaction.

A certified network must be established by, or operating under contract with, an insurance carrier. Insurance "carriers" include insurance companies, political subdivisions, individual certified self-insured employers, or groups of certified self-insured employers. The network must have an adequate number of treating doctors, facilities, and specialists available 24 hours, 7 days a week.

How Do Workers' Compensation Health Care Networks Work?

If an employer purchases a workers' compensation insurance policy that offers a certified network, the network generally provides all the health care associated with any work-related injuries or illnesses suffered by the employer's workers.

All employees living within a network's service area are generally required to obtain treatment through the network for work-related injuries of illnesses. Except in certain circumstances, such as emergencies and authorized out-of-network care, an insurance carrier may deny payment for care provided by a non-network provider.

What Does a Network Mean to You as an Employer?

As an employer, it is your choice whether to purchase workers' compensation coverage from an insurance carrier that offers a certified network for health care services. Some carriers may offer reduced premiums for employers that select a network plan.

Because the networks specialize in treating injured workers, they also can provide better access to appropriate medical care and help injured workers get back on the job quickly and safely.

In addition, network providers are monitored for quality of care and utilization patterns, resulting in high quality, cost-effective medical care for your injured employees.



Thank you for participating in the Texas Workers Compensation Health Care Network. Involvement in a Health Care Network is a positive step towards managing and controlling costs for your workers compensation claims. We have included a pamphlet published by the State that answers many questions regarding Health Care Networks.

EMC Insurance Companies has contracted with First Health (COVENTRY) Network to provide coverage for your injured employees. Information regarding this network as well as network providers can be found at www.coventrywcs.com.

Enclosed in this enrollment packet you will find several items that you will need to complete to fulfill your requirements as a participant in a Health Care Network. **As an employer you will be required to:**

- Provide timely notice to all your employees when coverage takes effect
- Provide notice to all new employees at time of hire
- Provide additional notice to an employee when they are injured
- Maintain acknowledgment forms from all employees on receipt of notice
- Maintain a current list of network health care providers
- Prominently post notices about workers' compensation network coverage

For your assistance in meeting these requirements you will find the following:

1. Notice

This should be given to the employees in the complete format. It should also be placed in a prominent place in your place of employment. This provides all the information as required by Texas Department of Insurance.

2. Acknowledgment Form

You need to have the employees sign and acknowledge that they have received the notice. Keep these forms for your records and send in a copy to the carrier when an employee is injured.

3. Log Sheet

You should record each employee that you have provided notice to and received an acknowledgment form. If the employee fails to return the form or refuses to sign, this should be documented on the log sheet.

4. Map

A copy of this should also be given to the employees along with the notice. This shows the areas where network providers can be found.

5. First Health web site information

A list of providers within the network can be found at First Health Web site. Network providers can be found by using address or name. A listing of all network providers is also available. The employee will choose their provider from this list. Except for emergency services, the employee shall obtain all health care and specialist referrals through the employee's treating doctor. NOTE: Medical specialties, such as pain management, chiropractors, orthopedics, and similar CANNOT be considered primary care, treating doctors.

Again, thank you for choosing to be part of the Texas Workers Compensation Health Care Network. If you have any questions feel free to contact our office.

Fax: 888-992-6943

SUMMARY OF EMPLOYER ENROLLMENT DUTIES

- Notify employees of network and present forms.
- Document Delivery of notices to employees.
- Post notice in the work place.
- Notify new employees of Network for workers' compensation injuries.
- Present second notice to employees at time of injury.

EMPLOYER ENROLLMENT CHECKLIST

Present the Notice of Network Requirements

This is a Network published document unique to each Network. You should receive these materials prior to your rollout. On the home page of this web site, you will find the URL designation for each approved Network with the Notice of Network requirement posted to the website.

Present the Acknowledgement Form

You must present an acknowledgment form to be signed by the employee to document receipt of the Network Notice. A copy of the acknowledgment form is available from the home page of this website.

Record Keeping

Retain documentation of the delivery of the notification and the signed acknowledgments.

Proof of Delivery of Documentation

If the employee refuses to sign the acknowledgement, the employee is nonetheless required to obtain treatment for a compensable workers' compensation injury through the Network.

Examples of documented delivery:

1. A meeting documenting attendance by an attendance log.
2. Email Notice of Network requirements and requesting an electronic signature (*a typed email response should be sufficient*).
3. Notice by mail requesting delivery confirmation. (*You should use sequential receipt numbers, and after three weeks, print out a copy of the USPS web site documenting delivery of each notice.*) Retain the print out of the USPS web site. It will be deleted after six months and there will be no record of delivery.
4. Including the notice and acknowledgment with the employee's paycheck.

Post a Notice in Public Area

Post Notice of the Network requirements at each place of employment. This is not a poster – it is a physical copy of the Network publication received by you. For Professional Employee Organizations (PEOs) the notice should be posted in the PEO office and not the office of the client company.

New Employee Notice

After the initial notices, include the notice of Network requirements in the new employee informational packet and document delivery of the Notice.

