



TEXAS WORKER'S COMPENSATION HEALTH
CARE NETWORK COVER LETTER

Dear Applicant/Policyholder:

Acuity is pleased to offer you a certified Workers' Compensation Health Care Network (HCN) administered by CorVel.

Any employer whose place(s) of employment is (are) located within our network service area is eligible to enroll in our HCN. Employers who complete the enrollment process as required by Texas workers' compensation statutes are eligible for a premium reduction. Additional benefits may include improved medical care, increased employee productivity, and improved cost control for your workers' compensation policy.

An enrollment checklist and details regarding the enrollment process and employer responsibilities follow this letter. If you have any questions regarding the HCN, please contact your agent.

Sincerely,
Underwriting Department

Enrollment in the certified Workers' Compensation Health Care Network (HCN) is a multi-step process. Please see below for a high-level checklist followed by detailed instructions. If you have any questions regarding the enrollment process, please contact your agent.

Health Care Network Enrollment Checklist

Each step below must be completed to enroll in the Acuity network, even if you were previously enrolled in an HCN with another insurer.

1. Talk to your agent about the benefits of a certified health care network to determine if it is right for your company.
2. Compare our HCN Service Area Map to where the majority of your employees live. The map is provided in the Texas CorCare® Employee Notice of Network Requirements and on our website at acuity.com/TexasHCN.
3. Review the Texas CorCare® Employee Notice of Network Requirements, Employee Acknowledgment Form, and Attestation Form.
4. Develop and document a procedure for distributing the Texas CorCare® Employee Notice of Network Requirements and Employee Acknowledgment Form to all employees.
5. Distribute the Notice of Network Requirements and Acknowledgment Form to all employees.
6. Document the method and date(s) of delivery of the Notice of Network Requirements and Acknowledgment Form to each employee.
7. Obtain a signed employee Acknowledgment Form from each employee.
8. Save the signed Acknowledgment Forms in the employee personnel files.
9. Post the notice of Texas CorCare® Employee Notice of Network Requirements at *each place of employment*.
10. Send signed Texas WC Certified Health Care Network Attestation Form to Acuity.

Detailed HCN Enrollment Instructions and Employer Responsibilities

You must provide notice of the workers' compensation health care network (HCN) requirements to all employees. This must be done through the distribution of the Texas CorCare® Employee Notice of Network Requirements and Employee Acknowledgment Form provided with your quote and also available on Acuity's website at acuity.com/TexasHCN. The Employee Acknowledgment Form is included as the last page of the Network Requirements document. The document includes the information your employees need to know about the network, including the network service area and how to find a provider. Review the document for your own information.

Distribution & Documentation Requirements

Develop and document a procedure for distributing the Employee Notice of Network Requirements and Employee Acknowledgment Form to all full- and part-time employees. The document must be provided in English, Spanish, and any other language common to 10% or more of your employees. An English version of the form is provided with your quote. Spanish forms are available at acuity.com/TexasHCN. You must distribute the documents to employees:

- Upon implementation of the program,
- Within three days of hire,
- Upon transfer into the health care network, if applicable, and
- At the time of injury. Your claims administrator may assist with time-of-injury notices.

For each employee, you must document the method of delivery of the Network Requirements and Acknowledgment Form, to whom the notice was delivered, and the date(s) of delivery. A sample distribution log is available on the Acuity website at acuity.com/TexasHCN.

Instruct your employees to read the Notice of Network Requirements, sign the Employee Acknowledgment Form, and return the signed form to you. You must attempt to obtain a signed Employee Acknowledgment Form from each employee verifying that the employee has received information concerning the network requirements.

If an employee refuses to sign the Acknowledgment Form, he or she is still required to comply with the requirements of the network as long as you fulfill your responsibility of documenting the details of the delivery. We recommend you document an employee's refusal to sign the Acknowledgment Form in your distribution log.

Save the signed Acknowledgment Forms in your employee personnel files, so they can easily be found if the Texas Department of Insurance requires you to show proof. Do not send Acknowledgment Forms to CorVel or Acuity.

If an injured employee refuses to sign the Acknowledgment Form, you have the right to require the employee to participate in the HCN unless the employee pre-designates his/her HMO treating doctor. Pre-designation must be done directly with the network and in advance of injury.

