Important Information for Employees
Regarding Medical Treatment for a Work-Related Injury or Illness

First Health/Travelers
Health Care Network for Workers Compensation

Texas Law requires your employer to provide, and pay for, medical treatment related to a work-related illness or injury.

Your employer has chosen to provide this medical care using a certified workers’ compensation program called the First Health/Travelers Health Care Network (HCN). This program has been certified by the Texas Department of Insurance.

This notice describes the program and your rights in choosing medical care for work-related injuries and illnesses.

If you want information about the HCN you can contact our HCN Coordinator by:

| Writing: First Health/Travelers HCN |
| P. O. Box 660456 |
| Dallas, TX 75266-0456 |
| Attn: HCN Coordinator |

| Calling toll-free: 1-866-245-6472 |
| Available 24 hours a day |

| E-Mailing: TXHCN@travelers.com |

The HCN Coordinator will:

- Answer your questions about the HCN;
- Help you find the names of HCN providers within your area;
- Help you get an appointment with a HCN provider if you are having trouble.

What is a Health Care Network (HCN)?

A Health Care Network (HCN) is a program that helps manage medical care for work-related illnesses and injuries. The HCN requires you to use network hospitals and doctors if you incur a work-related illness or injury.

Each HCN is required to have enough participating hospitals and doctors in the area where you live. These hospitals and doctors specialize in work-related injuries. HCN providers must meet quality standards and provide care according to standard treatment guidelines.
Where is the HCN certified to operate?

The HCN is certified in the counties shown on the attached map. Each county is in a larger area called a geographic service area. The attached map also outlines the geographic service area that the HCN covers.

What happens if I am injured at work?

If you incur a work-related injury or illness that is:

- An emergency; or if you need emergency care after normal business hours, call 911 or go to the nearest emergency room or urgent care center. **Notify your employer as soon as possible after any emergency treatment.** Your claim will not cover any payment for care provided outside the HCN that is determined not to be emergency care.

- Not an emergency, notify your employer right away. The treating provider you choose must be from within the HCN. If you need after hours care for a non-emergency, you can get a list of HCN hospitals and urgent care centers by calling 1-866-245-6472; or by accessing a list on the website at [www.mywcinfo.com](http://www.mywcinfo.com).

What is a treating doctor?

A treating doctor is the primary doctor who is specially trained in workers’ compensation that will:

1. Provide and coordinate care for your work-related illness or injury;
2. Refer you to a specialist within the network for specialty care if needed;
3. Participate in case management activities with the HCN;
4. Specially trained to provide maximum medical improvement and impairment ratings; and
5. Have agreed to provide workers’ compensation services under the HCN.

How do I choose a treating doctor?

You must choose a treating doctor from the list of HCN doctors that are near where you live.

Treating doctors can be:

- Family practitioners;
- General practitioners;
- Internal medicine specialists;
- Occupational medicine specialists
- Occupational medical clinics; and
- Urgent care clinics.

If you need help in finding a treating doctor or other network provider you can contact your Case Manager or the HCN Coordinator at 1-866-245-6472 or log onto the website [www.mywcinfo.com](http://www.mywcinfo.com). If you call the HCN outside of normal business hours, you may leave a message and your call will be returned on the next business day. You can also ask your Employer for a copy of the HCN provider list.
The list of network providers is updated at least quarterly. The provider list will provide you with the names and addresses of network providers grouped by specialty. All treating doctors will be identified and listed separately from specialists. Those providers eligible to assess maximum medical improvement and render impairment ratings will also be identified. The provider list will also state any limits to the accessibility and referrals to specialists and will identify those providers that are accepting new patients.

Network providers have agreed to look only to the HCN for payment for the compensable medical care that they provide to you. You will not have to pay for medically necessary care you get from an HCN provider related to your compensable work-related injury. However, if you receive medical care from providers who are not in the network you may have to pay for that care.

If you are currently enrolled in a health maintenance organization (HMO), you may ask your primary care provider (PCP) to be your treating doctor for your work-related illness or injury. However, your PCP must: agree to provide care according to the terms of the network’s contract; and abide by all applicable HCN laws and regulations. You must tell your employer if you want your PCP to be your treating doctor for a work-related illness or injury.

What if I already have a workers’ compensation injury?

If you were injured at work before your employer chose the HCN and you live in a network service area, you may be required to choose a treating doctor from the network. You must make your choice within 14 days of receiving this notice. If you do not make a choice, the HCN will select a treating doctor for you. All future care for your workers’ compensation injury must be provided by your new HCN treating doctor.

Can I change my treating doctor?

