



Welcome to Coventry Workers Compensation Health Care Network (HCN)

The Coventry Workers Compensation Health Care Network was developed to place the treating doctor who is experienced in treating occupational injuries, and practices evidence based medicine every day as the “lead” medical professional to initiate the highest quality of care and treatment to the injured worker. To remain active in supervising any necessary ongoing care, and if more extensive care is required, to make appropriate referrals to specialist when deemed appropriate.

Coventry Workers Compensation Health Care Network:

- Largest occupational healthcare provider in Texas treating injured workers in Texas for over 20 years;
- Utilizes evidence-based occupational medicine approach;
- Emphasizes on return-to-work best practices;
- Focuses on dynamic early intervention - early treatment, early motivation, early education, and self-responsibility;
- Provides strong provider relationships;
- Treats injured employees with dignity and respect;
- Provides a fair and accessible dispute resolution process;
- Provides access to prompt, high quality medical care within the statutory framework;
- Provides services to facilitate an injured employee's return to work as soon as it is considered safe and appropriate by the employee's health care provider;
- Integrates products to assist in managing the injured workers needs; and
- Provides strong quality assurance on all level of services.

The following implementation packet materials are designed to assist in guiding you through the implementation process of the Coventry Workers Compensation Network. If you have any questions concerning the network, please contact the Coventry Provider Relations at 1-800-355-4434 ext. 2312.



General Instructions

Employers

The “Employee Notice of Network Requirements” package is the information you will be responsible to provide to your employees when you elect to participate in the Texas Health Care Network (HCN).

The enclosed notices must be posted at each of your business locations. You may wish to post this at the same location where you have your workers’ compensation coverage notice, OSHA information, minimum wage posting, etc.

Notice distribution requirements:

- Distributions to all current employees at the time when coverage take effect;
- To new hires within three business days of hire; and
- At the time of work related injury or illness.

Have your employees sign the employee acknowledgement form included with this notice. Retain a copy of the signed acknowledgement form in each employee personnel file. An employee who refuses to sign the acknowledgement remains subject to network requirements. If an employee fails to submit the form, it will not exempt the employee from the network rules. Document a refusal to sign the acknowledgement in the employee’s personnel file. Please return a photo copy of this signed acknowledgement to SUA at:

SUA Insurance Company
P.O. Box 154110
Irving, TX 75015
Attention: Texas Healthcare Network

You may wish to use one of the following methods to distribute the notice and acknowledgement form:

- Send a hard copy of the notice and acknowledgement form to all employees.
- Email the notice to all employees and attach the acknowledgement form. Ask employees to complete and return the acknowledgement form to a designated representative. Distribute the notice to employees electronically and obtain an electronic signature.
- Distribute the notice to employees at a scheduled staff or safety meeting and collect the signed acknowledgement form at the close of the meeting. Have a witness available if an employee refuses to sign the form.
- Distribute the notice and acknowledgement form to new employees as part of your “new hire” packet.



You must provide the notice of network requirements and acknowledgement form in English, Spanish or any other language common to your employees.

Failure to provide employees with the notice of network requirements and obtain the signed acknowledgement at the required times may allow injured employees to seek care from a non-network treating doctor.

Document your distribution process

Establish a standardized process for delivering the notice of network requirements and acknowledgements form that includes documenting:

- The method of delivery of the notice;
- To whom the notice was delivered;
- The location of the delivery; and
- The date delivered.

Failure to establish a documented process that includes the four elements above will create the presumption that your employees did not receive proper notification.

Next steps when an injury occurs:

If appropriate, provide or arrange transportation for the injured employee to the closest network provider, or if necessary, to the nearest emergency facility.

Discuss the injury with the employee, if the situation allows. Complete the first report of injury/incident report or contact SUA Insurance at: 1-877-782-2109.

Inform employees of the availability of the network and advise them how to find a network provider. The Coventry Workers' Compensation network web address is:

<http://www.coventrywcs.com>

If you do not have access to the internet, you can call Coventry's Network Administration at 1-800-355-4434 ext. 2312 for a network doctor listing.



