



Prime Health Services Texas Health Care Network Employee Notice of Network Requirements

To contact Prime Health Services or to locate a network provider,
call us toll-free or use our online provider search tool.

Toll-free phone number: 866-348-3887

Provider search tool: TexasHCN.PrimeHealthServices.com

Texas HCN – Employee Rights and Obligations

Dear Employee:

Your employer selected the Prime Health Services Texas HCN as the certified workers' compensation network that will manage your health care if you have a work-related injury. Our provider network is dedicated to delivering quality treatment that will allow you to return to work quickly and safely. By following the instructions in this packet, you can help ensure that you will not have to pay the bill for the medical care you receive while treating your injury.

While your employer works hard to assure your workplace safety, we work with your employer to make sure you are given the important information in advance that will help you seek the proper treatment for a work-related injury. If you are injured at work, you will receive this information again along with access to a current list of our in-network providers.

If your injury is a life-threatening emergency, go to the nearest emergency room.

If your injury is NOT a life-threatening emergency, then you should:

- Tell your supervisor immediately about your work-related injury.
- Refer to this packet for your rights and obligations when seeking treatment for your injury.
- Ask your employer to assist you in locating a network treating doctor.
- You may also contact Prime Health Services for questions about treating your injury through our network or if you need assistance locating a network provider.

**Prime Health Services, Inc.
Attn: TX HCN Support
331 Mallory Station Road
Franklin, TN 37067
866-348-3887**

After you are injured on the job

You must select a treating doctor

If you live within the network service area, you must select a treating doctor to oversee the healthcare you receive for your injury. (Please refer to the map on page eight (8) to see if you live in one of the 250 counties in our service area).

For emergency services, you must obtain all healthcare and specialist referrals through your treating doctor. This is important because our providers have agreed to look only to the network — and not to employees — for payment to treat work-related injuries. If you are treated by someone who is not an in-network provider without prior approval from Prime Health Services, then you may have to pay your medical bill.

How to select a treating doctor

You must select your treating doctor from a list of doctors in the Prime Health Services network OR you have the option to choose your current primary care physician to act as the treating doctor for your workers' compensation claim. If you had a primary care physician prior to your injury and wish to select that physician as your treating doctor, you must request approval from Prime Health Services by calling 866-348-3887. Your current physician must agree to the terms of our network contract and agree to abide by all applicable laws and regulations before being approved to act as your treating doctor. If your current physician is not approved, or if you decide to change doctors in the future, then you must select an in-network treating physician.

Contact your employer / adjustor for a current provider listing or you may use our online provider search tool at <http://TexasHCN.PrimeHealthServices.com>. A printed copy is available upon request. The list is updated at least every three (3) months and identifies treating providers who are accepting new patients. You may also call us toll-free at 866-348-3887 if you need assistance.

If you are injured at work after normal business hours or while working outside the service area, you should go to the nearest care facility. However, if it is not an emergency and you go to an out-of-network provider, you may be responsible for paying the bill for the services you received.

If you need emergency care

Emergency care does not need to be approved in advance. Under Texas Law, “emergency” is defined as either a medical or mental health emergency. A “medical emergency” is the sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in either (i) placing the patient’s health or bodily functions in serious jeopardy; or (ii) the serious dysfunction of any body organ or part. A “mental health emergency” is a condition that could reasonably be expected to present danger to the person experiencing the mental health condition or to another person.

If you are injured and it is an emergency, call 911 or go to the nearest emergency room. After you receive emergency care, you may need ongoing care. If so, you must select a treating provider from our network to oversee the rest of the healthcare you receive for your injury.

You may see out-of-network providers and still be eligible for coverage of your costs only if:

- Emergency care is needed; or
- You do not live within the network service area; or
- Your treating doctor refers you to an out-of-network provider and it was approved in advance; or
- You chose your primary care physician and he / she was approved by the network after agreeing to abide by the network contract and applicable laws.

Referrals and Specialists

You do not need a referral if you have an emergency health condition. Except for emergencies, your treating doctor will provide all of your care and will make all referrals to specialists where needed. Healthcare services, including referrals, will be made available to you on a timely basis according to your medical condition, but no more than 21 days after your request. If you need a specialist that is not available in your area, your treating doctor must get approval from the network before referring you to an out-of-network provider.

