

Frequently Asked Employee questions:

Q. What is a workers' compensation network?

A. A network is an organization formed as a health care provider network to provide health care services to injured workers and is certified by the Texas Department of Insurance. The network must be certified in accordance with [Chapter 1305](#), Texas Insurance Code, and [28 TAC §§10.20 -10.27](#) and established by, or operating under contract with, an insurance carrier.

Q. How will I know whether I'm required to get care from a network provider for an injury on the job?

A. If your employer has elected to contract with a workers' compensation health care network, you are required to obtain medical treatment for a work-related injury through the workers' compensation health care network if you live within the network's service area. Your employer is required to give you notice that describes the network's requirements, including a list of network providers. You will be asked to sign an acknowledgment form stating you received the notice. Even if you do not sign and return the form, you will be required to use network providers in the event of a work-related injury if you live within the network's service area. If you require emergency treatment for the injury, you may go to any hospital for the emergency care. After the emergency situation has passed, you will be required to seek any additional care for the injury from network providers. If you do not go to network providers after you have received the notice from your employer, you may have to pay for your care.

If you were injured prior to September 1, 2005, and your insurance carrier has contracted with or established a certified worker's compensation network, your insurance carrier will provide you with the notice describing network requirements and the acknowledgement form. If you live in the network's service area, you are required to obtain medical treatment from network providers.

Q. What if my employer's carrier has a network, but I live a long way away from where network services are available?

A. If you do not live in the workers' compensation health care network's service area, you will not be required to receive health care from the workers' compensation network providers. Where an employee lives includes: a) the employee's principal residence for legal purposes, including the physical address that the employee represented to the employer as the employee's address; b) a temporary residence necessitated by employment; or c) a temporary residence taken by the employee primarily for the purpose of receiving necessary assistance with routine daily activities because of a compensable work-related injury. Service area is defined as a geographical area which is required to meet State requirements on having established number of different type of medical providers in that area. These medical providers are available twenty-four (24)



hours a day, seven (7) days a week. Treating doctors and hospitals will be no more than 30 miles if you live in a non-rural area; access to specialist or specialty hospital will be within 75 miles.

If you live in a rural area, the treating doctor and hospital will be no more than 60 miles. Access to specialist or specialty hospital will be no more than 75 miles.

Q. Do I have to pay for my medical care if I don't receive care from a network provider?

A. Possibly. If you live in a service area, your care should come from network providers unless it is an emergency. There may be other times when a certain type of specialist is not available in your service area. Your treating doctor must get approval from the network before sending you to a non-network provider. So, if your care is provided by network doctors or you have approval for out of network care, you will not be billed. If it is an emergency, you will not be billed. But, if you decide to get treatment from a non-network provider without first getting approval from Coventry Workers Compensation Network, except for emergencies, you may have to pay for the rendered services.

Q. How do I find medical care if I am injured at work?

A. In case of an emergency or if you need care after normal work hours, you should call 911 or go to the closest emergency room or urgent care center. As soon as possible, contact your employer to report your work related injury. If you do not have an emergency, you will need to select a treating doctor within the Coventry Workers' Compensation Network.

If it is not an emergency, but you need after hours care, you can obtain a listing of hospitals and urgent care centers by calling 800-355-4434 ext.2312. Tell them you are participating in Coventry Workers' Compensation Network. If you have internet access, search: <http://www.coventrywcs.com>, Client login: SUA Password: TXHCN

Q. I have health insurance through my job. If I am injured on the job, can I go to my primary care physician for my health insurance instead of a network doctor?

A. If your health insurance is health maintenance organization (HMO) coverage and you are required to receive health care services within a workers' compensation health care network, you may request that the network allow your primary care physician (PCP), who you selected prior to your injury, to be your treating doctor. In order to receive care from your PCP, he or she must agree to follow all the terms and conditions of the network's contract and comply with the Workers' Compensation Health Care Network Act (Chapter 1305, Insurance Code) and applicable rules.

Q. Do I still get to choose my own treating doctor if I am in a workers' compensation network?

A. Yes, but you must choose a treating doctor from the list of primary treating doctors provided by your workers' compensation health care network. You will receive a copy of the network's list of providers when you receive the notice of network requirements from either your employer or the insurance carrier. The exception to this is, if you are already a member of an HMO plan, you may request that your HMO primary care physician (PCP), if selected prior to your injury, be your workers' compensation treating doctor. Your HMO primary care physician (PCP) must agree to be your workers' compensation treating doctor and agree to the terms and conditions of your workers' compensation network's contract. It will be the responsibility of the treating doctor to make referrals to specialist as deemed necessary. Specialist referrals should occur no later than 21 days after the requests. If you cannot get an appointment in 21 days, contact your adjuster at SUA Insurance, 1-877-782-2109, for assistance in establishing this appointment.

Q. Does a treating doctor in a network have to be a particular type of provider? Can a chiropractor be my treating doctor?

A. The workers' compensation health care network decides the specialty or specialties of doctors who may serve as treating doctors; therefore, the network will decide whether a chiropractor may be a treating doctor in the network.

Q. I was injured before September 1, 2005. Am I allowed to continue seeing my current treating doctor?

A. HB 7 requires that an employee who lives in a workers' compensation health care network's service area and who sustained a compensable injury before September 1, 2005, must receive medical treatment through a workers' compensation network provider if the insurance carrier liable for that care elects to use a workers' compensation health care network to provide medical benefits to injured workers. If your workers' compensation primary treating doctor has contracted with your insurance carrier's network, you may not have to change doctors. However, if your worker's compensation treating doctor is not part of the insurance carrier's network, you may have to change to a treating doctor within the network. The exception to this is if you are already a member of an HMO plan, you may request that your HMO primary care physician (PCP), if selected prior to your injury, be your workers' compensation treating doctor.

Q. I chose a treating doctor from the network and I am dissatisfied. Can I change treating doctors?

A. Yes. An employee who is dissatisfied with his or her initial choice of a treating doctor has the right to select an alternate treating doctor from the workers' compensation health care network's list of treating doctors who provide services in the network's service area. The employee must notify the network in the manner prescribed by the network. The network may not deny the selection of an alternate treating doctor who is within the network. An employee must get approval from the network to make a second or additional treating doctor change.

Q. I have been receiving medical treatment for my workers' compensation claim, but my employer just gave me a form to sign and said that I have to change to a doctor under a workers' compensation health care network plan or I have to pay the bills myself. Can they do this?

A. Yes. Your employer's insurance carrier is liable for payment of out-of-network medical care until the employee receives notice of workers' compensation health care network requirements. An injured worker who lives within the network's service area and has received the notice is required to obtain medical treatment within the network for a compensable work-related injury. A workers' compensation insurance carrier must pay for out-of-network care that is provided to an injured worker who does not live within the service area of any network established by the insurance carrier or with which the insurance carrier has a contract.

Q. When I select my treating doctor and I decide I want it to be my HMO PCP, does the PCP have to agree to all the terms of the network contract?

A. Yes. The provider must agree to abide by the terms of the network's contract and comply with Insurance Code Chapter 1305, Subchapters D through I and applicable adopted rules.



Q. What if I go to a network doctor and have a complaint about the care I received?

A. You may file a complaint with the workers' compensation health care network about any care you receive from network providers. You should have received a notice from your employer or the carrier that will explain how you can file the complaint. You may also contact the Texas Department of Insurance to file a complaint if you are dissatisfied with the workers' compensation network's resolution of your complaint. You may obtain a complaint form on the department's website at: www.tdi.state.tx.us. You may also call toll-free 1-800-252-3439 or mail a complaint to:

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