Resources

Report an injury

SUA Insurance Company
P.O. Box 154110
Irving, TX 75015
Phone: 877-782-2109
Fax: 877-782-2110

Coventry Medical Bill Review

Customer Service:
Phone: 800-933-4188 x 1568
Fax: 972-478-2729
Hours: 8:00am – 4:30pm CST
Monday through Friday

Provider/Network Relations

Phone: 800-243-2336 x 4680
Hours: 8:00am – 5:00pm CST
Monday through Friday

Utilization Review for pre-authorization

Fax number 888-404-1134 or call: 1-800-354-3053

Obtain a list of procedures that require pre-authorization

Visit: <http://epn.coventrywcnetworks.com/State/Texas/Pre-authorization-UR-Requirements/>

Or call 1-800-873-0055

To obtain a listing of network specialist for referral

Visit: <http://www.coventrywcs.com> client login: SUA Password: TXHCN

Or call 1-800-355-4434 ext. 2312

Texas Department of Insurance

To view visit: www.tdi.state.tx.us/rules/1115a-059.html

The notice and acknowledgement requirements are covered in Rule 10.60.



File a complaint

Complaint form can be found on Texas Department of Insurance at:
www.tdi.state.tx.us/consumer/complfrm.html#wc

You can request a hard copy form by writing to:

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

Texas Department of Insurance (TDI)
www.tdi.state.tx.us
800-578-4677
512-463-6169

Division of Workers' Compensation (DWC)
www.tdi.state.tx.us/wc/indexwc.html
800-252-7031
512-804-4100

Office of Injured Employee Counsel (OIEC)
www.oiec.state.tx.us
866-393-6432



Coventry Workers' Comp Network - Certified in the following 231 Texas counties:

Anderson	Cherokee	Fort Bend	Hunt
Andrews	Clay	Freestone	Hutchinson
Angelina	Cochran	Frio	Jack
Aransas	Collin	Gaines	Jackson
Armstrong	Coke	Galveston	Jasper
Archer	Coleman	Garza	Jefferson
Atascosa	Colorado	Gillespie	Jim Hogg
Austin	Comal	Glasscock	Jim Wells
Bailey	Comanche	Goliad	Jones
Bandera	Concho	Gonzales	Johnson
Bastrop	Cooke	Gray	Irion
Baylor	Coryell	Grayson	Karnes
Bee	Crane	Grimes	Kaufman
Bell	Crosby	Gregg	Kendall
Bexar	Dallas	Guadalupe	Kenedy
Blanco	Dallam	Hale	Kent
Borden	Dawson	Hall	Kerr
Bosque	Deaf Smith	Hamilton	Kleberg
Bowie	Delta	Hansford	Kimble
Brazoria	Denton	Hardin	Lamb
Brazos	Dewitt	Harris	Lamar
Briscoe	Dickens	Harrison	Lampasas
Brooks	Donley	Hartley	Lavaca
Brown	Duval	Haskell	Lee
Burleson	Eastland	Hays	Leon
Burnet	Ector	Hemphill	Liberty
Caldwell	Ellis	Henderson	Limestone
Callahan	El Paso	Hidalgo	Lipscomb
Calhoun	Erath	Hill	Live Oak
Cameron	Falls	Hockley	Llano
Camp	Fannin	Hood	Loving
Carson	Fayette	Hopkins	Lubbock
Cass	Fisher	Howard	Lynn
Castro	Floyd	Houston	Madison
Chambers	Franklin	Hudspeth	Marion



Martin	Orange	San Patricio	Upshur
Mason	Palo Pinto	San Saba	Upton
McCulloch	Panola	Schleicher	Uvalde
McLennan	Parker	Scurry	Van Zandt
McMullen	Parmer	Shackelford	Victoria
Medina	Pecos	Shelby	Walker
Menard	Polk	Sherman	Waller
Midland	Potter	Smith	Ward
Milam	Rains	Starr	Washington
Mills	Randall	Stephens	Webb
Mitchell	Real	Sterling	Wharton
Motley	Refugio	Stonewall	Wichita
Montague	Reagan	Somervell	Wilbarger
Montgomery	Red River	Swisher	Willacy
Moore	Reeves	Tarrant	Williamson
Morris	Roberts	Taylor	Wilson
Nacogdoches	Robertson	Terry	Winkler
Navarro	Rockwall	Throckmorton	Wise
Newton	Runnels	Travis	Wood
Nolan	Rusk	Titus	Yoakum
Nueces	Sabine	Tom Green	Young
Ochiltree	San Augustine	Trinity	
Oldham	San Jacinto	Tyler	



