



## **WC NETWORK FREQUENTLY ASKED QUESTIONS (FAQ)**

### **What is the network?**

A Workers' Compensation network is an organization formed as a healthcare provider network certified by the Texas Department of Insurance that offers healthcare services to injured workers. 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.

### **How do I know whether my employer is participating in a Texas Certified Healthcare Network?**

If your employer has elected to contract with a Workers' Compensation healthcare network, 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 that you have 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.

### **How do I know which Texas Certified Healthcare Network my employer is participating in?**

If your employer has elected to participate in a Workers' Compensation healthcare network, your employer will post an Employee Rights and Responsibilities Notice in an area common to all of their employees that will name the network your employer has elected to participate in.

Your employer is either participating in Coventry Workers' Compensation Network or First Health® Texas Healthcare Network. If your employer does not know, please contact an Amerisure representative at 1-800-441-0293 for more information on which network your employer has elected to participate in.

### **What do I do if there are no network doctors in my area?**

If the employee is injured on the job, receives notice of network requirements, and lives in the network service area, they will be required to seek covered healthcare services through a network healthcare provider. Injured employees must choose a 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. If medically necessary, specialty treatment or healthcare services 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. If an injured employee does not live in a

geographical service area and the employee did not voluntarily agree to participate in network, then there is no requirement to see a network doctor.

### **What do I do if my doctor is not in the network?**

If the employer contracts with an insurance carrier for the provision of healthcare services through a network, the injured employee must select a doctor from the list of treating doctors in that network. If your doctor is not on this list, you must select a new one from the list. If you have an existing claim, it will be at the carrier's discretion to move your care into the network.

### **If my company is part of the network, do I have to use the network?**

If your employer has elected to contract with a Workers' Compensation healthcare network, you are required to obtain medical treatment for a work-related injury through the Workers' Compensation healthcare 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 that you have 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 Acknowledgment Form. If you live in the network's service area, you are required to obtain medical treatment from network providers.

### **How do I find a network doctor? What is the easiest method to use to locate network physicians?**

There are two easy methods to locate the network's treating doctor list:

- Access it through the Amerisure website by following these instructions:
  1. Log in to [www.amerisure.com](http://www.amerisure.com)
  2. Go to Claim Reporting under the *Partners for Success*<sup>®</sup> or Policyholders menus
  3. Click on the link in "For the Texas Workers' Compensation Network, click here."
  4. Select your network: Coventry or First Health<sup>®</sup>
  5. Click on the link in "To find a network doctor, click here."
  6. Log in
  
- Contact your Amerisure WC representative at 1-800-441-0293

If your treating doctor needs to refer you to an in-network specialist, they can contact the Amerisure Case Manager at 1-800-441-0293 or call Provider Services at 1-800-937-6824.

## **How often is the network physician list updated?**

The network physician list is updated once a month; usually by the second week of the month.

If you would like to nominate a provider to be added to the list of treating doctors or specialists, please contact Amerisure at 1-800-441-0293. You will need to provide the name of the provider, the provider's phone number, and their tax ID number. The provider will be contacted by a member of the network's Provider Relations. In order to be a network physician, the provider must meet the network's credentialing standards and requirements and must enter into a contract with the Texas Certified Healthcare Network.

## **Who has to pay if the employee goes to a non-network doctor?**

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.

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 did not obtain pre-approval to see an out-of-network provider.

The employer's insurance carrier is liable for payment of non-network medical care for an injured employee who has not received notice of network requirements. An injured employee 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 injury. After the employee receives notice, an insurance carrier must pay for medically necessary non-network care under certain circumstances, including:

- Emergency care
- Healthcare services provided to an employee who does not live within the service area of any network established by the insurance carrier
- Healthcare services provided out-of-network, with an approved referral from the network

## **Does the employee have to sign the Acknowledgement Form? What happens if an employee refuses to sign off on the network Acknowledgment Form? What if an employee doesn't want to be in network? How does that affect their benefits?**

If an employer has agreed to use the insurance carrier's Workers' Compensation healthcare network, then the employer is required to provide notice to all existing employees and new hires of the 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 healthcare services outside of the network, except for an emergency. If an employee

refuses to sign, the employer should mark the form “refused to sign” in place of the employee’s signature.

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.

If the employer contracts with an insurance carrier for the provision of healthcare 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 healthcare from network healthcare 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 healthcare 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 healthcare 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.

### **How do I deliver the packet to employees?**

An employer must deliver the Notice of Network Requirements (“Notice”) and the Acknowledgment Form to the employees and document:

- The method of delivery
- To whom the notice was delivered
- The location of the delivery
- The date(s) of delivery

Failure of an employer or carrier to establish a standardized process for delivering the Notice and Acknowledgment Form and maintain the required delivery, location, and delivery date-related documentation creates a rebuttable presumption that the employee has not received the Notice and is not subject to network requirements. You may choose any method of delivery as long as it is part of a standardized process and the method is documented. Amerisure has provided you with a log that should be used to record your notification process. This log can also be found on [www.amerisure.com](http://www.amerisure.com) under Claim Reporting.

