

# *Coventry Workers' Comp Network Texas Health Care Provider Network*

## *Site Coordinator Guide*

**Materials included in this guide:**

- 1. Texas Health Care Provider Network Fact Sheet**
- 2. Coventry Workers' Comp Network Employer Information Form**
- 3. Tracking the Distribution of Employee Information Materials**
- 4. Employee Acknowledgement of Workers' Compensation Network-English**
- 5. Employee Acknowledgement of Workers' Compensation Network-Spanish**
- 6. Network Notice-English**
- 7. Network Notice-Spanish**
- 8. Provider Instruction Form**

*(Revision Date: 02/19/08)*

### **Important Contact Information:**

**To contact Safeco, please visit: [www.safeco.com/hcn\\_tx](http://www.safeco.com/hcn_tx)  
or call (800) 332-3226**

## Texas Health Care Provider Network Fact Sheet

### What is a network?

- House Bill 7, passed by the Texas legislature in 2005, created a system that allows employers whose insurers have designated an approved Health Care Provider Network to handle all work related medical care through that network.
- Employees have the right to change doctors, but only within the network.

### What does an employer need to do to participate in the network?

- In order to participate in the network, employers must provide notice to all of their employees and post certain documents at their worksites.

### Who is our approved network?

- We use the *Coventry Workers' Comp Network* Health Care Provider Network which has been approved by the State of Texas.

### What are the benefits of using a network?

- Employers who choose to participate in the network are eligible for a premium discount of up to 10% subject to standard minimum premium requirements. For mid-term endorsements the 10% is pro rated for the remainder of the policy term.
- Under current law, employers and insurers have little control over the direction of medical care. Injured workers can see just about any doctor they choose. However, under the new system, injured employees will be required to obtain medical care ONLY from medical providers within the *Coventry Workers' Comp Network* network.

### Does the new network cover the entire state?

- *Coventry Workers' Comp Network* is now available in the areas of greater Dallas, greater Houston, Austin/San Antonio, Amarillo, Central Texas, North East Texas, El Paso, Lubbock, Midland, Rio Grande Valley, Texarkana, Nacogdoches, Central East Texas, Abilene, Victoria, Corpus Christi, Orange, and Laredo, and Wichita Falls areas. The combined Coventry Workers' Comp Network Service Area now includes 231 counties throughout the state.

### What doctors are in the network?

- The *Coventry Workers' Comp Network* we use is comprised of doctors experienced in treating occupational injuries. Studies show that doctors skilled in treating occupational injuries help workers recover faster and with improved outcomes. Unless directed by their employers, injured workers tend to seek treatment from providers who may not be occupational health specialists.
- The network consists of primary care doctors, hospitals and specialists such as orthopedists, surgeons and neurosurgeons. There are also other specialties such physical therapy and chiropractic.

### What if our company is currently using a medical provider not in *Coventry Workers' Comp Network*?

- We strongly encourage you to use providers in the network because this will allow for greater medical control of claims. If non-network providers are used, then your company will not fully realize the benefits of this program.
- After *Coventry Workers' Comp Network* is launched, we will work with Coventry on an ongoing basis to refine the network process and help employers take advantage of these exciting changes in the system.

### What if an employer does not direct employees to a network doctor?

- If you do not direct care to only those providers in the network, then you may forfeit your eligibility for a premium discount.

- If you don't send your injured employees to doctors within the medical provider network then you risk losing medical control of the claim. We recommend that you establish a relationship with a primary medical care provider in your area that is in the network.