Preauthorization / Utilization Review Requirements

Coventry Workers' Comp Services HCN Preauthorization / Utilization Review Requirements

Texas House Bill 7 allows certified networks to determine which treatments must be preauthorized or submitted for utilization review. The following is the current "Preauthorization Recommendations" list for the Coventry Workers' Comp Network:

Surgery

- All surgeries
- Spine surgery for more than one level
- Artificial disc surgery
- Intradiscal electrothermal annuloplasty (IDET)
- External and implantable bone growth stimulators
- Spinal cord stimulators
- Chemonucleolysis
- Manipulations under anesthesia

Skilled Care

- Inpatient hospitalization
- Home health nursing
- Home health care/aides, physical therapy/ aides
- Skilled nursing visits
- Nursing home, skilled nursing facility, convalescent or residential care admissions

Diagnostics

- Diagnostic procedures other than x-rays (MRI, CT scan, etc.)
- Bone density scans
- EMGs/NCV testing
- Repeat diagnostics and MRIs (MRI/scan of the spine within first 4 weeks or repeat of all MRI for all body parts)
- Myelograms

Physical Medicine

- Physical therapy treatments greater than 8 visits
- Occupational therapy treatments greater than 8 visits
- Aquatic therapy
- Chiropractic treatments greater than 8 visits
- Work hardening/work conditioning greater than 2 weeks
- Massage therapy
- Gym memberships
- Durable medical equipment greater than \$500
- Intraferential units
- Rehabilitation services
- Orthotic devices
- TENS units

Procedures

- SI joint injections
- Acupuncture
- Epidural steroid injections
- Facet injections
- Trigger point injections
- Joint steroid injections
- Botox injections
- Investigational or experimental procedures/medications/devices
- Vax-D
- Prolotherapy



- Discograms
- Neuromuscular stimulator devices

Referrals

- Dental work over \$1,000
- Psyche testing
- Psychotherapy, with social worker, psychologist or psychiatrist
- Biofeedback and pain management, initial evaluation and “full” chronic pain management programs (initial referral will not go for preauthorization)
- Weight loss programs
- Chemical dependency programs

- Morphine pain pump
- RFTC or cryotherapy/cryoablation of any nerve or joint
- Radiofrequency thermocoagulation (RFTC) of facet joints

Other

- Request for long-term medications, especially narcotics
- All out-of-network referrals

When requesting preauthorization, please identify the injured worker/employees name, claim number, or other identifying information well as your status as a participating provider within the “Coventry HCN Provider” and fax the request and supporting documentation to the attention of “Preauthorization” at **1-888-404-1134** or call **800-354-3053**.

Note: Post-stabilization and emergency care do not require preauthorization. Referrals from the treating doctor are required. Referrals to out of network providers require network approval.

Please reference the “Employee Notification” Material on guidelines on pre-certification, reconsiderations and independent reviews.



Roles and Responsibilities of the Employer:

With the election to participate in the Coventry Workers' Compensation Health Care Network (HCN) all employees who live within the network service area are subject to the utilization of an in-network doctor