### **Do we have to sign up everybody?**

No, however, Amerisure’s application of a premium credit is determined by the percentage of employees participating in the network. An employee is not subject to network requirements if they have not been given proper notice.

**Once an employer has elected to use a certified network, how long are they locked into that network? How often can they change?**

Once an employer has elected a certified network, the length of time the employer is required to retain that network is determined by the contract between the employer and the carrier. If the contract contains a "cancellation provision", the employer and/or carrier would have to request cancellation accordingly. Additionally, the employer must also comply with the provisions of Labor Code, §406.007, which prescribes detailed procedures with which an employer must comply to request cancellation. Labor Code §406.005 also requires the employer to give notice to employees of a cancellation or change in coverage no later than the 15<sup>th</sup> day after the effective date.

**If the employee is temporarily located (more than 6 months) out of the network, do they have to come back to a network area to be treated if injured?**

If you do not live in the Workers' Compensation healthcare network's service area, you will not be required to receive healthcare 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.

You may treat with an out-of-network doctor without pre-approval if you need emergency care. All other out-of-network treatment must be pre-approved by the network and your Amerisure representative.

You may be allowed to get out-of-network treatment if:

- You do not live in the network service area
- You need medical care that is not available in the network service area
- You are an injured employee who temporarily lives outside of the network service area during your recovery
- You did not receive the network information notice from your employer

Please call your Amerisure representative at 1-800-441-0293 to receive approval for out-of-network care.

**Do we have to send the sign up/acknowledgement sheets to the insurance company?**

Please send your insurance carrier a copy of the network Acknowledgement Form either signed by the employee or marked with "refused to sign" along with the DWC 1, only when reporting a WC claim to the carrier or upon request.

You may be asked to send your log documenting your delivery method to the carrier, your agent, or the Texas Department of Insurance - Division of Workers' Compensation, but you do not need to send the log except upon request.

## **Does the employer have to sign up their employees every year?**

If the employer changes participation in the network, the employer is required to notify its employees of the change. If there is no change in the network participation, then there is no requirement to re-notify employees unless an injury is reported. The employer is required to re-notify an injured employee of its participation in the network at the time the employee reports an on-the-job injury. The employer is required to notify newly hired employees within three (3) days of hire of its network participation.

## **Do I have to sign and witness each returned acknowledgement sheet?**

Failure of an employer or carrier to establish a standardized process for delivering the Notice and Acknowledgment Form and maintain the required delivery, location, and delivery date-related documentation creates a rebuttable presumption that the employee has not received the Notice and is not subject to network requirements.

You may choose any method of delivery as long as it is part of a standardized process and the method is documented. Amerisure has provided you with a log that should be used to record your notification process. This log can also be found on [www.amerisure.com](http://www.amerisure.com) under Claim Reporting.

## **Why are there so few doctors in the network?**

Network contracts are extremely specific and allow groups and/or individual providers to contract and negotiate their own terms. Provider participation in the network is based upon a contractual agreement between the network and the provider. The contract must contain:

- 28 TAC §10.42
- A hold harmless clause
- A statement that the provider agrees to follow the network's treatment guidelines, return-to-work guidelines, and individual treatment protocols
- A statement that the carrier or network may not deny treatment solely on the basis that a treatment for a compensable injury is not specifically addressed by the treatment guidelines
- Prohibition against retaliatory action toward a provider
- Continuity of treatment
- Appeal rights of provider
- Notice in office on the process for resolving complaints
- Preauthorization requirements and procedures
- No transfer of risk, compliance with all applicable state and federal laws
- Fee schedule, billing, and payment processes, additional treating doctor requirements as applicable
- A statement that provider agrees to treat employees from the network

Neither the statute (Insurance Code §1305.302) nor the rule (28 TAC§10.80) requires a specific type of provider to be included in the networks, other than requirements to have chiropractors, physical therapists, and occupational therapists. However, each network is required to have sufficient numbers and types of healthcare providers to ensure choice, access, and quality of care to injured employees. If a network does not have available within its network a particular specialty that would reasonably be required for injured employee care, then the network is required to approve an out-of-network referral so that the employee may receive the necessary care.

**Why did the certified treating doctor to whom I was sent refuse to accept me as a patient, stating that he saw emergency room patients only?**

More detailed information regarding the provider is needed to specifically answer this question. Please contact your Amerisure representative with details.

You have the right to file a complaint if you are dissatisfied. If you have a complaint against a network provider you may file a complaint with:

Coventry Workers' Comp Network or First Health® Group Corp.  
Attention: Grievance Coordinator  
3200 Highland Avenue  
Downers Grove, IL 60515  
Phone: (800) 262-6122  
Fax: (630) 737-2077  
Email: [Grievance\\_Coordinator@cvty.com](mailto:Grievance_Coordinator@cvty.com) or [complaintsandgrievances@firsthealth.com](mailto:complaintsandgrievances@firsthealth.com)

**Why do I have to wait so long to see a doctor?**

If you require emergency treatment for the injury, you may go to any hospital for the emergency care. In non-emergency situations, the network shall not take more than 21 calendar days after the date of the original request to arrange for services. This includes specialist referrals. The network must include a sufficient number and types of healthcare providers to ensure choice, access, and quality of care to injured employees.

