

**Texas CorCare<sup>®</sup>**

## **Employee Notice of Network Requirements**

English Version



# Texas CorCare® Network Requirements

## About the network

Texas CorCare® is certified by the state of Texas as a Texas employees' compensation health care network. Contact the network for assistance, a list of network providers, or to change treating doctors at:

CorVel Corporation

PO Box 822425, Dallas, TX 75231

Toll Free Number: 866-353-9768 E-mail: [Texas\\_corcare@corvel.com](mailto:Texas_corcare@corvel.com)

***You must choose a "Treating Doctor". Treating Doctors are able to provide treatment and refer to other specialists if needed.***

Treating Doctors are the default selection on the website. To find a Treating Doctor or specialists on our website do the following:

- Go to <http://www.corvel.com>
- Select PPO Lookup
- Under Find A Provider, click Search
- Click the drop down menu for Select a Network
- Select the Texas CorCare Certified Network
- Search Method "Within a specified distance"
- Enter zip code
- Select "Treating Provider" under Specialty
- Click Find Providers

The network providers have agreed to look for payment only to the insurance carrier for compensable injuries.

Except in an emergency, the network must arrange for services, including referrals to specialists on a timely basis on request and within the time appropriate to your circumstances and condition, but not later than 21 days after the date of the request. If your doctor wishes to refer you outside of the network, the network must approve this. If you use a provider who is not in the network for non-emergency care without the network's approval, you may have to pay for the services, not the carrier.

In an emergency, you may call 911 or go to the nearest hospital or emergency facility. This includes emergency care outside of the service area and after-hours emergency care.

Continuity of Care, if you have an acute life threatening condition and your treating doctor chooses to leave the network the carrier must continue to pay the treating doctor for up to 90 days at the contracted rate.

If you are dissatisfied with any aspect of the network's operations or the network providers, your complaint must be filed with the network. The network must receive the complaint within 90 days of the event. No resolution is required if the complaint is not filed on time. The complaint must be sent to CorVel Corporation, Attention: Texas CorCare® Complaints at the address or email above. The network is not allowed to retaliate against you or your employer because of a complaint. The network is not allowed to retaliate against a provider, when representing your care, if the provider reasonably files a complaint against the network or appeals a decision of the network. Also, you may complain to the Texas Department of Insurance. Their website is [www.tdi.state.tx.us](http://www.tdi.state.tx.us). The address is HMO Division, Texas Department of Insurance, Mail Code 103-6A, P. O. Box 149104, Austin, TX 78714-9104.

# Texas CorCare® Network Requirements

## NOTIFICATION OF NETWORK REQUIREMENTS

Your employer or insurance carrier will provide you with the network requirements at the start of the network. You should also receive this within 3 days of hire. Your employer should also give you the network requirements if you have a work related injury. They will give you an acknowledgment form. Please read the form carefully and sign it. Even if you refuse to sign it, Texas law requires you to follow the network rules.

## INJURIES PRIOR TO THE NETWORK

Certain rules apply when injured before your employer chose to use this network. This applies to dates of injury before September 1, 2005 and after the date your employer first decided to use a network. You must live within the service area for these rules to apply. You must select a treating doctor when the carrier notifies you that health care is being provided through this network. You have 14 days to select a network treating doctor. If you do not select a network treating doctor the network may assign a doctor to you.

## SERVICES NEEDING PREAUTHORIZATION

- All compounded drugs require preauthorization when both prescribed and dispensed on or after 7/1/2018
- Inpatient hospital admissions and all surgeries and invasive procedures done in a facility other than a doctor's office
- Length of stay, including length of stay starting the first working day after an emergency admission
- Repeat psychological evaluations, all testing, psychotherapy and biofeedback except when a part of a preauthorized rehabilitation program
- Osteopathic manipulation, chiropractic manipulations, physical therapy and occupational therapy except for the first 6 sessions within 2 weeks of the date of injury or an approved surgery
- All gym/health club memberships
- All myelograms, discograms, or surface electromyograms
- All repeat EMG/NCVs and all repeat diagnostic tests billed at \$350 or greater
- All work hardening and work conditioning programs
- Pain management programs, chemical dependency or weight loss program
- All durable medical equipment (DME) billed at \$500 or greater per item and all TENS units
- Nursing home, convalescent, residential care, and all home health practitioner services and treatments, including IV medications
- Any investigational or experimental services or devices
- Deviation from the guidelines adopted by the network<sup>1</sup>
- Health care to treat an injury or diagnosis that is disputed by the carrier based on Labor Code §408.0042 **after** the Medical Examination By The Treating Doctor to Define Compensability

