



**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: Amerisure/Amerisure Mutual/Amerisure Partners
Contact Number: **(800) 441-0293**
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 network service area includes the greater Dallas, greater Houston, Austin/San Antonio, Amarillo, Central Texas, North East Texas, El Paso, Lubbock, Panhandle, Midland, Rio Grande Valley, Texarkana, Nacogdoches, Central East Texas, Central West Texas, Abilene, Victoria, Corpus Christi, Orange, Laredo, and Wichita Falls areas. These areas include all 254 counties in Texas and are shown on the map in this document.

- **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 or write to First Health at **1 800-937-6824** at 3611 Queen Palm Dr., Suite 200, Attn: Client Services, Tampa, FL. 33619 or visit the First Health web site at www.coventrywcs.com.

This 800 number is available 24 hours a day. After normal business hours, you may leave a message and you will be contacted the next business day.

- **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 are injured at work and it is not an emergency you will need to choose a treating doctor from the First health TX HCN network.

You can get a listing of treating providers, hospitals and urgent care centers by calling First Health at **(800) 441-0293** or on the website at www.coventrywcs.com.

- **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 on our web site at www.coventrywcs.com. Or by writing to First Health at 3611 Queen Palm Dr., Suite 200, Attn: Client Services, Tampa, FL. 33619 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 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.

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. This must be determined at the time you receive notice of the HCN. 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 clearly identifying the services that are included in the service area by calling your HCN at the 800 number listed above 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, if the carrier determines the injury will be subject to the network and if the employer/carrier has notified the injured worker in writing of the Certified HCN requirements.

- **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. Please notify your adjuster of your choice of alternate treating doctor from the network list. 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

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 treating provider's original referral.

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

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

- Your treating provider refers you for medical services or a specialist that 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 network at 800 441-0293 to receive approval for non-network care.

Except for emergency situations, you should not obtain services outside of the HCN without approval. Network providers must make referrals into the Network, or request approval for non-network doctors if services are not available. The First Health TX 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 MCQA Office 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?**



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.state.us. 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.

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 specialists as needed for medically necessary care and are not available within the network.

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.

▪ **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 800-441-0293.



- **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 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 authorized 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 or requiring preauthorization as in the Texas Department of Insurance, Division of Workers' Compensation (DWC) Pharmacy Closed Formulary per 28 TAC §134, Subchapter F.
- Required treatment plans
- Treatment and services that exceed or are not addressed by the Network's adopted treatment guideline 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 otherwise specified)

The number to call to request approval for one of these services or treatments is: 1-855-626-2871. 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 bill 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. You may also request a complaint form by writing to:

MCQA Office
Mail Code 103-6A
P.O. Box 149104
Austin, Texas 78714-9104

First Health HCN

Approved Service Area