Notification After Injury

When notified of an injury after enrollment, provide a second notice of the Network requirements to the employee. **Be sure to document that you have done so.**

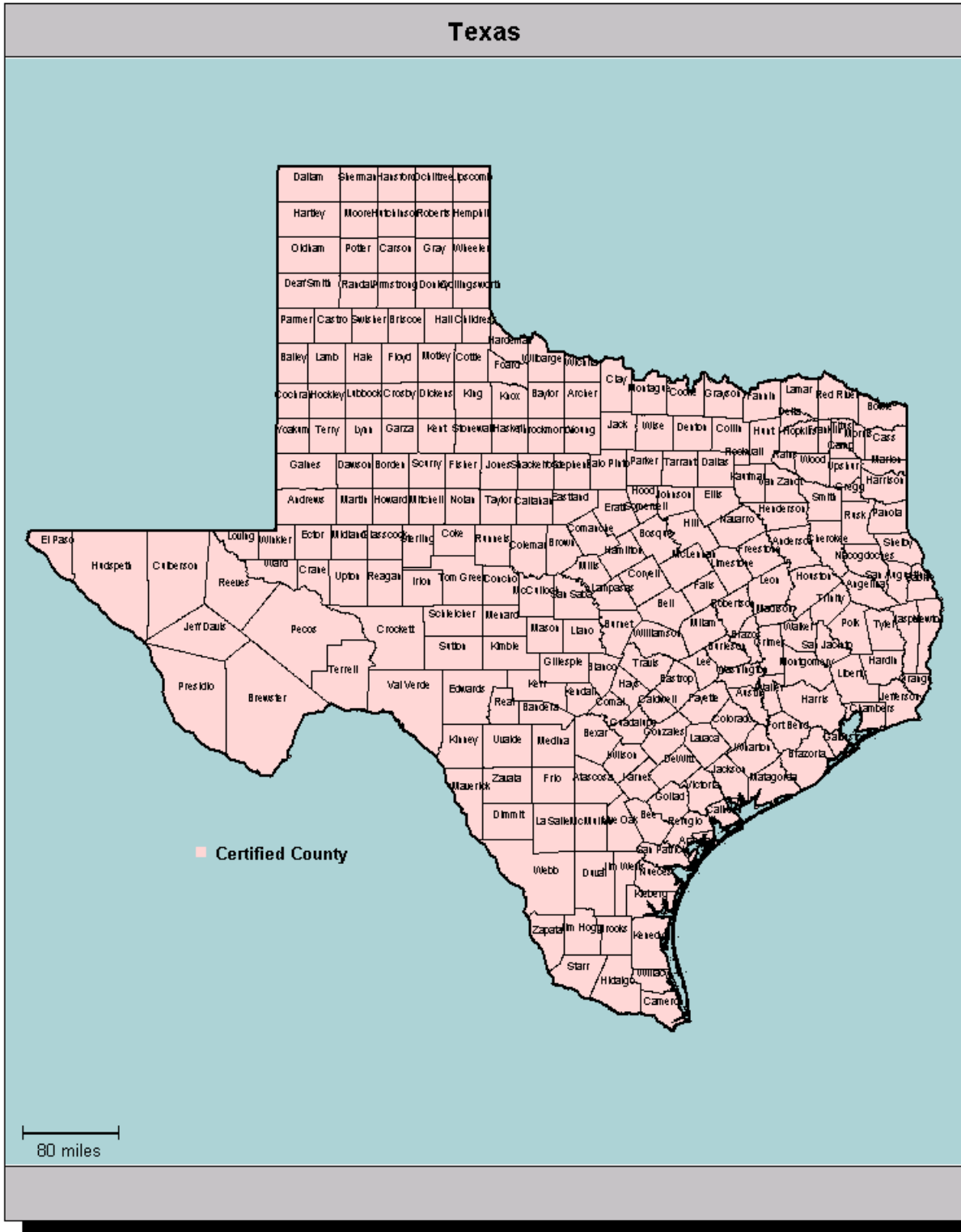
Texas Workers' Compensation Networks An Employers' Perspective

www.TexasNetworkRollout.com

Flahive, Ogden & Latson

First Health HCN

Approved Service Area



First Health HCN

Revised 12-2012

* This number may be client specific.

Coventry Network

Coventry Network Complaint Procedure

The Coventry Network Complaint Procedure shall be available to any participating provider, employer, employee, or employee's authorized representative.

Coventry Network defines a "Complainant" as: an employee, employer, provider, or authorized representative designated to act on behalf of an employee who files a complaint.

Coventry Network defines a "Complaint" as any dissatisfaction expressed orally or in writing by a complainant to a network regarding any aspect of the network's operation, including dissatisfaction related to medical fee disputes and the network's administration and the manner in which service is provided.

A complaint does not include a misunderstanding or a problem of misinformation that is resolved promptly by clearing up the misunderstanding or supplying the appropriate information to the satisfaction of the complainant; or an oral or written expression of dissatisfaction or disagreement with an adverse determination.

A complaint must be filed with the network Grievance Coordinator no later than 90 days from the date the issue occurred.

Coventry Network will not engage in any retaliatory action against an employer, employee, or a person acting on behalf of the employer or employee that has filed a complaint against the network.

The steps to file a Complaint are as follows:

1. A complainant can notify the Coventry Network Grievance Coordinator of a complaint orally or in writing via mail or fax. Complaints should be forwarded to:

**Coventry Network
Attention: Grievance Coordinator
3200 Highland Avenue
Downers Grove, IL 60515**

**Grievance Coordinator – Fax Line (630) 737-2077
ComplaintsandGrievances@cvty.com – e-mail address**

The Grievance Coordinator is accessible through the Coventry Network Customer and Provider Relations Department at 1-800-937-6824. This telephone number is routinely provided to the provider via Provider Updates, Provider Manuals, and to the employer and employee through network educational materials. The toll-free telephone number provides reasonable access to the Grievance Coordinator without undue delays.

2. Upon receipt of the complaint, the Grievance Coordinator will document each complaint in a confidential database. Data recorded includes the date received, classification of the complaint information regarding the complainant, and a description of the complaint. Prior to resolution, the status of the complaint activity will be updated on a regular basis.