The network must approve referrals to out-of-network providers within seven (7) business days after your referral was requested, or sooner if you have a serious health

condition that requires faster approval. If the network denies the referral request, you may appeal the decision through our complaint process detailed in this packet.

To change your treating provider

If we inform you that your treating doctor left the network, you must select another in-network provider. If you have a serious condition in which changing doctors could harm you, your doctor may request that you continue treatment with him / her up to an additional 90 days.

If you are dissatisfied with your first choice of a treating provider, you may select an alternate treating provider from the list of in-network providers in your area. We will not deny your selection of an alternate in-network provider. However, if you remain dissatisfied, you must have your request approved by the network before changing your treating provider a second time.

Service area review

If you believe you do not currently live within our network service area, you may call Prime Health Services to request a service area review. You will need to provide proof to support your claim. We will send you our decision in writing within seven (7) days after we receive your request.

If you do not agree with our final service area decision, you have the right to file a complaint with the Texas Department of Insurance (TDI). Your complaint must include your name, address, telephone number, a copy of our decision, and any evidence you sent to us to review. A complaint form is available on the TDI website at <https://www.tdi.texas.gov>. You may also request a form by writing to:

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

If you assert that you do not currently live in the service area, you may want to receive treatment from our in-network providers while you wait for our review or while you wait for the Texas Department of Insurance to review your complaint. If it is ultimately determined that you live within our service area, then you may have to pay for any healthcare you received from out-of-network providers.

Treatment needing advanced approval

Treatment prescribed by your provider may need to be approved in advance. You, or your provider, are required to request approval from the network for the services listed below before they are provided to you. You may continue to need treatment after you receive the approved services. For example, if you need to stay in the hospital longer than the time period that was first approved. If so, the additional treatment must be approved by the network in advance as well.

The following are treatments and services that need advance approval from the network:

- All surgeries, including inpatient and outpatient, or ambulatory surgical services;
- Any inpatient admission, including the principal scheduled procedures and length of stay;
- All non-exempted work hardening or non-exempted work conditioning programs;
- Physical and occupational therapy services, and rehabilitation or dependency programs;
- Psychological or psychiatric services or testing after the initial evaluation;
- An experimental service / test not yet broadly accepted as the prevailing standard of care;
- All MRI and CT scans and repeat individual diagnostic studies;
- All DME in excess of \$500 per item (rental or purchase);
- Chronic pain management or interdisciplinary pain rehabilitation;
- Drugs not included on the Division's formulary;
- Treatments and services that exceed or are not addressed by the adopted treatment guidelines or protocols and are not contained in a preauthorized treatment plan;
- Required treatment plans; and
- Any treatment for an injury or diagnosis that is not accepted by the network pursuant to Labor Code §408.0042 and Texas Administrative Code §126.14.

If the network denies your request for treatment, we will send you a written notification and inform you of your right to request a reconsideration of the denied treatment or request a review by an Independent Review Organization through the Texas Department of Insurance.

Complaints

If you are dissatisfied with any aspect of the network's operations, including complaints about in-network providers, you may file a complaint with Prime Health Services. You must notify our Grievance Coordinator of a complaint by phone or in writing via mail, email, or fax no later than 90 days from the date the issue occurred. Forward your complaints to:

Prime Health Services Texas HCN
Attention: Grievance Coordinator
331 Mallory Station Road
Franklin, TN 37067
Phone: 866-348-3887 Fax: 615-329-4751
grievance.coordinator@primehealthservices.com

Texas law does not permit Prime Health Services to retaliate against you or your employer if you or your employer files a complaint against the network. In addition to that, Prime Health Services cannot retaliate if you or your employer appeals the decision of the network. The law does not permit the network to retaliate against your treating provider if he / she files a complaint against the network or appeals the decision of the network on your behalf.

Upon receiving your complaint, Prime Health Services will send you an acknowledgement letter within seven (7) business days. The letter will describe the network's complaint procedures and deadlines. We will review and resolve your complaint in writing within 30 days of receipt of the request. To avoid delay, please include your name, address, telephone number, a copy of the network's prior decision (if any), and any evidence you had sent to us to review or now want us to review.