Failure to establish a standardized process for delivering and documenting the delivery of the Notice of Network Requirements Acknowledgment Form to employees may allow injured employees to receive care from outside the network. Acuity is responsible for out-of-network care that the injured employee receives prior to notice. However, failure to provide notice to employees as required may result in the loss of the HCN premium reduction.

Posting Requirement

You must post the Texas CorCare® Employee Notice of Network Requirements *at each place of employment*. Post copies in English, Spanish, and any other language common to 10% or more of your employees.

Attestation Form

Following the completion of the above responsibilities, sign and date the CorVel Attestation Form and return the form to Acuity at the address provided on the Attestation Form.

Your enrollment in the HCN will become effective as of the date the Attestation Form is signed or the policy effective date, whichever is later.

Ongoing Notification & Documentation Responsibilities.

You must also provide the Texas CorCare® Employee Notice of Network Requirements and Employee Acknowledgment Form to:

- New employees *within three days of hire, and*
- Injured employees at the time you receive actual or constructive notice of the injury.

Continue to document the method of delivery of the Network Requirements and Acknowledgment Form, to whom the notice was delivered, and the date(s) of delivery for each employee upon hire and at time of injury.



CorCare[®] Certified Texas HCN Attestation A

Policyholder: _____ Quote/Policy Number: _____

Completed Employer Responsibilities

1. **Reviewed** the *Texas CorCare[®] Network Requirements and Employee Acknowledgment Form* which includes all of the information the employee needs to know about the CorVel CorCare[®] HCN program.
2. **Developed and documented** a policy and procedure for dissemination of the packet to all employees. To comply with the law, this process included the method of delivery, to whom the notice was delivered, and the date(s) of delivery.
3. **Distributed** the *Texas CorCare[®] Network Requirements and Employee Acknowledgment Form* to all current employees (full and part-time) upon implementation of the program.
4. **Posted** the *Texas CorCare[®] Network Requirements* at each place of employment.

I acknowledge the responsibilities listed above are the responsibility of the policyholder (employer) and they have been completed.

Signature

Employer

Printed Name

Date

Please sign and mail this document to:

Acuity, A Mutual Insurance Company
Underwriting Department
2800 South Taylor Drive
Sheboygan, WI 53081

Texas CorCare®

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

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. 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 network¹
- 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

