

# **IMPORTANT INFORMATION REGARDING YOUR WORKERS' COMPENSATION COVERAGE**

## *DO NOT DISCARD!*

### **Welcome To Your Workers' Compensation Health Care Network Program**

Thank you for choosing the *Texas HCN and FFS Program* option offered by Prime Health Services. We have enclosed all the information you will need to start using the program.

### **General Instructions for Employers**

The "Employee Notice of Network Requirements" is the information you will be responsible for providing to your employees when you elect the network option. This notice will be included in your policy or endorsement.

### **Posting Requirements**

The notice 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.

### **Distribution Tips**

Distribute the notice to all current employees. Distribute the notice to new hires within three days of hire. Have your employees sign the employee acknowledgment form that is included with the notice.

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

- Send a hard copy of the notice and acknowledgment form to all employees.
- Email the notice to all employees and attach the acknowledgment form. Ask employees to complete and return the acknowledgment form.
- 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 signed acknowledgment forms. Have a witness available if an employee refuses to sign the form.
- Distribute the notice and acknowledgment form to new employees as part of your "new hire" packet.

You must provide the notice of network requirements and the acknowledgment form in English, Spanish and any other language common to your employees. If you need a copy of the notice and acknowledgment form in Spanish or another language, download them at [www.primehealthservices.com](http://www.primehealthservices.com) or call us toll-free at 866-348-3887

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

## **Documentation**

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

- the method of delivery of the notice
- to whom the notice was delivered
- the location of the delivery
- the date delivered

The Texas Department of Insurance's documentation rule states that failure to establish a documented process that includes the four elements above will create a presumption that your employees did not receive a notice.

We have provided one example of an Excel template on our website at **www.primehealthservices.com** for tracking delivery of the notice and receipt of acknowledgment form. You may choose your own documentation method, provided that it meets the requirements of the rule.

Retain copies of signed acknowledgment form(s) in each 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. **Do not return the acknowledgment form to Prime Health Services.** If we need a copy at time of injury we will request it.

## **What to Do When an Injury Occurs**

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

Discuss the injury with the employee and complete the first report of injury/incident report online at **www.primehealthservices.com** or via telephone at **866-348-3887**.

Inform employees of the availability of the network and advise them of how to find a network provider. You can download a list of network providers from our website. If you do not have Internet access, you can call **866-348-3887** for a list of providers in your area.

The employee must sign another acknowledgment form at this time. The notice and acknowledgment form are available at **www.primehealthservices.com**.

## **Online Resources**

You can visit **www.primehealthservices.com/texas\_hcn** to download the information referenced above.

To read the full text of the Texas Department of Insurance network rules, visit [www.tdi.state.tx.us/rules/1115a-059.html](http://www.tdi.state.tx.us/rules/1115a-059.html). The notice and acknowledgment requirements are covered in Rule 10.60.

***Prime Health Services  
Texas HCN and FFS Program  
Employee Notice of  
Network Requirements***

**Important Contact Information:**

To locate a provider, call 866-348-3887  
Or use our online Provider Search tool at  
[www.primehealthservices.com](http://www.primehealthservices.com)

To contact Prime Health Services,  
visit [www.primehealthservices.com](http://www.primehealthservices.com) or call 866-348-3887

# ***Prime Health Services Texas HCN and FFS Program***

## ***Information, Instructions and your Rights and Obligations***

*Dear Employee:*

Your employer has chosen *Prime Health Services Texas HCN and FFS Program* to manage the health care and treatment you may receive if you are injured at work. This program is a certified workers' compensation health care network. The state of Texas has approved this network to provide care for work related injuries. This program includes a network of health care providers who are trained in treating work related injuries. They are also trained in getting people back to work safely. The current *Prime Health Services Texas HCN and FFS Program* service areas are shown on the enclosed map.

If you are injured at work, tell your supervisor or employer immediately. The enclosed information will help you to seek care for your injury. Also, your employer will help with any questions about how to get treatment through *Prime Health Services Texas HCN and FFS Program*. You may also contact Prime Health Services for any questions about your care and treatment for a work related injury. Prime Health Services and your employer have formed a team to provide timely health care for injured workers. The goal is to return you to work as soon as it is safe to do so.

### ***Your Rights and Obligations...***

#### Choosing a Treating Doctor

If you are hurt at work and you live in the network service area, you must choose a treating doctor from the *Prime Health Services Texas HCN and FFS Program* provider list. This is required for you to receive coverage of the costs for the care of your work related injury. A provider listing is available through our website at [www.primehealthservices.com](http://www.primehealthservices.com). It is updated at least every three months. It identifies providers who are taking new patients.