3. Coventry Network will confirm receipt of a complaint within 7 calendar days and notify the complainant in writing that the complaint has entered a formal resolution process. The written notification will include the date of Coventry Network's receipt of the complaint. Coventry Network will provide a copy of the complaint procedures and deadlines to the complainant.

The Grievance Coordinator will investigate and resolve the issue, no later than 30 calendar days of the initial receipt, and provide a letter to the complainant of the complaint which explains the resolution of the complaint, specific reasons for the resolution, and the specialization of any physician or other providers that were consulted during the resolution process.

The resolution letter will also advise the complainant that if they are dissatisfied with the resolution of the complaint or the complaint process, they may file a complaint with:

**HMO Division
Mail Code 103-6A
Texas Department of Insurance
P.O. Box 149104
Austin, Texas, 78714-9104**

4. If necessary, a copy of the resolution letter will be supplied to the appropriate agency, as designated by the state.

5. Coventry Network will maintain a complaint log and categorize each complaint type as one or more of the following;

- Quality of care or services;
- Accessibility and availability of services or providers;
- Utilization review, as applicable or in retrospective review;
- Complaint procedures;
- Health care provider contracts;
- Bill payment, as applicable;;
- Fee disputes; and
- Miscellaneous.

6. Complaints shall be trended on a quarterly basis and the results reported to the Quality Improvement Advisory Committee for review and recommendation, as appropriate.

7. Coventry Network shall maintain records of complaints for a period of three years from the date the complaint was filed.

8. Network providers are required to post, in the provider's office, a notice to injured employees on the process for resolving complaints with the network. This notice must include the Texas Department of Insurance's toll-free telephone number (800-252-3439) for filing a complaint.

INTENT: The complaint procedure is intended to be self-executing and easy to use. A complainant may call the Grievance Coordinator directly without completing this form. The Grievance Coordinator may complete the form for the complainant. A review regarding the requested medical care will begin immediately, and a decision made within 30 calendar days of receipt.

The complainant participation in the complaint process is important to the resolution of medical issues. Individuals reviewing the complaint may need to speak directly with and receive input from the complainant. If the complainant is unable to participate actively in the complaint process, a patient advocate may participate on behalf of the complainant.

Initiated 12/05

Reviewed 03/2013

COVENTRY NETWORK TEXAS - FORMAL COMPLAINT FORM

Date Coventry Network Received: _____

INITIATOR OF COMPLAINT		
Name:		
Address:		
City:	State:	Zip:
Telephone #: ()		

The initiator of the complaint is: Provider Carrier Employer Employee
 Authorized representative designated to act on behalf of the employee

Employee Name:	Employer Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Telephone #: ()	Telephone #: ()
SSN:	

Group Name:	Insurer:
Provider Name:	Contact:
Address:	Address:
City: State: Zip:	City: State: Zip:
Telephone #: ()	Telephone #: ()

Please describe your complaint in detail below. Include dates, names, and the specific resolutions, which you feel might remedy the situation. You have up to 90 days from the date of the dissatisfaction to file a formal complaint. **PLEASE ATTACH COPIES OF APPLICABLE MEDICAL RECORDS TO THIS FORM.**

This issue involves: Service _____ Medical Care _____ Other _____

Date of Injury: _____ Date of Dissatisfaction: _____

Please describe:

If additional space is required, please use additional sheets.

Signature

Date

Mail this form to the address noted below or fax to: (630)-737-2077.

Coventry Network
 Attention: Grievance Coordinator
 3200 Highland Avenue
 Downers Grove, IL 60515 1-800-262-6122



First Health TX HCN EMPLOYER INFORMATION FORM

Welcome To Your Workers Compensation Health Care Provider Network Program.

Your insurance carrier has chosen First Health TX HCN, a workers compensation health care network certified by the State of Texas, to offer a workers' compensation health care provider network program. The necessary materials to implement the program are enclosed to help prepare you when an injury occurs.

Components Of Program:

- Preferred provider network
- Employee educational materials
- Toll-free first report of injury
- Utilization management (Pre-authorization)
- Telephonic and on-site case management (may include vocational services)
- Complaint process

Employer Instructions:

- Read the enclosed network educational materials and post the **“Notice of Network”**.
- Distribute network educational materials when initiating the program, within 3 days of hiring an employee and at the time of injury.
- Document the method of delivery of educational materials, to whom the materials were delivered, the location of the delivery and the date delivered.
- Be sure that all employees sign the **Employee Acknowledgment** letter and maintain it in employee's personnel file. An employee who refuses to sign remains subject to network requirements. Document a refusal to sign the acknowledgment in the employee's personnel file.
- Review the provider panel postings to ensure that the suggested medical providers are within the geographical service area of the worksite. You may call First Health at 1-800-243-2336 for additional doctors.
- When an injury occurs, report it immediately to your claims administrator. If necessary, provide or arrange transportation of the injured employee to the network provider, or if appropriate, to the nearest emergency facility.

First Health Texas HCN

FORMULARIO DE INFORMACIÓN DEL EMPLEADOR

Bienvenido a su red de atención médica de compensación a los trabajadores.

Su compañía de seguros ha seleccionado a First Health Texas HCN, como la red de atención médica de compensación a los trabajadores certificada por el Estado de Texas, para ofrecer el programa de proveedor de atención médica de compensación a los trabajadores. Adjunto encontrará los materiales necesarios para implementar el programa para ayudarlo a prepararse cuando ocurran lesiones.