- Prior to implementation, the employer must provide each employee with a letter and handbook entitled "Employee Notification of Network Requirements". This includes employees who are currently injured and those who do not currently live in the network service area.
- Each employee must sign an acknowledgement form that states the information was read and received.
- Employers should document to whom the acknowledgement form was delivered, the method of delivery, the location of delivery and the date of delivery. Recommendations for delivery are:
 - Pay check
 - Email
 - Intranet
 - Company bulletins
 - US Postal service
- If utilizing the US Postal Service for delivery of the "Employee Notification of Network Requirements" packet, it is recommended to utilize certified mail or other measures to document receipt of material. The employee has 14 days from the "received" date of the packet to make a selection of a certified, in network treating doctor. If the employee has not selected a doctor within 14 days, communicate verbally to confirm receipt of the letter and willingness to assist in the doctor selection. Initial results from other plan implementation reports better results if some flexibility is given to the 14 day timeframe leading to greater employee participation and lack of resistance.
- Confirm in writing the employee selection of treating doctor with the employee
- A copy of the signed acknowledgement form should be kept in the personnel file.
- An employee who does not sign the acknowledgement form still must still comply with the network requirements.
- The employee handbook includes information about the employee's right to receive care from his/her HMO primary care doctor if he/she receives group health benefits from an HMO. The HMO doctor must agree to abide by the network's terms and conditions.
- Post notice of network requirements at each place of employment.
- Provide the employee acknowledgement form and handbook to new employees no later than the third day after the date of hire.



- Provide the employee acknowledgement form and handbook to an injured employee at the time the employer receives actual or constructive notice of an injury.
- Request the employee provide the Provider Instruction Form to the treating doctor at the first visit.
- If the employee refuses to use the network, and out of network expenses are incurred these charges may be the liability of the employee.
- Review legacy claims with SUA Insurance, Irving office to discuss current medical status of the injuries worker
- Maintain active tracking log (spreadsheet) for the delivery of Employee Acknowledgement packets to each employee; submit spreadsheet on quarterly basis to Carrier/TPA
- Track employees who elect to pre-designate their HMO primary care doctor as their treating doctor.
- Track employees who have received the Employee Notice of Network requirements but elect no to sign the document.

If an employer does not distribute the Employee Notice of Network Requirements and Acknowledgement form to their employees, the employees are not required to comply with the network requirements. The carrier will be liable for the payments of medical care for an injured employee who lives within the Coventry Workers' Compensation Network service area. The employee is not subject to the network requirements until they have received all appropriate network notification forms. Once the employee receives the network documents, the network requirements will be in effect. If an employee refuses to sign the Acknowledgement Form, they will still be subject to the rules and guidelines of the network.



Role and Responsibilities of the Employee:

- Read and acknowledge receipt of the Employee Notification of Network Requirements.
- Employees who request to utilize their HMO primary treating physician as their network treating doctor must supply that doctor's name at the time of notification
- If an emergency should arise, the employee should be instructed to seek medical care immediately.
- Upon receipt of the acknowledgement form on open, existing claims the employee should select a treating doctor from the network within 14 days of receipt of the notification. If the treating doctor is not selected during this time period, a doctor selection will be completed by the workers compensation insurance carrier or their designated representative.
- If the employee wishes to change the current treating doctor, they must choose a doctor from the network list. Change to a third doctor requires approval from the workers' compensation insurance carrier or their designated representative
- Employee may be subject to pay for all medical expenses, except in an emergency if they do not use a network doctor



Roles and Responsibilities of TPA/Carrier:

- Determine methodology to be used for evaluating legacy claims for migrating to HCN.
- Notify injured worker by certified mail of the need to select a certified doctor within 14 days. Begin 14 day window with received date on the certified mail green card to assist injured worker in provider selection.
- If injured worker has not selected an in network provider within 14 days, communicate verbally to confirm receipt of the letter and begin to assist in provider selection. The 14 days from time of receipt is a suggested time period; some flexibility in this timeframe has proven to bring greater success and cooperation by the injured worker to participate in the network.
- Communicate with worker by phone to explain new network program (preferable)
- Confirm selection of treating doctor with injured worker by mail.
- Document all conversations and events in claims system.
- Document injured workers participation in Coventry's Workers' Compensation network in Claims+ system.
- Mail out Time of Injury Employee Notification package at first notification of injury to injured employee. Document the formal process for this mailing.
- Request the injured worker to provide Provider Instruction Form to Treating Doctor on initial visit.



Legacy Claims

Eligibility

- Applies to open “new law” claims with a date of injury prior to the implementation of Coventry’s Workers’ Compensation Network.
- Employers elect to participate in the Coventry Workers’ Compensation Network.
- Employee lives within a certified service area of the network
- Carrier no longer has a business relationship with the employee’s employer but remains liable for the compensable claim.
- Employee no longer works for the employer where they were injured but carrier is still liable for the compensable claim.