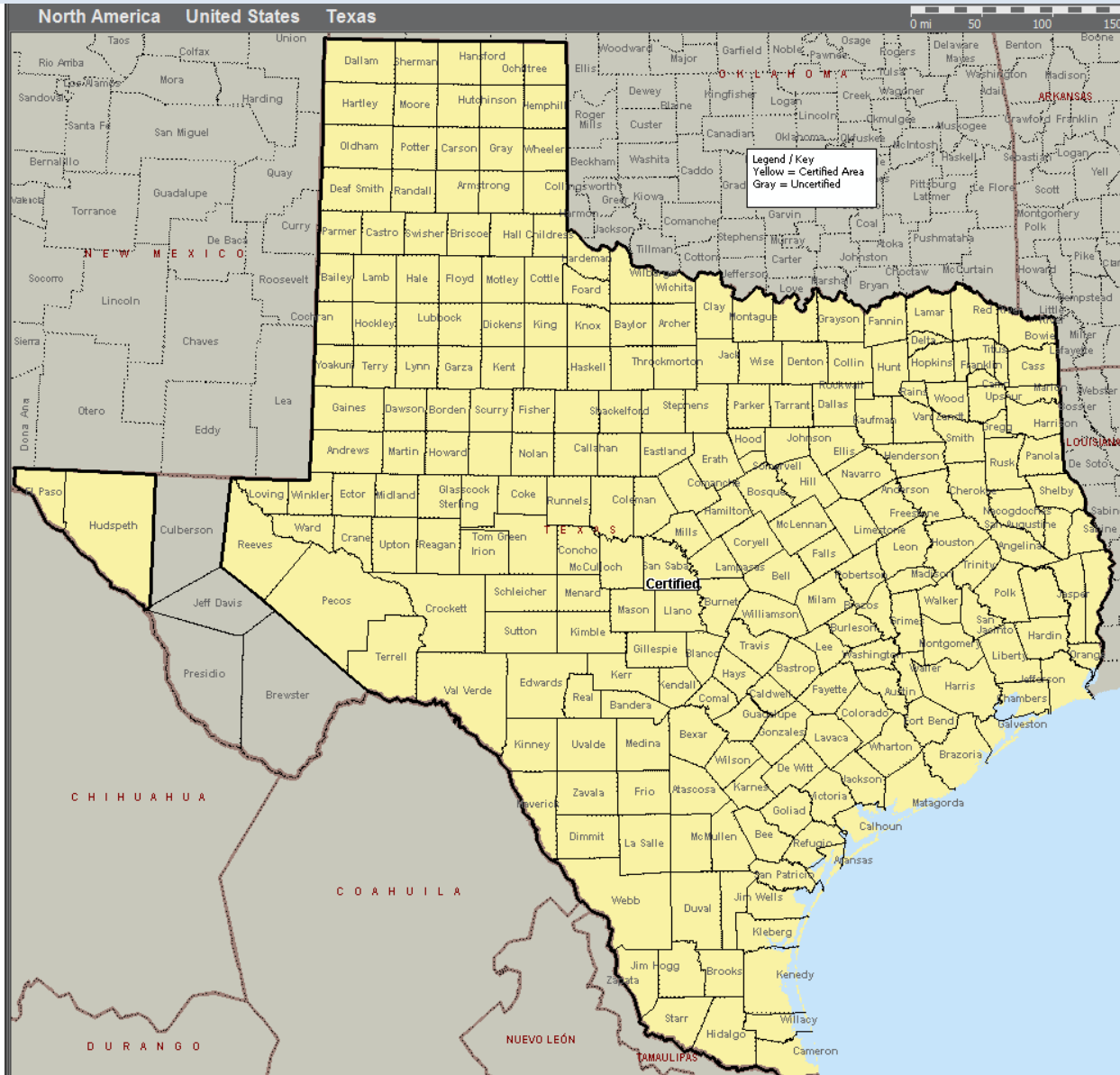
¹ Texas Administrative Code, §10.101

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	Collingsworth	Freestone	Hutchinson	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 – 1st 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 – 2nd 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 – 3rd 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.

Texas CorCare[®]

Aviso a los empleados acerca de los requisitos de la red

Versión en español



Requisitos de la red de Texas CorCare®

Acerca de la red

Texas CorCare® está certificada por el estado de Texas como una red para la atención médica de empleados cubiertos por el seguro de indemnización a trabajadores de Texas. Para recibir asistencia, una lista de los proveedores en la red, o para cambiar de médico de cabecera, póngase en contacto con la red a través de:

CorVel Corporation
PO Box 822425, Dallas, TX 75231
Número gratuito: 866-353-9768 Correo electrónico: Texas_corcare@corvel.com

Debe elegir un “médico de cabecera”. Los médicos de cabecera pueden proporcionarle tratamiento y referirlo con otros especialistas en caso de ser necesario.

Los médicos de cabecera son la selección predeterminada en el sitio web. Para encontrar un médico de cabecera o especialistas en nuestro sitio web, haga lo siguiente:

- Vaya a <http://www.corvel.com>
- Seleccione PPO Lookup (Búsqueda de Organización proveedora preferida)
- En Find A Provider (Buscar un proveedor), haga clic en Search (Buscar)
- Haga clic en el menú desplegable Select a Network, para seleccionar una red
- Seleccione la red Texas CorCare Certified
- Utilice el método de búsqueda “Within a specified distance” (A una distancia especificada)
- Ingrese el código postal
- En Specialty (Especialidad), seleccione al “Treating Provider” (Proveedor de tratamiento)
- Haga clic en Find Providers (Buscar proveedores)

En el caso de la atención de lesiones que se encuentren cubiertas por la indemnización a trabajadores, los proveedores de la red han aceptado recibir su pago únicamente de la aseguradora.