You have the right to file a complaint if you are dissatisfied. If you have a complaint against a network provider you may file a complaint with:

Coventry Workers' Comp Network or First Health® Group Corp.  
Attention: Grievance Coordinator  
3200 Highland Avenue  
Downers Grove, IL 60515  
Phone: (800) 262-6122  
Fax: (630) 737-2077  
Email: [Grievance\\_Coordinator@cvty.com](mailto:Grievance_Coordinator@cvty.com) or [complaintsandgrievances@firsthealth.com](mailto:complaintsandgrievances@firsthealth.com)

**Why does my treating doctor not know of any certified specialists to whom he can refer me?**

All network providers have been educated on how to locate a specialist. As a result of this feedback, additional educational mailers have been sent to providers. If your treating doctor

needs to refer you to an in-network specialist, they can contact an Amerisure Case Manager at 1-800-441-0293 for assistance.

Amerisure claim representatives are reminding doctors of their requirement to refer in-network and are available to assist with coordinating care. Injured workers should always ask whether their referral is in-network and if it is not, they should let their provider know that pre-approval is required to refer out-of-network.

### **How does a doctor get on the network if he is not already apart of it?**

The provider can contact Network Provider Relations at 1-800-937-6824 or if you would like to nominate a provider to be added to the list of treating doctors or specialists, please contact the Amerisure Case Manager at 1-800-441-0293. You will need to provide the name of the provider, the provider's phone number, and their tax ID number. They will be contacted by a member of Coventry or First Health<sup>®</sup> Provider Relations. They must meet the network's credentialing standards and requirements and must contract with the network.

### **Can a specialist be the treating provider?**

The Workers' Compensation healthcare network decides the specialty or specialties of doctors who may serve as treating doctors. Coventry or First Health<sup>®</sup> WC Networks allow Internal Medicine, Family Practice, and Occupational Medicine doctors to serve as treating doctors in their network.

### **Can I use my own clinic for emergency care?**

In the event of an emergency, you are not required to go to any specific facility. Please seek immediate medical attention at the nearest facility.

### **What do I do in the event of a medical emergency or in the event it appears no same-day medical treatment is required?**

Emergency facilities are provided in the network. Please become familiar with the available centers or hospitals, however, if in doubt on what facilities are in-network and there is urgent/emergency care need, please seek care immediately from the nearest medical facility. When in need, call 911.

There is no requirement to seek emergency treatment at a network facility, however, there is a medical cost-savings benefit to the employer for seeking care at network approved facility.

If an employee requires follow-up care after initial care from the hospital emergency room or urgent care facility, treatment must be with an in-network treating doctor or the in-network treating doctor's referral, *unless* pre-approval has been given by the insurance company to allow the employee to see an out-of-network doctor. Except for an emergency or urgency care, failure to get pre-approval to see an out-of-network doctor may make the employee responsible for paying for healthcare out of pocket.

When an employee who is required to see a network doctor **DOES NOT REQUIRE SAME-DAY** treatment, the employer provides the employee with a list of certified treating doctors, tells the employee how to access the list on the website, or calls 1-800-441-0293. The employer



informs the employee that he/she must select a doctor from the list and reminds the employee that if he/she fails to select a doctor within 14 days, one will be selected for him/her from the list. The treating doctor selected from this list will coordinate all of the employee's care for their on-the-job injury. The certified treating doctor coordinates any specialty care/treatment with an in-network referral, *unless* pre-approval has been given by the insurance company to allow the employee to see an out-of-network specialist. A nurse case manager may be utilized to help in the coordination of care. Except for an emergency or urgency care, failure to get pre-approval to see an out-of-network doctor/specialist, may make the employee responsible for paying for healthcare out of pocket.

**Except in an emergency**, the employee may be responsible for payment of the bill for seeking treatment with an out-of-network doctor when the provider was not a referral from the network treating doctor or **pre-approval** from the insurance company was not obtained.

**How many times can an employee seek treatment at the urgent care facility before they have to select a treating doctor?**

If an employee requires follow-up care after initial care from the hospital emergency room or urgent care facility, treatment must be with an in-network treating doctor or the in-network treating doctor's referral, *unless* pre-approval has been given by the insurance company to allow the employee to see an out-of-network doctor. Except for an emergency or urgency care, failure to get pre-approval to see an out-of-network doctor may make the employee responsible for paying for healthcare out of pocket.

**Why is it important for an employer to timely report their Workers' Compensation claims to their carrier if they are participating in a Workers' Compensation healthcare network?**

Under the network statutes, once an injured worker begins treating with a network healthcare provider, the employer's Workers' Compensation carrier is responsible for the injured worker's medical bills until the employer's Workers' Compensation carrier advises the healthcare provider in writing that the claim has been disputed, up to a maximum of \$7,000.00. If an employer is involved in a Workers' Compensation healthcare network, it is more important than ever that the claim be reported in a timely fashion to the employer's Workers' Compensation carrier. In addition, there are timely bill payment requirements that affect the carrier's standing with the Texas Department of Insurance. Network provider bills must be paid within 30 days of receipt.