Componentes del programa:

- Red de proveedores preferidos
- Materiales educativos para los empleados
- Número gratuito para el reporte inicial de lesiones
- Administración de utilidades(Preautorización)
- Administración de casos por teléfono o en el sitio (podría incluir servicios vocacionales)
- Proceso de quejas

Instrucciones para los empleadores:

- Lea los materiales educativos de la red adjuntos y coloque el “**Aviso de la red**”.
- Distribuya los materiales educativos de la red cuando inicie el programa, dentro de los siguientes 3 días de contratar a un empleado y en el momento en que suceda una lesión.
- Documente el método de entrega de los materiales educativos, a quién se le entregaron los materiales, la localización de la entrega y la fecha de la entrega.
- Asegúrese que todos los empleados firmen la **carta de reconocimiento del empleado** y consérvela en el archivo personal del empleado. Un empleado que se rehúse a firmarla continúa sujeto a los requisitos de la red. Documente el rechazo a la firma del reconocimiento en el archivo personal del empleado.
- Revise el panel de información del proveedor para asegurar que los proveedores médicos sugeridos se encuentren dentro del área geográfica de servicio del sitio de trabajo. Puede llamar a First Health Texas HCN al 1-800-243-2336 para obtener una lista de médicos adicionales.
- Cuando ocurra una lesión, repórtela inmediatamente a su administrador de reclamos. De ser necesario proporcione o haga los arreglos necesarios para el transporte del empleado lesionado al proveedor de la red, o si es apropiado al servicio de emergencia más cercano.



NETWORK NOTICE
First Health TX HCN

To All Employees:

Your employer has chosen First Health TX HCN to provide health care if you are injured at work. First Health TX HCN is a certified workers' compensation health care network. This network includes medical providers that have been chosen to treat your work related injuries. They are easy to access and dedicated to giving you quality care. The following information will help you if you are injured at work.

- **If you are hurt at work and it is a life threatening emergency, you should go to the nearest emergency room. If you are injured at work after normal business hours or while working outside your service area, you should go to the nearest care facility.**

The following applies if you are hurt at work and it is not an emergency.

- Tell your employer as soon as you can.
- Choose a treating doctor from the First Health network service area where you live.
- If you are a member of a health maintenance organization (HMO) at the time you are injured, you have the right to choose your HMO primary care doctor as your treating doctor. To do this, you must have chosen the doctor as your primary care doctor before your work related injury occurred. Coventry will approve this choice if your HMO doctor agrees to abide by the terms of the network contract and comply with required laws.
- You must obtain all treatment and referrals for your injury from your treating doctor.
- Your treating doctor will be paid by your workers' compensation insurer and will not bill you for treatment.
- If you receive treatment for your injury from providers who are not in the First Health network, you may have to pay for that care.
- Information about the First Health network is available by calling toll free 800/873-0055 or by writing to First Health TX HCN, 720 Cool Springs



Boulevard, Suite 300, Franklin, TN 37067. A list of First Health doctors is posted at the work site and is also available from your employer.

- You may be required to get certain treatments approved in advance. Treatment that requires this is listed in your network information materials. You may also request the list from your employer.
- If the doctor leaves the network and you have a life threatening condition or an acute condition you may continue to treat with a network doctor for 90 days. This must be requested by the doctor.

AVISO DE RED First Health Texas HCN

A todos los empleados:

Su empleador ha seleccionado a la red First Health Texas HCN para proporcionar atención médica si se lesiona en su trabajo. La red Coventry Workers' Comp Network es una red certificada de atención médica de compensación a los trabajadores. Esta red incluye proveedores médicos que han sido seleccionados para tratar sus lesiones relacionadas con el trabajo. Son de fácil acceso y están dedicados a proporcionarle una atención de calidad. La información a continuación le ayudará si se lesiona en su trabajo.

- **Si usted se lesiona en su trabajo y es una emergencia que pone en peligro su vida, usted deberá ir a la sala de emergencia más cercana. Si usted se lesiona en el trabajo después del horario normal de trabajo o mientras trabaja fuera de su área de servicio, usted deberá ir al establecimiento de servicio más cercano.**

Lo siguiente aplica si usted se lesiona en el trabajo y no es una emergencia.

- Informe a su empleador tan pronto como pueda.
- Seleccione un médico tratante del área de servicio de la red First Health Texas HCN donde usted resida.
- Si usted es miembro de una organización para el mantenimiento de la salud (por sus siglas en inglés, HMO) el momento de su lesión, usted tiene el derecho de seleccionar a su médico de atención primaria de su HMO como su médico tratante. Para poder hacer esto, usted debió haber seleccionado al médico como su médico de atención primaria antes que hubiera ocurrido su lesión relacionada con el trabajo. First Health Texas HCN aprobará esta elección si su médico de su HMO acuerda cumplir con los términos del contrato de la red y cumplir con las leyes requeridas.
- Usted deberá obtener todo el tratamiento y las referencias de su lesión de su médico tratante.
- Su asegurador de compensación para el trabajador le pagará a su médico tratante y no le facturará por el tratamiento.
- Si usted recibe tratamiento por su lesión de proveedores que no pertenecen a la First Health Texas HCN, usted podría tener que pagar por esa atención.
- Información acerca de la First Health Texas HCN está disponible al llamar al número gratuito 800/873-0055 o escribir a la red First Health Texas HCN, 720

Cool Springs Boulevard, Suite 300, Franklin, TN 37067. Una lista de los médicos de First Health Texas HCN está en lugar de trabajo y también está disponible de parte de su empleador.