Salvo en caso de una emergencia, la red debe ser la encargada de tramitar la prestación de los servicios; esto incluye las referencias a especialistas en forma oportuna, a petición y dentro de los plazos apropiados a sus circunstancias y condiciones, pero no más tarde de 21 días después de la fecha de la solicitud. Si su médico desea referirlo con un proveedor fuera de la red, la red debe dar su aprobación. Si utiliza un proveedor que no esté en la red para que le proporcione atención médica que no sea de urgencia, sin la aprobación de la red, es posible que tenga que pagar por los servicios, en lugar de la aseguradora.

En una emergencia, puede llamar al 911 o acudir al hospital o sala de urgencias más cercanos. Esto incluye atención médica de urgencia fuera del área de servicio y después del horario de atención.

Continuidad de la atención médica: si tiene una enfermedad grave que ponga en peligro su vida y su médico de cabecera decide dejar la red, la aseguradora debe seguir pagando al médico de cabecera hasta un máximo de 90 días, a la tarifa contratada.

Si no está satisfecho con cualquier aspecto de las operaciones de la red o de los proveedores de la red, deberá presentar una queja ante la red. La red debe recibir la queja en el lapso de los 90 días posteriores al evento. No tiene que haber resolución si la queja no se presenta a tiempo. La queja deberá enviarse a CorVel Corporation, dirigida a: Texas CorCare® Complaints, a la dirección postal o de correo electrónico anterior. Está prohibido que la red tome represalias contra usted o su empleador por la presentación de una queja. Está prohibido que la red tome represalias en contra de un proveedor, al representarlo en su

Requisitos de la red de Texas CorCare®

atención médica, si el proveedor presenta una queja razonable en contra de la red o apela una decisión de la red. Además, tiene usted el derecho de quejarse ante el Departamento de Seguros de Texas. Su página web es www.tdi.state.tx.us. La dirección es HMO Division, Texas Department of Insurance, Mail Code 103-6A, P. O. Box 149104, Austin, TX 78714-9104.

Requisitos de la red de Texas CorCare®

NOTIFICACIÓN DE REQUISITOS DE LA RED

Su empleador o su aseguradora le proporcionarán los requisitos de la red al inicio de su relación con esta. También deberá recibirlos dentro de los primeros tres días posteriores a su contratación. Además, su empleador también deberá proporcionarle los requisitos de la red si usted sufre una lesión relacionada con el trabajo. Se le proporcionará un formulario de acuse de recibo. Lea cuidadosamente el formulario y fírmelo. Incluso si se niega a firmarlo, la ley de Texas exige que siga las reglas de la red.

LESIONES PREVIAS A SU INSCRIPCIÓN EN LA RED

Hay algunas reglas que se aplican si tiene alguna lesión de antes de que su empleador decidiera utilizar esta red. Se aplican a lesiones sufridas antes del 1 de septiembre del 2005 y después de la fecha en que su empleador decidiera por primera vez utilizar una red. Para que se apliquen estas reglas, debe vivir en el área de servicio. Debe seleccionar un médico de cabecera cuando la aseguradora le informe que su servicio médico se proporcionará a través de esta red. Tiene 14 días para seleccionar a un médico de cabecera de la red. Si no selecciona a uno, la red podría asignárselo.