You also have the right to file a complaint with the Texas Department of Insurance if you disagree with a determination made by the network. The Department's complaint form is available on its website at <https://www.tdi.texas.gov> or by calling 1-800-252-7031, or you may request a form by writing to:

HMO Division, Mail Code 103-6A
Texas Department of Insurance
P. O. Box 149104
Austin, TX 78714-91047

If you send a complaint to the Department, it must include your name, current mailing address, telephone number, a copy of the network's decision, and any evidence you sent to the network to review.

Adverse determination, reconsiderations, & independent review

If you are notified of an adverse determination by the network, this notification will include:

- Principal reasons and clinical basis for the adverse determination;
- Description of or source of the screening criteria used as guidelines;
- Professional specialty of any provider consulted;
- Description of the reconsideration process and availability of independent review.

If you receive notification of an adverse determination based on medical necessity, you may request an independent review through the Texas Department of Insurance. Forms related to the availability of an independent review may be obtained from the Department's website at <https://www.tdi.texas.gov>, or by writing to:

**HMO Division, Mail Code 103-6A
Texas Department of Insurance
P. O. Box 149104
Austin, TX 78714-91047**

An employee with a life-threatening condition is entitled to an immediate review by an Independent Review Organization and is not required to comply with the procedures for a reconsideration of an adverse determination (described below).

You (or the person acting on your behalf) may request the network to reconsider an adverse determination. Your request can be made by calling or writing the Prime Health Services Grievance Coordinator via the contact information listed below, but you must contact the network to request a reconsideration no later than 30 days after you receive an adverse determination.

**Prime Health Services Texas HCN
Attention: Grievance Coordinator
331 Mallory Station Road
Franklin, TN 37067
Phone: 866-348-3887 Fax: 615-329-4751
grievance.coordinator@primehealthservices.com**

Within five (5) calendar days after receiving your reconsideration request, the person performing the reconsideration will send you a letter showing the date the request was received and a list of documents that you must submit to complete the reconsideration.

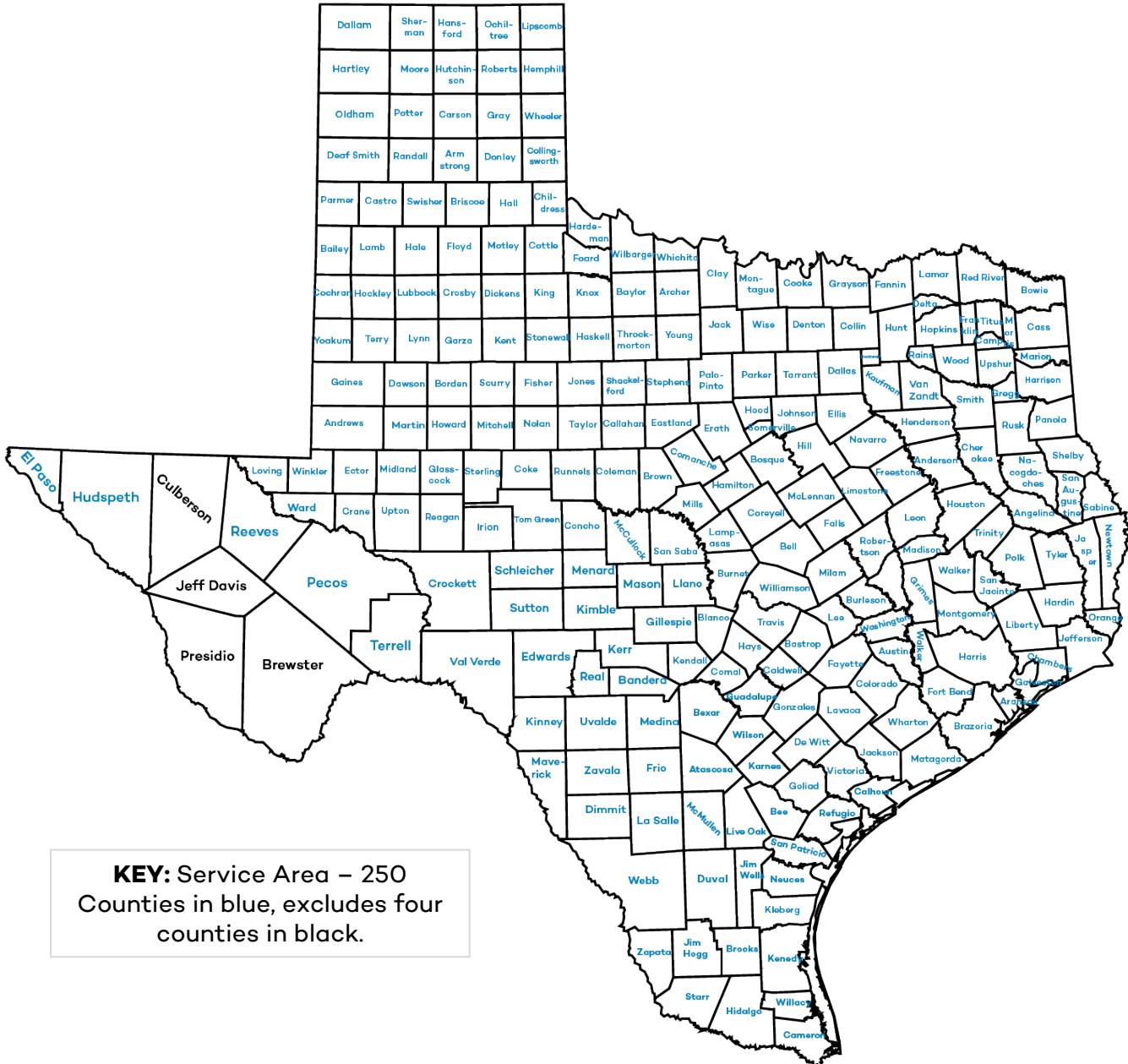
After the reconsideration of your adverse determination is complete, the network will send you (or the person acting on your behalf) a response letter no later than 30 days after your request was received. The letter will explain the resolution and will include the following:

- Specific medical or clinical reasons for the resolution;
- Medical or clinical basis for the decision;
- Professional specialty of any provider consulted and states in which the provider is licensed; and
- Notice of the requesting party's right to seek review of the denial by an Independent Review Organization and the procedures for obtaining that review.

If your referral request is denied because the referral is not medically necessary, or if your request is denied because it is a deviation from treatment guidelines, individual treatment protocols or screening criteria, you (or the person acting on your behalf) are allowed to seek review of the denial by an Independent Review Organization. Please note that you must timely file a request for an independent review no later than 45 days after the date the network denied your reconsideration.

The network must pay for the independent review, and the network is liable for your healthcare while you wait for the results of your appeal. The network, insurance carrier, and employer must comply with the decision made by the Independent Review Organization.

Prime Health Services Texas HCN Service Area Map





Employee Acknowledgment of Workers' Compensation Network

By signing this form, I acknowledge and understand the following:

- I received the packet of information that tells me how to receive health care services through my employer's workers' compensation insurance.
- If I am hurt on the job and live in the service area described in the packet, I must choose an in-network provider from a list of providers in the Prime Health Services Network, or I may ask my primary care physician to act as my treating doctor. If I select my primary care physician, I will call 866-348-3887 to notify Prime Health Services of my choice.
- I must go to my treating doctor for all healthcare for my injury. If I need a specialist, my treating provider will refer me. If I need emergency care, I may go anywhere.
- An insurance carrier will pay my treating provider and other network providers.
- I might have to pay the bill if I get healthcare, other than emergency care, from someone other than an in-network provider without the network's approval.

Signature

Date

Printed Name

Home Address

City

State

Zip Code

Name of Employer

Name of Network: **Prime Health Services Texas HCN**

Call Prime Health Services toll-free at 866-348-3887 if you need to locate an in-network treating provider. Please indicate whether this is the:

- Initial Employee Notification (no injury involved); or
- Injury Notification (date of injury: ___ / ___ / ____)

IMPORTANT: RETURN THIS FORM TO YOUR EMPLOYER. DO NOT SEND THIS FORM TO PRIME HEALTH SERVICES.