- Se le podría solicitar que obtengan autorización previa para recibir ciertos tratamientos. Los tratamientos que requieren esta autorización están descritos en sus materiales de información de la red. Usted también puede solicitar la lista de parte de su empleador.
- Si el médico abandona la red y usted padece una afección aguda o que pone en peligro su vida usted podría continuar el tratamiento con el médico de la red durante 90 días. Esto debe ser solicitado por el médico.



Initial Written Employee Notification Re: Health Care Network
(Title 28, Insurance, Chapter 10, Subchapter D)

**Important Information about Medical Care if you have a
Work-Related Injury or Illness**

Your employer has chosen to provide this medical care by using a certified workers' compensation program called a Health Care Network (HCN).

Workers' compensation carrier: Employers Mutual Casualty
Contact Name: **Deborah Salinas, Claims Supervisor**
Contact Number: **800-725-0802**
Certified HCN: First Health Texas HCN
3200 Highland Avenue
Downers Grove, IL 60515

This notice tells you what you need to know about the {First Health TX HCN} program. It describes your rights in choosing medical care if you get injured at work. At the time of an injury, you will be sent this information again to help you understand the program.

- **What is an HCN?**

A Health Care Network (HCN) is a program that has been certified by the state; the HCN program helps manage medically necessary care through hospitals and doctors when you become injured on the job.

Each HCN must include enough doctors in your area that specialize in work-related injuries; the HCN doctors must meet quality standards and provide care according to standard treatment guidelines. Providers agree to bill the HCN for the care provided for your injury. Providers will not ask you to pay for any covered services.

- **Where does the First Health HCN Operate?**

The First Health TX HCN is certified to operate in the following counties:

GSA 1: Lubbock (15 Counties): Terry, Bailey, Castro, Cochran, Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Parmer, Swisher, Yoakum

GSA 2: Dallas (52 Counties): Anderson; Bowie; Camp; Cass; Cherokee; Clay; Collin; Cooke; Dallas; Delta; Denton; Ellis; Erath; Fannin; Franklin; Freestone; Grayson; Gregg; Harrison; Henderson; Hill; Hood; Hopkins; Hunt; Jack; Johnson; Kaufman; Lamar; Limestone; Marion; Montague; Morris; Nacogdoches; Navarro; Palo Pinto; Panola; Parker;

Rains; Red River; Rockwall; Rusk; Sabine; San Augustine; Shelby; Smith; Somervell; Tarrant; Titus; Upshur; Van Zandt; Wise; Wood.

GSA 3: Midland/Odessa (34 Counties): Eastland, Stephens.; Andrews, Borden, Brown, Calahan, Coke, Coleman, Comanche, Concho, Crane, Dawson, Ector, Fisher, Gaines, Glasscock, Howard, Irion, Jones, Loving, Martin, Midland, Mitchell, Nolan, Reagan, Runnels, Scurry, Shakelford, Sterling, Taylor, Tom Green, Upton, Ward, Winkler,

GSA 4: San Antonio (15 Counties): Aransas; Atascosa; Bee; Bexar; Calhoun; Comal; Dewitt; Goliad; Gonzales; Guadalupe; Karnes; Refugio; Victoria; and Wilson, Live Oak

GSA 5: Houston (33 Counties): Angelina; Austin; Brazoria; Brazos; Burleson; Chambers; Colorado; Fort Bend; Galveston; Grimes; Hardin; Harris; Houston; Jackson; Jasper; Jefferson; Lee; Leon; Liberty; Madison; Matagorda; Montgomery; Newton; Orange; Polk; Robertson; San Jacinto; Trinity; Tyler; Walker; Waller; Washington; Wharton.

GSA 6 – Waco (11 Counties): Bell, Burnet, Coryell, Lampasas, McLennan, Williamson, Bosque, Falls, Hamilton, Milam, Mills

GSA 7 – Austin (7 Counties): Bastrop; Blanco; Caldwell; Fayette; Hays; Lavaca; Travis.

GSA 8 – The Valley (14 Counties): Brooks; Cameron; Duval; Hidalgo; Jim Hogg; Jim Wells; Kenedy; Kleberg; San Patricio; Webb; Willacy, Nueces, Starr, Zapata

GSA 9 – Southwest (12 Counties): Bandera; Dimmit; Edwards; Frio; Kinney; LaSalle; Maverick; Medina; Uvalde, McMullen, Real; Zavala

GSA 10 – Hill Country (9 Counties): Gillespie; Kendall; Kerr; Llano; San Saba, Kimble, Mason, Menard, McCulloch.

GSA 11 – Central West (4 Counties) Crockett; Schleicher; Sutton; Val Verde

GSA 12 - El Paso (9 Counties): Brewster; Culberson; El Paso; Hudspeth; Jeff Davis; Pecos; Presidio; Reeves; Terrell

GSA 13 – Amarillo (4 Counties): Potter; Randall, Deaf Smith, Oldham.

GSA 14 – North Pan Handle (10 Counties): Dallam, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Roberts, Sherman.

GSA 15 – South Pan Handle (19 Counties): Armstrong, Briscoe, Carson, Collingsworth; Childress; Cottle Dickens, Donley, Foard; Gray, Hall, Hardeman; Haskell, Kent, King; Knox; Motley, Stonewall; Wheeler

GSA 16 – Wichita Falls (6 Counties): Archer, Baylor, Throckmorton, Wichita, Wilbarger, Young.

Each county is within a larger area referred to as a Geographic Service Area. A map showing all of the Geographic Service Areas, and highlighting the area(s) where the First Health TX HCN is certified, is attached to this notice.