SERVICIOS QUE REQUIEREN AUTORIZACIÓN PREVIA

- A partir del 1 de julio del 2018, todos los medicamentos preparados especialmente requieren autorización previa tanto cuando se recetan como cuando se surten
- Los internamientos hospitalarios así como todas las cirugías y procedimientos invasivos que se realicen en una instalación que no sea el consultorio del médico
- La duración de la estancia, lo que incluye la duración de la estancia a partir del primer día hábil después de un internamiento de urgencia
- Las evaluaciones psicológicas repetidas, todas las pruebas de psicoterapia y biorretroalimentación, excepto cuando sean parte de un programa de rehabilitación previamente autorizado
- La manipulación osteopática, quiropráctica, fisioterapia y terapia ocupacional, excepto durante las primeras seis sesiones en el lapso de las dos semanas posteriores a la fecha de una lesión o una cirugía aprobada
- Todas las membresías a gimnasios o clubes de salud
- Todos los mielogramas, discogramas, o electromiogramas de superficie
- Todas las pruebas de diagnóstico repetidas y todos los electromiogramas y estudios de velocidad de conducción de los nervios (EMG/NCV) repetidos que se facturen en USD 350 o más
- Todos los programas de fortalecimiento y acondicionamiento para el trabajo
- Los programas de manejo del dolor, de dependencia de sustancias químicas o programas de pérdida de peso
- Todos los equipos médicos duraderos (DME) facturados en USD 500 o más por artículo, y todas las unidades de estimulación eléctrica nerviosa transcutánea (TENS)
- Casas de reposo o convalecencia, cuidados en su hogar y todos los servicios y tratamientos que los profesionales de la salud presten a domicilio, lo que incluye la aplicación de medicamentos intravenosos
- Cualquier servicio o dispositivo de investigación o experimental
- Desviación de los lineamientos aprobados por la red²
- Atención médica para el diagnóstico o tratamiento de una lesión que la aseguradora disputa con base en el Código del Trabajo, sección 408.0042, **después** de efectuado el examen físico por parte del médico de cabecera para definir si amerita la indemnización

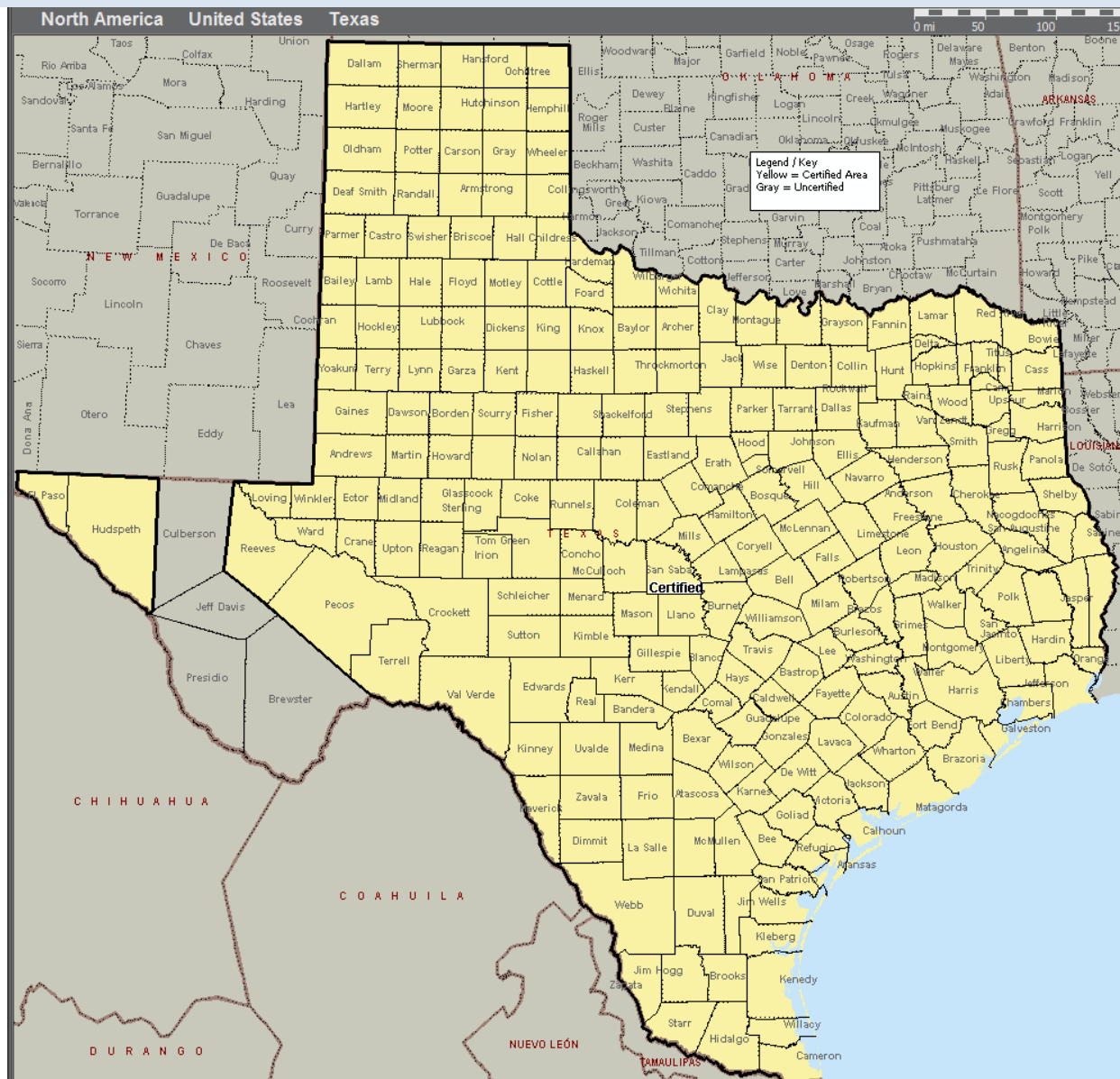
² Código Administrativo de Texas, sección 10.101