If you want to change your initial treating doctor you must notify the HCN. You can then select an alternate treating doctor from the network. The HCN cannot deny your request. If you want to change the alternate treating doctor you selected, you must get approval from the HCN. If the HCN denies your request for a subsequent doctor, you can file complaint by following the process described in this notice.

How do I change my treating doctor?

You may change your treating doctor once. You must select an alternate treating doctor from within the HCN based on where you live.

You can choose an alternate doctor if:
1. You are unhappy with your treating doctor;
2. You want a second opinion;
3. Your provider dies; retires; leaves the HCN; or
4. You move and no longer live within the geographic service area of your doctor.

In order to change to an alternate doctor, you must notify your Case Manager. The HCN cannot deny your request for an alternate treating doctor.

If you are not satisfied with the alternate treating doctor you selected and you want to change providers again, you must receive approval to select a subsequent doctor. The HCN will approve your request for a subsequent doctor if:
1. Treatment by the current treating doctor is not medically appropriate;
2. You are not receiving appropriate medical care to reach maximum medical improvement;
3. Treatment you are receiving is not in compliance within the network’s treatment guidelines;
4. A conflict exists between you and the current treating doctor so that the doctor-patient relationship is jeopardized or impaired.

You may file an appeal using the complaint process described in this document if the HCN denies your request for change to a subsequent doctor.

**What if my treating doctor says I need services from a specialist?**

Except for emergency services, your treating doctor will provide all treatment related to your workers’ compensation injury. If necessary, your treating doctor may refer you to an HCN specialist. If you are referred to a specialist, you should be able to get an appointment with that specialist within a timeframe appropriate for your condition but not later than 21 calendar days after the date of the referral. If you need help getting an appointment within those 21 calendar days, call the HCN at 1-866-245-6472 for help.

**What happens if my treating doctor leaves the network?**

The HCN has a Continuity of Care plan to ensure that you receive the necessary medical care in the event your treating doctor leaves the network.

- If your treating doctor decides to leave the network you will be notified via telephone and in writing by the HCN. You must then select another treating doctor from the network. However, if you are being treated for a life-threatening condition; or an acute condition for which disruption of care could harm you, the HCN will let you continue treatment with that doctor for an additional 90 days if requested by your treating provider.
- If your treating doctor is terminated by the HCN, you will be notified via telephone and in writing by the HCN. If this happens you will have to select an alternate HCN treating doctor right away.

**What if there are no treating doctors or providers in my area?**

The HCN is designed to provide adequate access to care. HCN doctors must make referrals to other HCN doctors or request approval to refer to a non-network doctor. You may receive treatment from a non-network doctor with HCN approval. The HCN will consider you for approval to treat with a non-network doctor if:

- You don’t currently live in the HCN service area;
- You need medical services not provided by the HCN;
- You need to see a specialist who is not available within the HCN service area;
- You are injured and decide to temporarily reside outside of the HCN service area.

If any of these situations apply to you, call the HCN at 1-866-245-6472 to request approval for non-network care.
Unless it is an emergency you should not obtain medical services outside of the HCN without approval.

The HCN will make a decision related to a referral to a non-network doctor within seven days of the request. A written notice of the HCN’s decision will be sent within seven days of the request. If your request is denied you will be sent notice of the network requirements and you must choose a treating doctor from the list provided to you.

If you do not agree with the HCN’s decision, you may file a complaint with the Texas Department of Insurance (TDI). Your complaint must include: your name, address and telephone number; a copy of the HCN’s determination; and a copy of any evidence you sent the HCN supporting your request. The Department’s complaint form can be obtained on their website www.tdi.state.tx.us or by writing to HMO Division, Mail Code 103-6A, Texas Department of Insurance, P. O. Box 149104, Austin, Texas 78714-9104.

While waiting for a service area decision to be made you must seek care from network providers. If you choose to receive medical care from outside the network while you are waiting for a service area decision to be made, and the HCN or TDI determines that you do live in the network service area, you may be required to pay for those health care services you received outside the network.

Who decides whether or not I live in the HCN service area?

The HCN will tell you which service area applies to the area where you live. The HCN provides access to treating doctors or hospitals within 30 miles of non-rural areas; or 60 miles in rural areas; and access to specialists and specialty hospitals within 75 miles. If you believe you live outside the service area or if you think there are not enough providers or no providers in your area within the mile ranges noted above, contact the HCN to request approval for non-network care and provide evidence to support your claim.

The HCN will review your request and send you a written decision within seven days. While your request is being reviewed, you may choose to receive health care services from a non-network doctor. If you make this choice, you may be responsible for payment if it is found that you live within the HCN service area. If it is found that you do live within the service area and appropriate providers are available to you, the HCN will send you notice of the network requirements and you must choose a treating doctor from the list provided to you.