- **How do I find out more information about the network or which doctors are in my HCN?**

To learn more about the First Health TX HCN, or to get a listing of the doctors in the HCN, you may call your claims examiner at **800-725-0802**; write to First Health at 3200 Highland Avenue, Downers Grove, IL 60515, Attn: Provider Networks Department or visit the First Health web site at www.coventrywcs.com. Attached is a map that clearly identifies each county included in the service area.

This 800 number is available 24 hours a day. During normal business hours, a claims representative will be available to answer your questions and to direct you to the names of the doctors in the program. After normal business hours, you may leave a message and you will be contacted during the next business day.

If you need emergency medical care, or need care after business hours, go to the nearest hospital or urgent care center. If you need a list of doctors, call your contact person or go to the website at: www.coventrywcs.com.

- **What happens if I get injured at work?**

In case of an emergency occurring at any time, you should go to the closest emergency room or urgent care center or call 911. You are not required to see a Network provider for emergency care. As soon as possible, tell your employer that you have had an injury at work.

If you do not have an emergency, but are injured and need care after normal business hours, you should go to the closest emergency room or urgent care center. You are not required to see a Network provider for after-hours care. As soon as possible, tell your employer that you have had an injury at work. You can get a listing of hospitals and urgent care centers by calling your claims examiner at **800-725-0802**. You can also get a list by writing to First Health at 3200 Highland Avenue, Downers Grove, IL 60515, Attn: Provider Networks Department or on the website at www.coventrywcs.com.

If you are injured during normal business hours, you will need to choose a treating doctor within the Health Care Network (see below).

- **How do I select a treating doctor?**

If you live in the network service area, you must choose a treating doctor from the HCN provider list. This is required for you to receive coverage for the costs of your care. A listing of providers is available by writing to First Health at 3200 Highland Avenue, Downers Grove, IL 60515, Attn: Provider Networks Department or on our web site at www.coventrywcs.com. Also included is a map that clearly identifies each county in the

service area. The provider list is updated every month and identifies treating doctors and specialists, separately. You will also be able to identify the providers who are authorized to assess maximum medical improvement, who accept new patients; and who have any limitations of accessibility and referrals to specialists.

Your treating doctor will: 1) provide care for your workers' compensation injury; 2) refer you to a specialist within the network - if you need specialty care; 3) participate in case management activities with the HCN; 4) have special training to provide maximum medical improvement and impairment ratings; and 5) have agreed to provide workers' compensation services under the HCN.

Treating doctors include: non hospital based emergency medicine, family practitioners, general practitioners, internal medicine specialists, occupational medicine specialists and clinics and urgent care clinics.

You may use your HMO primary care doctor as your treating doctor for your work related injury. To use your HMO doctor, he or she must agree to give care according to the terms of the network's contract. If you request a change of your doctor, you must select a provider in the HCN.

- **How can I locate a treating doctor, or find the most up to date listing of doctors in my network?**

You may get a list of HCN doctors with a map clearly identifying the services within your county that are included in the service area by calling your HCN contact person at the 800 number listed above. You may also write to First Health at 3200 Highland Avenue, Downers Grove, IL 60515, Attn: Provider Networks Department or go to the website at: www.coventrywcs.com. This listing is updated monthly and will contain doctors and their specialties. Providers can be selected by specialty or name or location.

- **What happens if I already have a workers' compensation injury – How do I choose a treating doctor?**

All injured workers whose date of injury occurred prior to September 1, 2005 and who are treating with non-network providers will be advised to select a new Treating Doctor from the list of participating providers in the Certified HCN if the injured worker's employer has elected to use a workers' compensation network, if the injured worker lives in the Certified HCN service area and if the employer/carrier has notified the injured worker in writing of the Certified HCN requirements. You need to select a new treating doctor from the HCN within 14 days of receiving this notice. If you do not make a choice within 14 days, the HCN will select a treating doctor for you. All future care must be with the new treating doctor.

- **What if I want to change my treating doctor?**

If you become dissatisfied with your first choice of a treating doctor, you can select an alternate treating doctor from the list of network treating doctors in the service area where

you live. Your carrier will not deny a choice of an alternate treating doctor. Before you can change treating doctors a second time, you must get permission from your HCN.

Your HCN will only approve your request for another doctor if:

- The care from your current treating doctor is medically inappropriate.
- You are not receiving appropriate medical care to reach maximum medical improvement.
- Your medical care does not comply with the network's treatment guidelines.
- You do not agree with the treatment being proposed by your current treating doctor; and, your relationship with your doctor is jeopardized or impaired.

If the HCN denies your request, you may file an appeal through the complaint process described in this document.

- **What if a HCN doctor leaves the HCN?**

The HCN has a "Continuity of Care" plan to make sure you receive the necessary medical care if your provider terminates from the network. There are two primary reasons for provider terminations:

- At the doctor's request, or
- Because the Network discovered a quality of care issue with the provider.

If your treating doctor terminates from the network, the HCN will contact you in writing. You will have the opportunity to select another treating doctor from the network. If your doctor leaves the network and you have a life-threatening or acute condition for which a disruption of care would be harmful to you, your doctor may request that you continue to receive treatment with him or her for an additional 90 days.

- **What if I need other health care services from someone other than my treating doctor or I need to see a specialist?**

Except for emergencies, the HCN and your treating provider will arrange for all services in accordance with the accessibility and availability requirements, including referrals to specialist, to be available to you within the time period appropriate to the circumstances and your condition, but in no case later than 21 calendar days from the date of your original request.

- **What if there are no doctors in my area?**

You may receive approval to receive care from a non-network doctor, if:

- You need different medical services or a specialist who is not available within the network's service area.
- You are an injured employee who decides to temporarily reside outside of the HCN service area.