Carrier

- Carrier determines methodology on which claims would be deemed “eligible” for transition into the network and when these claims are moved into the network.

Exceptions

- Coordinate with the employer to identify employees with complex medical situations that may require special handling for a smooth transition into the network.
- Employee is currently hospitalized or has a future scheduled hospitalization.
- Employee has a previously preauthorized surgical or rehabilitation procedure during the time of network transition.
- Transition would disrupt current care or be deemed detrimental to the employee’s recovery and/or treatment
- Continuity of care issue that may impair the recovery of the employee
- Employee has a projected MMI date within the next two weeks



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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



WORKERS' COMPENSATION (WC) NETWORKS

The information contained in this document does not cover each portion of House Bill 7 (HB 7), and therefore may not address a particular circumstance applicable to the reader. As it becomes available, the Texas Department of Insurance (department) will supplement this document with additional questions and answers and updated information. All references to a "network" mean a Workers' Compensation Health Care Network.

FREQUENTLY ASKED QUESTIONS FOR EMPLOYERS/CARRIERS

Q: When is a workers' compensation carrier authorized to enroll an injured employee into a certified workers' compensation health care network?

A: A workers' compensation carrier is authorized to enroll an injured employee into a certified workers' compensation healthcare network as follows:

1) If (a) an employee sustained a compensable injury before September 1, 2005, (b) the workers' compensation insurance carrier has entered into a contract to provide workers' compensation medical benefits through a certified workers' compensation healthcare network, and (c) the employee lives within the service area for a certified workers' compensation health care network, the workers' compensation carrier liable for the claim may elect to enroll the injured employee into the certified workers' compensation health care network.

In such an instance, the carrier does not need to have contracted with the employer to provide services through a certified workers' compensation health care network. However, the workers' compensation carrier is first required to give the injured employee a notice of network requirements, and the carrier must allow the injured employee an opportunity to select a network treating doctor. When the employee's claim for benefits is based on an injury that occurred before September 1, 2005, the carrier is not required to provide benefits through a certified workers' compensation healthcare network.

2) If an employee lives within the service area for a certified workers' compensation health care network, and the employee sustained a compensable injury on or after September 1, 2005 but before the date that the workers' compensation insurance carrier contracted with a certified network, the carrier may elect to provide notice of network requirements to the injured employee and move injured employee into the network for care.

3) If an employee lives within the service area for a certified workers' compensation health care network, and the employee sustained a compensable injury on or after September 1, 2005 and after the date that the workers' compensation insurance carrier



contracted with a certified network, the carrier may not move the injured employee into network care unless the employer has elected network coverage.

Carriers and networks should note that some injured employees may be receiving ongoing treatment that requires a smooth transition to network providers. The Department expects that carriers and networks will realize that allowances may be necessary for the best interest of the injured employee and in order to provide continuous care in such situations.

The response to this FAQ may not apply to an employee who is subject to a settlement agreement for an injury sustained before January 1, 1991.

Q. Does HB 7 allow for the use of networks by insurance carriers?

A. Yes. HB 7 allows for the creation of workers' compensation health care networks to provide health care services to injured employees. Under HB 7, an insurance carrier (including insurance companies, certified self-insured employers, group self-insured employers, and self-insured governmental entities) may establish or contract with a workers' compensation health care network.

Q. What is a workers' compensation health 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 do workers' compensation health care networks work?

A. An employer who elects to provide workers' compensation insurance coverage under the Texas Workers' Compensation Act may elect to receive workers' compensation health care services for the employer's injured employees from a certified network. The employer's employees who receive notice of network requirements and live in the network service area will be required to seek covered health care services through a network health care provider if the employee is injured on the job. Injured employees must choose a treating doctor from the list of treating doctors provided by the network. If specialty treatment or services are required, the injured employee must be referred, by the primary treating doctor, to another provider in the network for such care. If medically necessary specialty treatment or health care services are not reasonably available from a network provider, a treating doctor must refer the injured employee to a provider outside the network, subject to the approval of the network.