You also have the option to choose your current health maintenance organization (HMO) primary care physician as the treating doctor for your workers' compensation claim. In order for your HMO doctor to be approved as your treating doctor, he/she must agree to the terms of the network contract, and to agree to abide by applicable laws and regulations. If your HMO doctor is not approved, then you must see a network treating doctor.

If you were injured before your insurer contracted with the network and you live in the service area, you must choose a network treating doctor. You may also request a doctor you chose as your HMO primary care doctor before you were hurt. You must do this upon receipt of this notice.

If your treating doctor leaves the network, we will tell you in writing. You will have the right to choose another treating doctor from the list of network doctors. 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 treat with him or her for an extra 90 days.

If you believe you live outside of the service area, you may request a service area review by calling Prime Health Services. Within 7 days of receiving your request for review, we will tell you our decision. If you do not agree with our final decision you have the right to file a complaint with the Texas Department of Insurance. Your complaint must include your name, address, telephone number, a copy of the insurer's decision and any proof you sent to Prime Health Services for review. A complaint form is available on the department's web site at [www.tdi.state.tx.us](http://www.tdi.state.tx.us). You may also ask for a form by writing to the HMO Division, Mail Code 103-6A, Texas Department of Insurance, P. O. Box 149104, Austin, Texas 78714-9104.

While waiting for Prime Health Services to make a decision or the Texas Department of Insurance to review your complaint, you may choose to receive health care outside of the network. You may be required to pay for health care services received out of the network if it is finally decided that you do live in the network's service area.

### Changing Doctors

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. *Prime Health Services Texas HCN and FFS Program* will not deny a choice of an alternate treating doctor. Before you can change treating doctors a second time, you must get permission from *Prime Health Services Texas HCN and FFS Program*.

### Referrals

You do not have to get a referral if you have an emergency health condition. All health care services that you request will be made available by the network on a timely basis, as required by your medical condition. This includes referrals. All health care services, including referrals, will be made available no more than 21 days after you make a request.

### Payment for Health Care

Network doctors have agreed to look to Prime Health Services 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 *Prime Health Services Texas HCN and FFS Program*, you may have to pay for the cost of that care. You may only access non-network health care providers and still be eligible for coverage of your medical costs if one of the following situations occurs.

- Emergency care is needed. You should go to the nearest hospital or emergency care facility.
- You do not live within a *Prime Health Services Texas HCN and FFS Program* service area.
- Your treating doctor refers you to an out of network provider or facility. This referral must be approved by *Prime Health Services Texas HCN and FFS Program*.
- You have chosen your HMO primary care doctor. Your doctor must agree to abide by the network contract and applicable laws.

### Complaints

You have the right to file a complaint with *Prime Health Services Texas HCN and FFS Program*. You may do this if you are dissatisfied with any aspect of network operations. This includes a complaint about your network doctor. It may also be a general complaint about *Prime Health Services Texas HCN and FFS Program*.

A complainant can notify the *Prime Health Services Texas HCN and FFS Program's* Grievance Coordinator of a complaint by phone or in writing via mail or fax. Complaints should be forwarded to:

***Prime Health Services Texas HCN and FFS Program***  
**Attention: Grievance Coordinator**  
**7110 Crossroads Boulevard, Suite 100**  
**Brentwood, TN 37027**

**Phone: (866) 348-3887**

**FAX: (615) 329-4751**

**E-mail: [grievance\\_coordinator@primehealthservices.com](mailto:grievance_coordinator@primehealthservices.com)**

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

Texas law does not permit *Prime Health Services Texas HCN and FFS Program* to retaliate against you if you file a complaint against the network. *Prime Health Services Texas HCN and FFS Program* also can not retaliate if you appeal the decision of the network. The law does not permit *Prime Health Services Texas HCN and FFS Program* to retaliate against your treating doctor if he or she files a complaint against the network or appeals the decision of the network on your behalf. You have the right to file a complaint with the Texas Department of Insurance. The Texas Department of Insurance complaint form is available on the department's web site at [www.tdi.state.tx.us](http://www.tdi.state.tx.us) or you may request a form by writing to:

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

***What to do if you are injured while on the job...***

If you are injured while on the job tell your employer as soon as possible. A list of network treating doctors in your service area may be available from your employer. A complete list of network treating doctors is also available online at [www.primehealthservices.com](http://www.primehealthservices.com). Or, you may contact us directly at the following address and/or toll-free telephone number:

***Prime Health Services Texas HCN and FFS Program***  
**7110 Crossroads Boulevard, Suite 100**  
**Brentwood, TN 37027**  
**(866) 348-3887**

We will help you get an appointment with a network doctor.