Access to non-network care may be approved:

- For emergency care;
- If you are living permanently or temporarily outside the geographic service area;
- If referrals to specialists are not available within the HCN;
- For care you received before you were provided the HCN notice of network requirements and the employee information.

Access to non-network care will not be approved for:

- A referral request that is not medically necessary;
- A referral where the provider’s specialty is available within the HCN.
Do any medical services require pre-authorization?

Yes. Certain types of medical care require authorization from the HCN before they can be performed. Your treating doctor will request that the HCN pre-authorize those services. The HCN will review treatment requests from your treating doctor against standard treatment guidelines to determine medical necessity.

The following services require pre-authorization:
- Inpatient hospital stay;
- Outpatient surgical or ambulatory surgical services;
- Spinal surgery;
- Psychological testing and psychotherapy, repeat interviews, and biofeedback unless the service is part of a preauthorized or exempt rehabilitation program;
- All external and implantable bone growth stimulators;
- All chemonucleolysis;
- All myelograms, discograms, or surface electromyograms;
- All injections;
- All repeat individual diagnostic studies;
- All work hardening and work conditioning programs;
- Rehabilitation programs that include (a) outpatient medical rehabilitation and (b) chronic pain management / interdisciplinary pain rehabilitation;
- All purchased or rented durable medical equipment (DME) in excess of $200 and all transcutaneous electrical nerve stimulator (TENS) unit;
- Nursing home, convalescent, residential, and all home health care services and treatments;
- Chemical dependency or weight loss programs;
- Any investigational or experimental services or device for which there is early, developing scientific or clinical evidence demonstrating the potential value of the treatment, service, or device but that is not yet broadly accepted as the standard of care;
- Physical and occupational therapy services; and
- Physical Medicine and Rehabilitation after first two visits following an examination when the treatments are provided within the first two weeks following the date of injury or a surgical intervention previously approved by the HCN.

The following services require concurrent review by the HCN if your treating doctor requests an extension of already approved services:
- Inpatient length of stay;
- Work hardening or work conditioning services;
- Investigational or experimental services or devices or use of such devices;
- Rehabilitation programs;
- Durable Medical Equipment (DME) more than $200 per item and TENS usage;
- Nursing home, convalescent, residential, and home health care services;
- Chemical dependency or weight loss programs; and
- Physical and occupational therapy services.
What happens if my treating doctor’s request for care isn’t approved?

If any of your proposed medical care is determined not to be medically necessary, you will be notified in writing. This decision is called an adverse determination. The adverse determination notice will include instructions for submission of a reconsideration.

You will receive a notice following any request for reconsideration. If that notice upholds the adverse determination it will include instructions on how to request and obtain an independent review (IRO). NOTE: The Division of Workers' Compensation and The Department of Insurance will not be considered parties to a medical dispute.

The HCN is prohibited from retaliating against you, or your employer; your doctor; or any person who files an reconsideration for you.

How do I file a complaint?

You have the right to file a complaint with the HCN. You may file a complaint about services provided by the HCN or its network providers, within 90 days of the event or occurrence that is the basis for the complaint. You may file a complaint by using one of the following methods:

**Writing:** First Health/Travelers HCN  
P. O. Box 660456  
Dallas, TX 75266-0456  
Attn: HCN Coordinator

**Calling toll-free:** 1-866-245-6472

**E-Mailing:** TXHCN@travelers.com

The HCN is prohibited from retaliating against you, or your employer; your doctor; or any person who files a complaint for you.

The HCN will send you an acknowledgment letter within seven days of receipt of your complaint. The letter will describe the complaint procedures and deadlines. The HCN Coordinator will review and resolve the complaint within 30 days of receipt.

If you disagree with the HCN’s resolution of your complaint, you may file a complaint with the Texas Insurance Department. You can get a copy of the complaint form at www.tdi.state.tx.us; or by sending a request to the HMO Division, Mail Code 103-6A, Texas Department of Insurance, P.O. Box 149104 Austin, Texas 78714-9104. Include the following information in your request: your name; current physical address; telephone number; copy of the determination; and any information you provided to make the determination.

Further Information

If you have concerns, complaints, or questions regarding the HCN, the notification process, or your medical care following an injury at work, you can call the Texas Department of Insurance (TDI), Division of Workers’ Compensation at 1-800-252-7031.

You will be sent this notice again if you incur an injury at work to make sure you understand the program.
First Health/Travelers
Health Care Network for Workers Compensation

HCN service area counties:

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