If you have one of these situations, call your contact to receive approval for non-network care.

Except for emergency situations, you should not obtain services outside of the HCN without approval. HCN Doctors must make referrals into the Network, or request approval for non-network doctors if services are not available. Non-network referrals require prior approval. The HCN will provide a decision on access to a non-network doctor within 7 days of the request. If your request is denied, you may file a complaint with the Texas Department of Insurance. You may file a complaint with the network if the network denies the referral because the requested service is available from network providers. You may also file a request for independent review if the network denies the referral because the specialist referral is not medically necessary. You must include your name, address, telephone number, a copy of the adverse determination and any information you gave to the HCN to support your request. You may obtain a complaint form from the Department's web site at www.tdi.texas.gov. You may also request a complaint form by writing to the Texas Department of Insurance, Mail Code 103-6A, P.O. Box 149104, Austin, Texas 78714-9104.

If you decide to receive health care services outside of the HCN without approval; you may be responsible for all payments related to those services.

- **How is it decided whether or not I live outside of the HCN service area?**

You will receive notice of the HCN service area where you live. Your HCN must provide access to treating doctors or hospitals within 30 miles of non-rural areas, or within 60 miles in rural areas. In addition, you must have access to specialists and specialty hospitals within 75 miles. If you believe that there are not enough or no providers in your area within the miles noted above, contact the network; you may receive approval to use a non-network provider.

The network will approve access to non-network care for the following situations.

- Emergency care.
- For living temporarily outside the geographic service area.
- When referrals to specialists are not available within the network.
- Before the employee received HCN notice of network requirements and the employee information.

The HCN will not approve access to non-network care involving the following situations.

- A referral request that is not medically necessary.
- A referral where the provider specialty is available within the network.

If an employee asserts that he or she does not currently live in the network's service area, the employee may request a review by contacting the insurance carrier and providing evidence to support the employee's assertion. Your carrier will review the information and supply a

written decision within seven days of your request. You may choose to receive all health care services from the network while the carrier is reviewing your request. If you choose to receive care out of the network **you may be responsible for payment**, and the carrier may not be responsible for payment if it is finally determined that you live within the network's service area. If your carrier does not approve your request, you will be given notice of the network requirements. You may file a complaint with the TDI if you disagree with the insurance carriers determination. You must include your name, address, telephone number, a copy of the adverse determination and any information you gave to the HCN to support your request. You may obtain a complaint form from the Department's web site at www.tdi.texas.gov. You may also request a complaint form by writing to the Texas Department of Insurance, Mail Code 103-6A, P.O. Box 149104, Austin, Texas 78714-9104.

- **Can I use the network even if I live outside of the Service Area?**

You may receive treatment from network providers, as well as any other services offered by the HCN, even if you do not live in the network's service area. You will need to obtain permission from the network's carrier to do so. If you need assistance to request permission to use the network, you may call **800-725-0802**.

- **Are there any medical services that require prior approval before the services begin or to continue the services?**

Yes, the following services require pre-authorization:

- All surgeries CPT Codes 1-6 and G codes which represent a surgical procedure) with a billed amount greater than \$500.00, including spinal and artificial disc surgery. Pre Auth Request should include specific hardware to be used for the procedure.
- Spine surgery
- Inpatient Hospitalization
- Intradiscal Electrothermal Annuloplasty (IDET)
- Physical Medicine and Rehabilitation after 8 visits
- Home health care/aides, physical therapy/aides
- Occupational therapy after 8 visits
- Chiropractic treatments after 8 visits
- Work hardening (non-exempted) and work conditioning program
- Acupuncture
- Repeat MRI/CT scans and standing MRI procedures other than x-rays (preauthorization required on MRI and CT procedures after initial diagnostic procedures)
- Electromyography (EMG) and nerve conduction velocity (NCV) testing
- Repeat diagnostics and MRI's (MRI/Scan of the spine within the first 4 weeks or repeat of all MRI for all body parts)
- Epidural steroid injections
- Facet injections
- Trigger point injections
- SI Joint injections

- Botox injections
- Joint Steroid Injection
- Durable Medical Equipment (DME) billed charges greater than \$500 per item (either purchase or expected cumulative rental)
- TENS units
- External and implantable bone growth stimulators
- Spinal cord stimulators
- Psychological testing and psychotherapy, repeat interviews, and biofeedback unless the service is part of a pre auth or division exempted returned rehabilitation program.
- Psychotherapy, with social worker, psychologist or psychiatrist
- Biofeedback
- Chronic pain mgmt./interdisciplinary pain rehabilitation
- Skilled nursing visits
- Nursing home, skilled nursing facility, convalescent or residential care admissions
- Investigational or experimental procedures service or device for which there is early, developing scientific or clinical evidence demonstrating the potential efficacy of the treatment, service, or device but that is not yet broadly accepted as the prevailing standard of care.
- Chemical Dependency programs
- Discograms
- Power Traction Devices such as Vax-D
- Drugs not included in the Division's formulary
- Required treatment plans
- Treatment and services that exceed or are not addressed by the Commission adopted treatment guidelines protocols and are not in a treatment plan pre auth by the carrier.
- Treatment of an injury or diagnosis that is not accepted by the carrier following the treating doctors examination to define the compensable injury
- Repeat individual diagnostic study, with a reimbursement established in the current Medical Fee Guideline of greater than \$350 or without a reimbursement rate in Medical Fee Guidelines (unless other wise specified)

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The number to call to request approval for one of these services or treatments is **800-725-0802**. If your request is denied, we will tell you in writing. We will also tell you about your right to request a reconsideration or appeal of the denied treatment, and if your request is denied for reasons of medical necessity, about your right to request a review by the Independent Review Organization through the Texas Department of Insurance.