Q. Is the employer required to inform employees about a network?

A. Yes. If an employer has agreed to use the insurance carrier's workers' compensation health care network, then the employer is required to provide notice to all existing employees and all new hires of network requirements. The employer must obtain a signed acknowledgment from each employee that the employee has received the information and must post notice of network requirements at each place of employment. An employee who lives in the network's service area is not required to comply with network requirements until he or she receives this notice. The refusal of an employee to sign the acknowledgment form does not allow the employee to obtain health care services outside of the network, except for an emergency. The employer must also provide an injured employee with the notice of the network requirements at the time the employer receives notice of an injury.

Q. Will networks be required to comply with utilization review requirements?

A. Networks are not required to perform utilization review. However, if they choose to contract with carriers to do so, then HB 7 requires networks to comply with statutory requirements relating to utilization review and retrospective review, including new and amended provisions in HB 7 that impact such reviews. The network must be certified as a utilization review agent.

Q. Will networks be required to comply with Division of Workers' Compensation (DWC) rules specifying which health care treatments and services require the insurance carrier's express preauthorization or concurrent review?

A. No. If a network or carrier uses a preauthorization process within a network, the requirements of Insurance Code Chapter 1305 and applicable TDI rules apply. A network or carrier may establish its own list of health care services that require preauthorization or concurrent review within a network.

Q. Who will be a treating doctor in a network?

A. The network determines the specialty or specialties of doctors who may serve as treating doctors. However, even if a specialty is excluded as being a treating doctor for that network, providers of that specialty may provide health care services if they are in the network and the injured employee is referred to that provider by the treating doctor.



Q. Can an employer require an injured employee to use a network treating doctor?

A. Yes, under certain circumstances. If the employer contracts with an insurance carrier for the provision of health care services through a network, the requirement to use network providers depends on whether the injured employee lives in the network service area and whether the employee has received notice of the network requirements. If the injured employee lives within the network's service area and has received notice of network requirements, then the employee is required to choose his or her treating doctor from the network's list of treating doctors and receive health care from network health care providers, regardless of the date of injury. The selection must be made within fourteen (14) days after the notice of network requirements have been received. There are exceptions to this requirement for emergency care and for health care provided by an out-of-network provider pursuant to a referral from a treating doctor for medically necessary services that are not available in the network. The out-of-network referral must be approved by the network. If the employer contracts with an insurance carrier for the provision of health care services through a network, the requirements to use a network provider apply to all injured employees living in the network's service area, including those with injuries occurring prior to the inception of the certified WC networks, once proper notice of the network requirements has been given to the injured employee.

Q. I offer health insurance to my employees through an HMO plan. Can my employees go to their HMO primary care physician instead of a workers' compensation health network doctor?

A. Yes, under certain circumstances. If your employees have health insurance through a health maintenance organization (HMO) plan, your employees may select their primary care physician, who they selected prior to their injury, as their treating doctor for their workers' compensation claim. However, your employee's primary care physician must agree to follow all the terms and conditions of the workers' compensation health care network's contract and comply with the Workers' Compensation Health Care Network Act (Chapter 1305, Insurance Code) and applicable rules.

Q. Can my employees continue to select any provider as a treating doctor?

A. No. If the employer contracts with an insurance carrier for the provision of health care services through a network, the injured employee must select a treating doctor from the list of available treating doctors in that network. However, network doctors do not have to be on the Division's Approved Doctor List (ADL) to provide treatment.



Q. What requirements apply under HB 7 if an insurance carrier disputes the compensability of an employee receiving in-network medical care?

A. HB 7 requires carriers to notify a network health care provider in writing if the carrier decides to dispute the compensability of a claim. The carrier is prohibited from denying a medical bill for medically necessary services on the basis of compensability for health care services that were provided before the carrier's written notification to the provider.

Q. What requirements apply under HB 7 if a carrier successfully contests the compensability of a claim for in-network medical care?

A. HB 7 provides that if the carrier successfully contests compensability, the carrier is liable for up to a maximum of \$7,000 for medically necessary health care provided before the carrier's written notification that the carrier contests the compensability of an injury.