**How do you know where to send an injured employee for medical treatment? Is there a directory of HCN providers? How does our company obtain one?**

- In your Implementation Packet, we will give you a directory listing Coventry Workers' Comp Network medical providers in your area.
- We are designing a web page that will have more information about the new network and a provider search website giving you the capability to locate network providers in any specialty and download additional provider directories.
- The Safeco Network Provider Search website will be located at:  
[www.safeco.com/hcn\\_tx](http://www.safeco.com/hcn_tx)

**What are the specific steps a policyholder must follow to implement the network?**

1. Return the "Network Acknowledgement" form to us, electing to participate in the network. You may be eligible for a premium discount by participating in the network.
2. **Provide every employee (current and new hires) with a copy of the Health Care Provider Network "Employee Information Materials."** This document will be included in your implementation packet and this notification process is extremely important. If not followed, you could lose the ability to direct medical care into the network.
3. Have each employee sign and return an "**Employee Acknowledgment of Workers' Compensation Network**" form. Retain this form. This form should be kept on file as proof that the employee received notification about the Health Care Provider Network. Please do not return this form to us. (A sample of this form is enclosed.)
4. The law also requires that you document the following information with regard to distribution of the Employee Information Materials:
  - Method of delivery
  - To whom the notice was delivered
  - Location of the delivery
  - Dates of delivery.
5. Clearly post information on the network process in a location accessible to all employees (Sample notice provided in your implementation packet)
6. **Whenever an employee is injured on the job, you MUST direct the injured employee to a network provider (unless emergency care is required).** We will provide you with information on medical providers in our Implementation Package.

**Are there any tips on distributing the Employee Information Materials?**

- You may wish to use one of the following methods for distributing the notices to your employees:
  - Send hard copy notices to all employees
  - Email the notice to employees and ask them to complete and return the acknowledgment form.
  - Distribute notices to employees electronically and obtain an electronic signature (if you do this, fully document how this is done and keep on file)
  - Provide the notice to new employees as part of your "new hire" process.

**Do you have any suggestions for tracking this notice process?**

- We have enclosed a "tracking form" in your implementation packet. This form is also available as an Excel spreadsheet on our website. You may download the form and use it on your PC.

**If I have further questions about these changes, where do I go for further information?**

- You can visit our website at: [www.safeco.com/hcn\\_tx](http://www.safeco.com/hcn_tx) for more information and to download the forms that you might need.
- You may also contact Safeco at 800-332-3226. Questions about the Coventry Workers' Comp Network Health Care Provider Network can be directed to Coventry at 800-873-0055.

# ***COVENTRY WORKERS' COMP NETWORK*** **EMPLOYER INFORMATION FORM**

## **Introduction to your Workers Compensation Health Care Provider Network Program**

Safeco has chosen Coventry Workers' Comp Network, a workers compensation health care network certified by the State of Texas, to offer a workers' compensation health care provider network program. The necessary materials to implement the program are enclosed to help prepare you when an injury occurs.

(Serving our customers in Texas through the following companies: American Economy Insurance Company, American States Insurance Company, American States Insurance Company of Texas, First National Insurance Company of America)

## **Instructions for Employers**

The "Employee Information Materials" are a key piece of information that you will be responsible for providing to your employees when you elect the network option. These materials are enclosed with versions in both English and Spanish.

## **Posting Requirements**

The "notice of network" must be posted at each of your business locations. It is suggested that you post this at the same location where you have your OSHA information, workers' compensation coverage notice, minimum wage posting, etc.

## **Distribution of Materials**

You are required to distribute the "Employee Information Materials" to all current employees and to new hires within 3 days of hire. Your employees need to sign the "Acknowledgment form" that is included in the materials.

The following are suggested methods for distributing the materials:

- Send hard copies of the materials to all employees (interoffice or US Mail)
- Email the materials to all employees with the acknowledgment form attached. Ask your employees to complete and return the acknowledgment form.
- Distribute the materials electronically and obtain an electronic signature
- Distribute the materials and acknowledgment form to new employees as part of your "new hire" packet.

The employee materials and the acknowledgment form are must be provided in English, Spanish and any other language common to your employees. Copies of the materials and the acknowledgment form are also available on our website at: [safeco.com/hcn\\_tx](http://safeco.com/hcn_tx). You may also call us at (800) 332-3226.

## Documenting the Distribution of the Employee Materials

The process of distribution of the employee materials needs to be documented. The State of Texas requires the following aspects of the distribution be documented:

- Method of delivery of the materials and acknowledgment form
- To whom the materials were delivered
- The location of the delivery
- The date of the distribution

According to state regulations, failure to establish a documented process that includes the four elements above could create a presumption that your employees did not receive notice.