An adverse determination is a decision that a service is not medically necessary or appropriate. The term does not include a denial of health care services due to the failure to request prospective or concurrent utilization review. An adverse determination does not include a determination that health care services are experimental or investigational. If you want to file an appeal, you must contact the utilization review agent within 30 days of the denial. If you have a life-threatening condition you are

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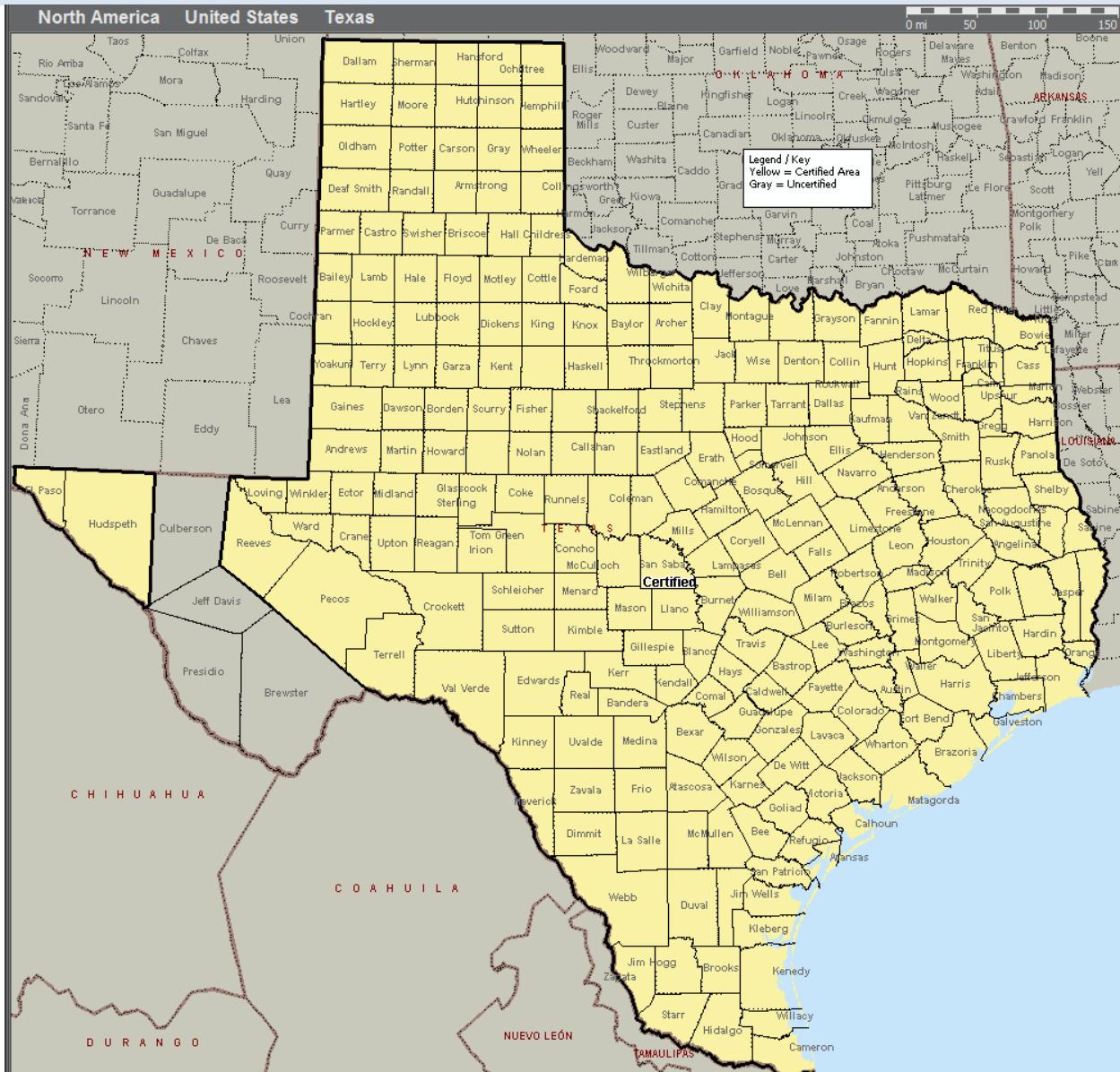
<sup>1</sup> Texas Administrative Code, §10.101