- **How are HCN doctors Paid?**

HCN doctors have agreed to look to the carrier or HCN for payment for your health care. They will not look to you for payment. If you obtain health care from a doctor who is not in

the network without prior approval from the HCN, except for emergency care, the carrier may not be liable and you may have to pay for the cost of that care.

- **How do I file a complaint?**

You have the right to file a complaint with the First Health TX HCN. You may file a complaint if you are unhappy with your experience with the HCN or your network doctor within 90 days of the event occurring. To file a complaint, you must contact First Health by phone, email, mail or fax at:

First Health Group Corp.
Attn: Grievance Coordinator
3200 Highland Ave
Downers Grove, IL 60515.
Phone (800) 262-6122 and Fax 630-737-2077
Email: complaintsandgrievances@cvty.com.

First Health may not retaliate against you if you file a complaint against the network or if you appeal a decision of the network. First Health also may not retaliate against a provider or employer who files a complaint against the network or appeals a network decision on your behalf.

You have the right to file a complaint with the Texas Department of Insurance if you are dissatisfied with the resolution of the complaint. You may obtain the Department's complaint form on the Department's web site at www.tdi.texas.gov. You may also request a complaint form by writing to:

Texas Department of Insurance
Mail Code 103-6A
P.O. Box 149104
Austin, Texas 78714-9104



Provider Instruction Form

Dear Provider,

I am visiting your office for my injury treatment because my employer is contracted with the First Health Texas HCN through our insurance carrier. This workers' compensation network has been certified in accordance with the requirements of the Texas Department of Insurance. You are part of this network through your contract with either FOCUS Healthcare Management or First Health, which are owned by Coventry, or Beech Street, formerly an affiliate of FOCUS. Please use the information below as necessary for treatment coordination, referrals, and communications:

Responsible payor:

Employers Mutual Casualty
PO Box 853906
Richardson, TX 75085-3906
800-725-0802
Fax: 888-992-6943

To obtain a listing of procedures that require preauthorization:

Visit <http://www.coventrywcs.com/provider-services/texas/index.htm> and choose Coventry HCN Preauthorization Requirements.

OR call **1-800/ 937-6824**

To request preauthorization:

Call **1-800/354-3053**

To obtain a listing of network specialists for referrals:

Visit www.coventrywcs.com OR call **1-800/ 937-6824**

Employee / Employer Information:

Employee Name: _____

Employer Name: _____

Phone: _____

Contact Name: _____

Please call us with our employee's medical/disability status after the initial visit.

Thank you.

This information is for identification purposes only. Payor liability for treatment and payment is governed solely by the provisions of the Texas Workers' Compensation Act. Please also refer to your First Health Texas HCN Provider Manual and your contract with FOCUS First Health or Beech Street for other applicable provisions.

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Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under workers' compensation insurance.

If I am hurt on the job and live in the service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor **without** network approval.

Signature Date

Printed Name

I live at: _____
Street Address

City State Zip Code

Name of Employer _____

Name of Network _____

Reconocimiento del empleado de la red de compensación del trabajador

He recibido la información que me indica la manera para obtener atención médica bajo el seguro de compensación del trabajador.

Si me lesiono en el trabajo y resido en el área de servicio descrita en esta información, Entiendo que:

1. Debo seleccionar un médico tratante de la lista de médicos en la red. O, puedo solicitar a mi médico de atención primaria de mi HMO si está de acuerdo en ser mi médico tratante.
2. Debo consultar a mi médico tratante para toda la atención médica relacionada con mi lesión. Si necesito un especialista, mi médico tratante me referirá. Si necesito atención de emergencia, puedo acudir a cualquier lugar.
3. La compañía de seguros pagará al médico tratante y a otros proveedores de la red.
4. Yo podría tener que pagar la cuenta si obtengo atención médica de alguien que no sea un médico de la red **sin** la aprobación de la red.

Firma

Fecha

Nombre en letra de molde

Yo resido en: _____
Dirección

Ciudad Estado Código postal

Nombre del empleador _____

Nombre de la red _____

SELECTION OF A FIRST HEALTH NETWORK TREATING PHYSICIAN ON THE FIRST HEALTH WEBSITE

1. Go to www.coventrywes.com
2. Log in with “EMC”
3. Go to Online Tools
4. Select Channeling Tools
5. Select the address search
6. Enter address (injured worker address)
7. Select First Health TX HCN from the Network dropdown box

Networks:

8. Select Distance – 30 miles

Search Distance: 5 10 20 30 60 75 (miles):

9. Select provider type: **Primary Treating Provider**
10. Click on Find Providers

Hold the CTRL key down to select multiple elements with the mouse.

Provider Types:	Specialties:
* First Treatment Sites	Family Practice
Primary Treating Providers	General Practice
Ambulatory Surgical Centers	Internal Medicine
General Surgery	Occupational Medicine Clinic
Hand Surgery	Occupational Medicine
Hospitals	
MRI/CT/Radiology	
Neurology	
Occupational/Hand Therapy	
Occupational/Industrial Clinics	

11. You will receive a list of approved providers that you may choose from

	Provider	Address ▲	Miles	Phone	Specialty	Accepting New Patients	EP	MMI	Update Information
	Concentra Medical Center	1300 N Central Expy Plano, TX 75074	2.05	972-578-2212	Occupational Medicine Clinic	Y			Update Information

12. For a map listing, click on Maps