## Other Important Items

- In your implementation packet we provided an Excel template of a “tracking spreadsheet” that you can use in this process. You can download this file from our website at: [www.safeco.com/hcn\\_tx](http://www.safeco.com/hcn_tx). You may also use your own documentation method, as long as it meets the above requirements.
- The signed acknowledgment forms should be retained in the employee’s personnel file. If an employee refuses to sign the form, you should document this refusal in their file. Please do not return these acknowledgment forms to Safeco. In the event of an injury, we will request a copy of the form at that time.
- Review your provider panel postings to ensure that the suggested medical providers are within the geographical service area of the worksite. You may call Coventry at 1-800-243-2336 for additional doctors.
- Additional information about Workers’ Compensation and networks can be found on the Texas Department of Insurance website: <http://www.tdi.state.tx.us/wc/index.html>

## What to do in the Event of an Injury

- When an injury occurs, report it immediately to Safeco by calling (800) 332-3226
- If necessary, provide or arrange transportation of the injured employee to the network provider, or if appropriate, to the nearest emergency facility.
- Remind the injured employee that their medical care must be obtained through the Coventry Workers’ Comp Network network (except for emergency care). You can down a list of providers from our website or call us for help in getting name of additional providers.
- Provide injured employee with a copy of the Coventry Workers’ Comp Network Employee Information Materials.

**Important Note: Failure to provide your employees with the employee materials about the network and to obtain a signed acknowledgment form may allow the injured employees to obtain care outside the network.**

# Tracking the Distribution of Employee Information Materials and Acknowledgement Forms

## Workers' Compensation HCN Tracking Sheet

(Also available as an Excel file on our website at: [www.safeco.com/hcn\\_tx](http://www.safeco.com/hcn_tx))

### About the template

At Safeco, we realize that you rely on us and your agent to be the insurance experts. You and your employees can benefit from the Coventry Workers' Comp Network health care network but only if you meet the requirements for distributing information about these networks to your employees. We understand tracking the flow of information will require work. To the extent that we can make this easier, we have designed this template for you to track your distribution of Health Care Provider Network materials.

Each packet of employee information materials has an acknowledgment form that you need to have the employee sign and return to you.

### Please Keep all Acknowledgement forms on file

Do not return these forms to Safeco. We will contact you for a copy of the form in the event that the employee has a claim.

### Suggested ways to use this template:

You may choose to use this log in its electronic format by storing it on the computer. This works well if your work environment is conducive to tracking on the computer and would be especially helpful if you have a large group of employees.

You may print as many pages as you need and make a booklet or store this in your human resources folder or binder. This may work well if you have small number of employees.

### Customizable template:

We designed our template with key elements you will need to collect in order to track status of each employee. The template is versatile and easy to change to accommodate your needs.

#### Data Fields

Last Name

First Name

SSN (1<sup>st</sup> 5 Digits)

Department

Phone Email

Delivery Method

Delivery Date

Date Received (Date you receive the complete form back)

Refused to Sign (Mark to denote refusal of employee to complete form)



## Employee Acknowledgment of Workers' Compensation Network

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

If I am hurt on the job and live in the 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.
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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

I live at:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Name of Employer: \_\_\_\_\_

Name of Network: *Coventry Workers' Comp Network*

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

Please indicate whether this is the:

Initial Employee Notification

Time of Injury Notification (Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_)

Electronic distribution (to employees) and receipt confirmation (from employees) is permitted for this document.

**DO NOT RETURN THIS FORM TO SAFECO UNLESS REQUESTED**

**Acuse de Recibo del Empleado de Información Relativa a la Red  
de Compensación al Trabajador**

He recibido información que me dice cómo obtener atención para la salud al amparo del seguro de compensación al trabajador.