## **Texas CorCare® Network Requirements**

entitled to an immediate review by an independent review organization and not required to comply with the procedures for a reconsideration of an adverse determination.

# Texas CorCare® Network Requirements

## MAP OF TEXAS CORCARE®'S SERVICE AREA



## DISPUTING THAT YOU LIVE IN THE SERVICE AREA

Contact the insurance carrier if you dispute that you live in the service area and include evidence to support your position. During the review of your dispute, you may seek all medical care from the network. If it is finally decided that you live in the network service area, the carrier may not have to pay for health care received out of the network. You may have to pay for that. If you disagree with the carrier's decision you may file a complaint with the Texas Department of Insurance.

## Texas CorCare® Network Requirements

### LIST OF COUNTIES IN NETWORK

Anderson*	Childress	Fayette	Hood*	Lipscomb	Parker*	Taylor*
Andrews	Clay	Fisher	Hopkins	Live Oak	Parmer	Terrell
Angelina*	Cochran	Floyd	Houston	Llano	Pecos	Terry
Aransas	Coke	Foard	Howard	Loving	Polk	Throckmorto
Archer	Coleman	Fort Bend*	Hudspeth	Lubbock*	Potter*	Titus
Armstrong	Collin*	Franklin	Hunt*	Lynn	Rains	Tom Green*
Atascosa	Collingswort	Freestone	Hutchinso	Madison	Randall*	Travis*
Austin	Colorado	Frio	Irion	Marion	Real	Trinity
Bailey	Comal*	Gaines	Jack	Martin	Red River	Tyler
Bandera	Comanche	Galveston*	Jackson	Mason	Reeves	Upshur
Bastrop*	Concho	Garza	Jasper	Matagorda	Refugio	Upton
Baylor	Cooke	Gillespie	Jefferson*	Maverick*	Regan	Uvalde
Bee	Coryell*	Glasscock	Jim Hogg	McCulloch	Roberts	Val Verde
Bell*	Cottle	Goliad	Jim Wells	McLennan*	Robertson	Van Zandt*
Bexar*	Crane	Gonzales	Johnson*	McMullen	Rockwall*	Victoria*
Blanco	Crockett	Gray	Jones	Medina	Runnels	Walker*
Borden	Crosby	Grayson*	Karnes	Menard	Rusk*	Waller*
Bosque	Dallam	Gregg*	Kaufman*	Midland*	Sabine	Ward
Bowie*	Dallas*	Grimes	Kendall	Milam	San Augustine	Washington
Brazoria*	Dawson	Guadalupe*	Kenedy	Mills	San Jacinto	Webb*
Brazos*	Deaf Smith	Hale	Kent	Mitchell	San Patricio*	Wharton
Briscoe	Delta	Hall	Kerr*	Montague	San Saba	Wheeler
Brooks	Denton*	Hamilton	Kimble	Montgomery*	Schleicher	Wichita*
Brown	DeWitt	Hansford	King	Moore	Scurry	Wilbarger
Burleson	Dickens	Hardeman	Kinney	Morris	Shackelford	Willacy
Burnet	Dimmit	Hardin*	Kleberg	Motley	Shelby	Williamson*
Caldwell	Donley	Harris*	Knox	Nacogdoches*	Sherman	Wilson
Calhoun	Duval	Harrison*	La Salle	Navarro	Smith*	Winkler
Callahan	Eastland	Hartley	Lamar	Newton	Somervell	Wise*
Cameron*	Ector*	Haskell	Lamb	Nolan	Starr*	Wood
Camp	Edwards	Hays*	Lampasas	Nueces*	Stephens	Yoakum
Carson	El Paso*	Hemphill	Lavaca	Ochiltree	Sterling	Young
Cass	Ellis*	Henderson*	Lee	Oldham	Stonewall	Zapata
Castro	Erath	Hidalgo*	Leon	Orange*	Sutton	Zavala
Chambers	Falls	Hill	Liberty*	Palo Pinto	Swisher	
Cherokee*	Fannin	Hockley	Limestone	Panola	Tarrant*	