Requisitos de la red de Texas CorCare®

Una determinación adversa es la decisión de que un servicio no es médicamente necesario o apropiado. El término no incluye una denegación de servicios de atención médica debido que no se haya solicitado una revisión de utilización simultánea o prospectiva. Una determinación adversa no incluye una determinación de que los servicios de atención médica sean de carácter experimental o de investigación. Si desea presentar una apelación, debe ponerse en contacto con el agente de revisión de utilización durante los 30 días posteriores a la denegación. Si tiene una afección que ponga en riesgo su vida, tiene derecho a una revisión inmediata por parte de una organización de revisión independiente y no es necesario que cumpla con el procedimiento para la reconsideración de una decisión adversa.

Requisitos de la red de Texas CorCare®

MAPA DEL ÁREA DE SERVICIO DE TEXAS CORCARE®



CUESTIONAR QUE VIVE EN EL ÁREA DE SERVICIO

Si cuestiona que vive en el área de servicio, póngase en contacto con la compañía de seguros e incluya pruebas que apoyen su posición. Durante el tiempo que dure la revisión de su caso, podrá utilizar la red para todas sus necesidades de atención médica. Si finalmente se determina que usted sí vive dentro del área de servicio, la aseguradora no tendrá que pagar por ninguna atención médica que haya recibido fuera de la red. Es posible que tenga usted que pagarla. Si no está de acuerdo con la decisión de la aseguradora puede presentar una queja ante el Departamento de Seguros de Texas.

Requisitos de la red de Texas CorCare®

LISTA DE CONDADOS EN LA RED

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	Throckmorton
Archer	Coleman	Fort Bend *	Hudspeth	Lubbock *	Potter *	Titus
Armstrong	Collin *	Franklin	Hunt *	Lynn	Rains	Tom Green *
Atascosa	Collingsworth	Freestone	Hutchinson	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 *	

* indica condados urbanos con una población de más de 50 000 habitantes

Requisitos de la red de Texas CorCare®

Detalles acerca de cómo seleccionar o cambiar de proveedor de tratamiento:

Médico de cabecera inicial: 1^{er} médico de cabecera

Un empleado lesionado debe seleccionar un médico de cabecera en la lista de la red de médicos disponibles en el área de servicio del empleado. Es posible localizar a los proveedores llamando a la red para solicitar una lista o utilizando el directorio en línea. Para encontrar al médico adecuado, el empleado debe seleccionar la especialidad del “proveedor de tratamiento”. <http://www.corvel.com/ppo-lookup/>

La red determinó que tanto los doctores en medicina (MD) como los doctores en medicina osteopática (DO) pueden funcionar como médicos de cabecera dentro de las siguientes áreas de especialidad:

- Medicina ocupacional
- Medicina física y rehabilitación
- Medicina general
- Medicina familiar
- Medicina interna.

Si la aseguradora observa que el empleado lesionado *no ha* seleccionado un proveedor de tratamiento dentro de los 14 días posteriores a la recepción por parte del empleado del paquete de aviso, la aseguradora informará a la red para que asigne un médico de cabecera al empleado lesionado. La red notificará a la aseguradora y al empleado cuál proveedor de tratamiento se le asignó.