Si yo sufro una lesión en el trabajo y vivo dentro del área de servicio descrita por esta información, entiendo que:

5. Debo elegir para el tratamiento, un médico de la lista de médicos de la red. O bien, le puedo pedir a mi médico de atención principal de la HMO que dé su acuerdo para desempeñarse como médico a cargo de mi tratamiento.
6. Debo ver al médico a cargo de mi tratamiento para toda la atención de la salud relacionada con mi lesión. Si necesito un especialista, el médico que me trata me recomendará a uno. Si necesito atención de emergencia, puedo ir a cualquier lugar.
7. La compañía aseguradora pagará al médico que me trata y a otros prestadores de la red.
8. Yo podría tener que pagar la factura si obtengo atención para la salud por parte de otro que no sea un médico de la red **sin** la aprobación de la misma.

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre en Letras de Imprenta

Yo vivo en:

\_\_\_\_\_  
Domicilio

\_\_\_\_\_  
Ciudad

\_\_\_\_\_  
Estado

\_\_\_\_\_  
Código Postal

Nombre del Empleador: \_\_\_\_\_

Nombre de la Red: *Coventry Workers' Comp Network*

**Las áreas de servicio de la red están sujetas a cambio.**

Por favor indique si esta es la:

Notificación Inicial del Empleado

Notificación del Momento de la Lesión (Fecha del Accidente: \_\_\_\_/\_\_\_\_/\_\_\_\_)

Están permitidas, la Distribución Electrónica (a los empleados) y la recepción de la confirmación (de los empleados) para este documento. Los empleadores deben mantener este formulario archivado en el archivo personal del empleado.

**NO DEVUELVA ESTE FORMULARIO A SAFECO A MENOS QUE LE SEA  
SOLICITADO**



## Provider Instruction Form

Provide this form to the injured worker and send them to a Coventry Workers' Comp Network medical provider for treatment.

Dear Medical Provider,

I am visiting your office for my injury treatment because my employer is contracted with the Coventry Workers' Comp Network through our insurance carrier. This workers' compensation network has been certified in accordance with the requirements of the Texas Department of Insurance. You are part of this network through your contract with either FOCUS Healthcare Management or First Health, which are owned by Coventry, or Beech Street, formerly an affiliate of FOCUS.

Please use the information below as necessary for treatment coordination, referrals, and communications:

### Responsible payor:

Safeco Insurance Companies\*  
P.O. Box 515097  
Los Angeles, CA 90051-5097  
(800) 332-3226  
(888) 268-8840

*\*Serving our customers in Texas through the following companies:*  
*American Economy Insurance Company*  
*American States Insurance Company*  
*American States Insurance Company of Texas*  
*First National Insurance Company of America*

### To obtain a listing of procedures that require preauthorization:

Visit <http://epn.Coventrynetworks.com> OR call **1-800-873-0055**

### To request preauthorization:

Call **1-800-691-1115** or fax referral and medical information to **1-800-863-8860**

### To obtain a listing of network specialists for referrals:

Visit <http://epn.Coventrynetworks.com> OR call **1-800-873-0055**

This information is for identification purposes only. Payor liability for treatment and payment is governed solely by the provisions of the Texas Workers' Compensation Act.

Please also refer to your Coventry Health Care Network Provider Manual and your contract with FOCUS or Beech Street for other applicable provisions.

### For Employer Use:

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Please call us with our employee's medical/disability status after the initial visit.  
Thank you.



# NETWORK NOTICE

## Coventry Workers' Comp Network

### To All Employees:

Your employer has chosen Coventry Workers' Comp Network to provide health care if you are injured at work. Coventry Workers' Comp Network is a certified workers' compensation health care network. This network includes medical providers that have been chosen to treat your work related injuries. They are easy to access and dedicated to giving you quality care. The following information will help you if you are injured at work.

- **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.**

The following applies if you are hurt at work and it is not an emergency.