\* indicates urban counties with a population > 50,000

# Texas CorCare® Network Requirements

## Details of how to select or change a Treating Provider:

### Initial Treating Doctor – 1<sup>st</sup> Treating Doctor

An injured employee must select a treating doctor from the network list of treating physicians in the employee's service area. Providers can be located by calling the network for a list or using the online directory. The employee should choose the "treating provider" specialty to locate physicians. <http://www.corvel.com/ppo-lookup/>

The network has determined that Medical Doctors (MD) and Doctors of Osteopathic Medicine (DO) may serve as treating doctors within the following specialty areas:

- Occupational Medicine
- Physical Medicine and Rehabilitation
- General Practice
- Family Practice
- Internal Medicine.

If the carrier identifies that the injured employee *has not* selected a treating provider within 14 days after receipt of the employee notice packet, the carrier will notify the network to assign a treating doctor to the injured employee. The network will notify the carrier and the employee of the assigned treating provider.

### Request to Change Treating Providers – Alternate Choice – 2<sup>nd</sup> Treating Doctor

An injured employee who is dissatisfied with the initial choice of a treating doctor must submit the "Application for change in treating doctor" form to the network. The employee is entitled to select an alternate treating doctor from the network's list of treating doctors who provide services within the service area in which the injured employee lives. The network may not deny a selection of an alternate treating doctor.

### Request to Change Treating Provider – Subsequent – 3<sup>rd</sup> or more Treating Doctor

An injured employee who is dissatisfied with their subsequent choice of a treating doctor must submit the "Application for change in treating doctor" form to the network. The injured employee **MUST** get approval by the network for all subsequent treating doctors. The network **may deny** a selection of a subsequent treating doctor.

Once the network receives a completed request signed by both the employee and the provider, the network will review the request for approval or denial of the subsequent treating doctor. The network will notify the employee and the carrier of the determination of their request to change treating doctors within 7 days of the request. If the request is denied, the employee may file an appeal through the network complaint process.

### Specialists Acting As Treating Doctors

An injured employee with a chronic, life-threatening injury or chronic pain related to a compensable injury may apply to the network's medical director to use a non-primary care physician specialist that is in the network as the injured employee's treating doctor. To be eligible to serve as the injured employee's treating doctor, a physician specialist must agree to accept the responsibility to coordinate all of the injured employee's health care needs and to abide by the laws governing networks including laws regarding payment. The employee must submit the "Application to change treating providers" form to the network with signature from the injured employee and the specialists. A letter will be sent to the employee, the specialists, and the carrier notifying them of the approval or denial of the request. If the network denies a request for a specialist to act as treating doctor the injured employee may appeal the decision through the network's established complaint process.

## Texas CorCare® Network Requirements

Effective: \_\_\_\_\_

Check One:

Initial Employee Notice

Injury Notice -- Date of Injury \_\_\_\_\_

I have the information that tells me how to get health care under employees compensation insurance. If I am hurt on the job and I live in the service area described in this information, I know that:

- I must choose a treating doctor from the list of doctors who contracted with CorCare® 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 to agree to be my treating doctor, I will call CorVel at (866) 353-9768 to notify them of my choice.
- I realize that, except for emergencies, I must get all health care, including referrals to specialists, from my CorCare treating doctor for my compensable work injury. If I need emergency care, I may go anywhere.
- The insurance carrier will pay the treating doctor and other network providers and will not bill me for a compensable injury.
- Except for emergencies, if I get health care that is not approved by CorCare®, from a doctor who is not with CorCare®, the insurance carrier may not pay for that care. I may have to pay for that care.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Employee's Address (Where I live)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Employers Name

**CorVel Corporation/Texas CorCare®**

Network's Name -- Return form to employer, carrier or third party administrator.