Solicitud de cambio de proveedor de tratamiento – Otra opción – 2^{do} médico de cabecera

Un empleado lesionado que no esté satisfecho con su elección inicial de médico de cabecera debe presentar a la red un formulario de “Solicitud de cambio de médico de cabecera”. El empleado tiene derecho a seleccionar otro médico de cabecera entre los que se encuentran en la lista de la red y que proporcionan servicios dentro del área en la que vive el empleado lesionado. La red no puede rechazar una selección de un médico de cabecera alterno.

Solicitud de cambio de proveedor de tratamiento - Posterior - 3^{er} médico de cabecera o más

Un empleado lesionado que no esté satisfecho con su elección alterna de médico de cabecera debe presentar a la red un formulario de “Solicitud de cambio de médico de cabecera”. El empleado lesionado **DEBE** obtener la aprobación de la red para cualquier cambio posterior de médico de cabecera. La red **puede rechazar** una selección de un médico de cabecera posterior.

Una vez que la red reciba una solicitud completada firmada tanto por el empleado como por el proveedor, la red examinará la petición para la aprobación o denegación del nuevo cambio del médico de cabecera. La red informará tanto al empleado como a la aseguradora acerca de la decisión que se haya tomado con respecto a su solicitud de cambio de médico de cabecera en el lapso de los siete días posteriores a que se reciba la solicitud. Si se niega la solicitud, el empleado puede presentar una apelación a través del procedimiento de quejas de la red.

Especialistas que actúan como médicos de cabecera

Un empleado que sufra una lesión crónica que ponga en peligro su vida o un dolor crónico relacionado con una lesión cubierta por la indemnización podría solicitar al director médico de la red el uso de un médico especialista que no sea de atención primaria, pero que se encuentre dentro de la red, para asignarse como médico de cabecera del empleado lesionado. Para ser elegible para servir como médico de cabecera del empleado lesionado, un especialista debe aceptar la responsabilidad de coordinar todas las necesidades de atención médica del empleado lesionado y acatar las leyes que rigen las redes, lo que incluye las relacionadas con el pago. El empleado deberá presentar a la red la “Solicitud de cambio de proveedor de tratamiento” con la firma del empleado lesionado y del especialista. Se enviará una carta al empleado, al especialista y a la aseguradora para informarles de la aprobación o denegación de la solicitud. Si la red rechaza una solicitud para que un especialista actúe como médico de cabecera, el empleado lesionado puede apelar la decisión a través del procedimiento de quejas establecido.

Requisitos de la red de Texas CorCare®

Requisitos de la red de Texas CorCare®

En vigor a partir de: _____

Marque Uno: Aviso inicial del empleado

Aviso de lesión – Fecha de la lesión _____

Cuento con la información necesaria poder obtener atención médica por parte del seguro de indemnización a trabajadores. Si me lesiono en el trabajo y vivo en el área de servicio descrita en esta información, sé que:

- Debo elegir a un médico de cabecera de la lista de doctores que tienen un contrato con CorCare® o puedo solicitar a mi médico de atención primaria HMO que acceda a ser a mi médico de cabecera. Si selecciono a mi médico de atención primaria HMO para que acepte ser mi médico de cabecera, llamaré a CorVel al (866) 353-9768 para informarles de mi elección.
- Me doy cuenta de que, excepto en casos de emergencia, debo obtener todos los servicios de atención médica para mi lesión laboral cubierta por la indemnización a trabajadores, lo que incluye referencias a especialistas, con mi médico de cabecera de CorCare. Si necesito atención de urgencia, puedo ir a cualquier parte.
- La compañía aseguradora pagará al médico de cabecera y a otros proveedores de la red y no me pasará ninguna factura por la atención de una lesión cubierta por la indemnización a trabajadores.
- Salvo en casos de emergencia, si busco atención médica que no esté aprobada por CorCare®, por parte de un médico que no trabaje con CorCare®, la aseguradora no pagará por esa atención. Es posible que tenga yo que pagarla.

Firma del empleado

Fecha

Nombre del empleado con letra de imprenta

Dirección del empleado (el lugar donde vivo)

Ciudad

Estado

Código postal

Nombre del empleador

CorVel Corporation/Texas CorCare® _____

Nombre de la red -- Devolver el formulario al empleador, la aseguradora o tercero administrador.