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***In case of an emergency...***

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.

After you receive emergency care, you may need ongoing care. You will need to select a treating

doctor from the network’s provider list. This list is available online at [www.primehealthservices.com](http://www.primehealthservices.com). If you do not have internet access call 866-348-3887 or contact your employer for a list. The doctor you choose will oversee the care you receive for your work related injury. Except for emergency care you must obtain all health care and specialist referrals through your treating doctor.

**Emergency care does not need to be approved in advance.** “Medical emergency” is defined in Texas laws. It is a medical condition that comes up suddenly. There are acute symptoms that are severe enough that a reasonable person would believe that you need immediate care or you would be harmed. That harm would include your health or bodily functions being in danger or a loss of function of any body organ or part.

***Non-emergency care...***

Report your injury to your employer as soon as you can. Select a treating doctor from the network’s provider list. This list is available online at [www.primehealthservices.com](http://www.primehealthservices.com). If you do not have internet access, call 866-348-3887 or contact your employer for a list.

Treatment prescribed by your doctor may need to be approved in advance. You or your doctor are required to request approval from Prime Health Services for a specific treatment or services before the treatment or service is provided. You may continue to need treatment after the approved treatment is provided. For example, you may need to stay more days in the hospital than what was first approved. If so, the added treatment must be approved in advance.

***The following treatment requests must be approved in advance:***

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| <ul style="list-style-type: none"> <li>All surgeries (CPT codes 1-6 and G codes which represent a surgical procedure) with a billed amount greater than \$500.00. PreAuth Request should include specific hardware to be used for the procedure.               <ul style="list-style-type: none"> <li>• Artificial Disc Surgery</li> <li>• Intradiscal Electrothermal Annuloplasty (IDET)</li> </ul> </li> <li>Chemonucleolysis</li> <li>Chiropractic treatments greater than 8 visits</li> <li>Bone Density Scans</li> <li>Myelograms</li> <li>Discograms</li> <li>Surface Electromyography (EMG)</li> <li>Durable medical equipment (DME) greater than \$500.00 billed (purchase or accumulated rental or combination of rental/purchase)</li> <li>External and implantable bone growth stimulators</li> </ul> | <ul style="list-style-type: none"> <li>Implantable drug delivery system</li> <li>Injections (Botox Injections, Epidural Steroid Injection, Facet Injection, Joint Steroid Injection, RFTC or cryotherapy/cryoblation of any nerve or joint, Sacral Iliac joint injection, Trigger Point Injections, Radiofrequency Thermocoagulation (RFTC) of facet joints).</li> <li>Investigational or experimental procedures or devices</li> <li>Manipulations under anesthesia</li> <li>Stimulator Devices including, but not limited to TENS units, Interferential units, Neuromuscular stimulators, Dual units, Spinal Cord Stimulator, Dorsal Column Stimulator, Peripheral nerve Stimulator, Brain Stimulator</li> <li>Nursing home:               <ul style="list-style-type: none"> <li>Skilled nursing facility, including skilled care within the same facility, Convalescent care, Residential care</li> </ul> </li> <li>Orthotic Devices - billed amount more than \$150.00</li> <li>Physical Therapy/Occupational Therapy Greater than 14 visits</li> <li>Acupuncture/Acupressure</li> </ul> |
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Gym memberships

Psychological testing and Psychotherapy evaluations, testing, therapy and biofeedback

Home health care visits/services

Rehab Programs (including, but not limited to):