- Tell your employer as soon as you can.
- Choose a treating doctor from the Coventry network service area where you live.
- If you are a member of a health maintenance organization (HMO) at the time you are injured, you have the right to choose your HMO primary care doctor as your treating doctor. To do this, you must have chosen the doctor as your primary care doctor before your work related injury occurred. Coventry will approve this choice if your HMO doctor agrees to abide by the terms of the network contract and comply with required laws.
- You must obtain all treatment and referrals for your injury from your treating doctor.
- Your treating doctor will be paid by your workers' compensation insurer and will not bill you for treatment.
- If you receive treatment for your injury from providers who are not in the Coventry network, you may have to pay for that care.
- Information about the Coventry network is available by calling toll free 800/873-0055 or by writing to Coventry Workers' Comp Network, 720 Cool Springs Boulevard, Suite 300, Franklin, TN 37067. A list of Coventry doctors is posted at the work site and is also available from your employer.
- You may be required to get certain treatments approved in advance. Treatment that requires this is listed in your network information materials. You may also request the list from your employer.
- If the doctor leaves the network and you have a life threatening condition or an acute condition you may continue to treat with a network doctor for 90 days. This must be requested by the doctor.

# **AVISO DE RED**

## **Coventry Workers' Comp Network**

A todos los empleados:

Su patrono ha elegido a Coventry Workers' Comp Network para proporcionar la atención médica si se lesiona en el trabajo. Coventry Workers' Comp Network es una red autorizada de atención médica de compensación para trabajadores. Esta red incluye proveedores médicos que han sido elegidos para tratar sus lesiones relacionadas con el trabajo. Ellos son de fácil acceso y dedicados a proporcionarle atención de calidad. La siguiente información le ayudará si sufre una lesión en el trabajo.

- Si se lastima en el trabajo y es una emergencia que pone en riesgo su vida, usted debe ir a la sala de emergencia más cercana. Si usted se lesiona en el trabajo después del horario normal de trabajo o mientras trabaja fuera de su área de servicio, debe dirigirse a la instalación de atención más cercana.

Lo siguiente aplica si usted se lastima en el trabajo y no es una emergencia.

- Dígaselo a su patrono tan pronto como pueda.
- Elija un médico tratante del área de servicio de la red Coventry donde usted vive.
- Si usted es miembro de una organización de mantenimiento de salud (HMO) en el momento que sufre la lesión, tiene derecho a elegir a su médico de atención primaria de HMO como su médico tratante. Para hacer esto, debe haber elegido el médico como su médico de atención primaria antes de que ocurriera su lesión relacionada con el trabajo. Coventry aprobará esta elección si su médico de HMO está de acuerdo en cumplir los términos del contrato de la red y las leyes requeridas.
- Debe obtener todo el tratamiento y remisiones para su lesión de su médico tratante.
- Su médico tratante recibirá pago de la compañía aseguradora de compensación para trabajadores no le cobrará por el tratamiento.
- Si usted recibe tratamiento para su lesión de proveedores que no están en la red Coventry, debe pagar por dicha atención.
- La información acerca de la red Coventry está disponible al llamar al número gratuito 800/873-0055 o al escribir a Coventry Workers' Comp Network, 720 Cool Springs Boulevard, Suite 300, Franklin, TN 37067. Una lista de médicos de Coventry se encuentra publicada en el sitio de trabajo y también está disponible con su patrono.
- Es posible que se le solicite obtener algunos tratamientos aprobados con anticipación. El tratamiento que requiere esto está enumerado en sus materiales de información de red. Usted también puede solicitar la lista de su patrono.
- Si el médico deja de trabajar con la red y usted tiene un problema médico que pone en riesgo su salud o un problema agudo, puede continuar su tratamiento con un médico de la red durante 90 días. El médico debe solicitar esto.

## **Employee Information Materials**

The employee information materials for the Coventry Workers' Comp Network Health Care Provider network are enclosed in your implementation packet.

There are 2 versions of the materials available: English and Spanish.

These materials should be distributed to all current employees and be made part of your "new hire" process and given to all future employees.

The materials are also available for download from the Safeco website at: **[www.safeco.com/hcn\\_tx](http://www.safeco.com/hcn_tx)**