Work Conditioning greater than 2 weeks

Work Hardening greater than 2 weeks

Chronic Pain Management Program

Medical Rehabilitation

Brain and Spinal Cord Rehabilitation

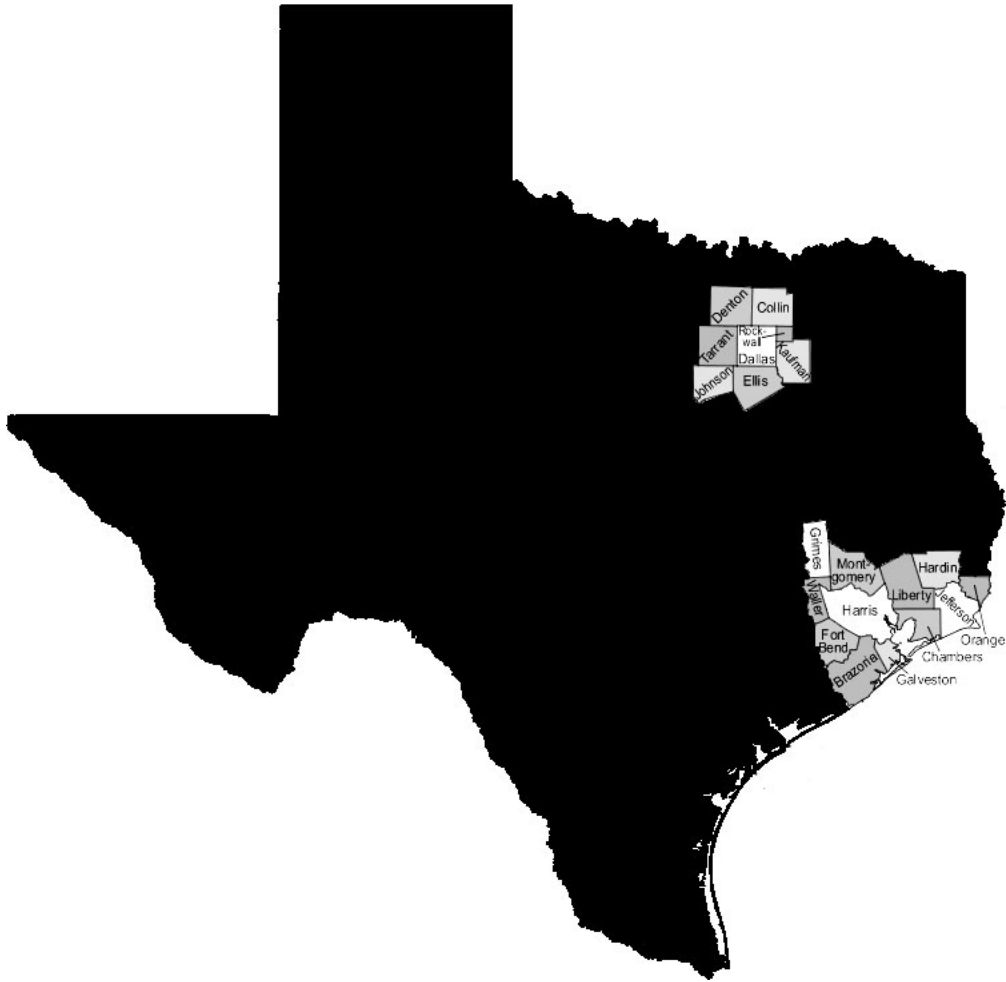
Non-emergency inpatient hospital services including principle scheduled procedures and length of stay

Weight loss programs

Chemical Dependency Programs

The number to call to request one of these treatments is 866-348-3887 . If a treatment or service request is denied, we will tell you in writing. This written notice will have information about your right to request a reconsideration or appeal of the denied treatment. It will also tell you about your right to request review by an Independent Review Organization through the Texas Department of Insurance.

***Prime Health Services Texas HCN and FFS Program***  
**Service Area Map (As of December 2007)**  
**Network service areas are subject to change**



***Prime Health Services Texas HCN and FFS Program***  
**Service Area County List (As of December 2007)**  
**Network service areas are subject to change**

<b>Dallas/Ft. Worth, TX:</b>	<b>Houston, TX</b>
Dallas	Harris
Denton	Galveston
Collin	Brazoria
Tarrant	Fort Bend
Johnson	Waller
Ellis	Grimes
Kaufman	Montgomery
Rockwall	Liberty
	Hardin
	Orange
	Jefferson
	Chambers

## Employee Acknowledgment of Workers' Compensation Network

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

If I am hurt on the job and live in a 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. If I select my HMO primary care physician as my treating doctor, I will call Prime Health Services toll-free at 866-348-3887 to notify them of my choice.
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.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.

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Signature

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Date

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Printed Name

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Home Address

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City

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State

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Zip Code

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Name of Employer

Name of Network: *Prime Health Services Texas HCN and FFS Program*

**Network service areas are subject to change.**

**Call (866) 348-3887 if you need a network treating provider.**

Please indicate whether this is the:

Initial Employee Notification

Injury Notification (Date of Injury: / / )

*DO NOT RETURN THIS FORM TO PRIME HEALTH SERVICES UNLESS REQUESTED*