



***Coventry Workers' Comp Network
(Texas Health Care
Provider Network)***

Employee Information Materials

Important Contact Information:

To contact Safeco, please visit: www.safeco.com/hcn_tx
or call (800) 332-3226

To All Employees:

Your employer is committed to your health and safety at the workplace. Our first concern is to keep injuries from happening. If you are injured, we want to help you get better and return to work as soon as it is medically safe.

Your employers' workers' compensation insurance company is Safeco Insurance.* We will be working with you, your employer and the *Coventry Workers' Comp Network* health care network to coordinate medical care for all work related injury claims.

Your employer has chosen *Coventry Workers' Comp Network* as its workers' compensation health care network. It is a network built around occupational health care providers.

We will provide services through our network of medical providers and facilities. Coventry is a nationally recognized company that specializes in treating injured workers and helping them return to work.

The network includes occupational health clinics and doctors who will provide you with medical treatment. Your doctor will also manage your return to work with your employer.

Under the program, you will receive:

- a primary treating doctor;
- other occupational health services and specialists;
- emergency health care services; and
- medical care if you are working or traveling outside of the geographic services area.

The Coventry network has been built to provide you with timely and quality medical care. It is easy to access. It is here to provide you with quality medical care and assist you in returning to health and a productive life.

The enclosed materials will give you information to help you through your work related injury or illness.

Thank you,

Safeco Claims Department*
(800) 332-3226
www.safeco.com/hcn_tx

* 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

Coventry Workers' Comp Network

Information, Instructions and your Rights and Obligations

Dear Employee:

Your employer has chosen *Coventry Workers' Comp Network* to manage the health care and treatment you may receive if you are injured. *Coventry Workers' Comp Network* is a certified workers compensation health care network. The State of Texas has approved this network to provide care for work related injuries. This program includes a network of health care providers who are trained in treating work related injuries. They are also trained in getting people back to work safely. The Coventry Workers' Comp Network service area includes the 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. These areas are shown on the enclosed map.

If you are injured at work, tell your supervisor or employer as soon as you can. The enclosed information will help you to seek care for your injury. Also, your employer will help with any questions about how to get treatment through *Coventry Workers' Comp Network*. You may also contact Safeco (your employer's workers' compensation insurer) for any questions about your care and treatment for a work related injury. Your employer, Safeco and *Coventry Workers' Comp Network* have formed a team to provide timely health care for injured workers. The goal is to return you to work as soon as it is safe to do so.

Your Rights and Obligations...

Choosing a Treating Doctor

If you are hurt at work and you live in the network service area, you must choose a treating doctor from the *Coventry Workers' Comp Network*. This is required for you to receive coverage of the costs for the care of your work related injury. If at the time you are injured you belong to a health maintenance organization (HMO), you may choose your HMO primary care physician as your treating doctor. You must have chosen the doctor as your primary care doctor prior to your injury. We will approve the choice of your HMO doctor if he or she agrees to the terms of the network contract. The doctor must also agree to abide by applicable laws. You will need to call Safeco at (800) 332-3226 if you wish to choose your HMO primary care physician to treat you for a work related injury.

If you were injured before your insurer contracted with the network and you live in the service area, you must choose a network treating doctor. You may also request a doctor you chose as your HMO primary care doctor before you were hurt. You must do this upon receipt of this notice.

If your treating doctor leaves the network we will tell you in writing. You will have the right to choose another treating doctor from the list of network doctors. If your doctor leaves the network and you have a life threatening or acute condition for which a disruption of care would be harmful to you, your doctor may request that you treat with him or her for an extra 90 days.

If you believe you live outside of the service area, you may request a service area review by calling Safeco. You should provide proof to support your belief. Within 7 days of receiving your request for review, we will tell you our decision. If you do not agree with our final decision you have the right to file a complaint with the Texas Department of Insurance. Your complaint must include your name, address, telephone number, a copy of the insurer's decision and any proof you sent to Safeco for review. A complaint form is available on the department's web site at www.tdi.state.tx.us. You may also ask for a form by writing to the HMO Division, Mail Code 103-6A, Texas Department of Insurance, P. O. Box 149104, Austin, Texas 78714-9104.

When waiting for Safeco to make a decision or the Texas Department of Insurance to review your complaint, you may choose to receive all health care from the network. You may be required to pay for health care services received out of the network if it is finally decided that you do live in the network's service area.

A provider listing is available at your worksite and through our website, http://www.safeco.com/hcn_tx. It is updated every three months and it identifies providers who are taking new patients.

Changing Doctors

It may happen that you become dissatisfied with your first choice of a treating doctor. You can select an alternate treating doctor from the list of network treating doctors in the service area where you live. We will not deny a choice of an alternate treating doctor. Before you can change treating doctors a second time, you must get permission from *Coventry Workers' Comp Network*.

Referrals

You do not have to get a referral if you have an emergency health condition. Health care services that you request will be made available on a timely basis as required by your medical condition. This includes referrals. Referrals will be made no more than 21 days after you make a request.

Payment for Health Care

Network doctors have agreed to look to Safeco for payment for your health care. They will not look to you for payment. If you obtain health care from a doctor who is not in the network without prior approval from *Coventry Workers' Comp Network*, you may have to pay for the cost of that care. You may only access non-network health care providers and still be eligible for coverage of your medical costs if one of the following situations occurs.

- Emergency care is needed. You should go to the nearest hospital or emergency care facility.
- You do not live within the service area of the network.
- Your treating doctor refers you to an out of network provider or facility. This referral must be approved by *Coventry Workers' Comp Network*.
- You have chosen your HMO primary care doctor. Your doctor must agree to abide by the network contract and applicable laws.

Complaints

You have the right to file a complaint with *Coventry Workers' Comp Network*. You may do this if you are dissatisfied with any aspect of network operations. This includes a complaint about your network doctor. It may also be a general complaint about the *Coventry Workers' Comp Network*. Please read the enclosed *Coventry Workers' Comp Network* Complaint form, or call the *Coventry Workers' Comp Network* Complaint Line at (800) 873-0055, extension 4250, to have your questions answered.

**Coventry Workers' Comp Network
720 Cool Springs Boulevard
Suite 300
Franklin, TN 37067
(800) 873-0055
Grievance Coordinator ext 4250**

Texas law does not permit *Coventry Workers' Comp Network* or Safeco to retaliate against you if you file a complaint against the network. We also can not retaliate if you appeal the decision of the network. The law also does not permit us to retaliate against your treating doctor if he or she files a complaint against the network or appeals the decision of the network on your behalf. You also have the right file a complaint with the Texas Department of Insurance. The Texas Department of Insurance complaint form is available on the department's web site at www.tdi.state.tx.us or you may request a form by writing to the HMO Division, Mail Code 103-6A, Texas Department of Insurance, P. O. Box 149104, Austin, Texas 78714-9104.

What to do if you are injured while on the job...

If you are injured while on the job tell your employer as soon as possible. A list of network doctors in your service area is posted at your worksite. A complete list of doctors is also available online at www.safeco.com/hcn_tx. Or, you may contact us directly at the following address and/or toll-free telephone number:

**Coventry Workers' Comp Network
720 Cool Springs Boulevard
Suite 300
Franklin, TN 37067
(800) 873-0055**

We will help you get an appointment with a network doctor.

In case of an emergency...

If you are injured and it is an emergency, you should seek treatment at the nearest emergency facility as soon as possible. This also applies if you are injured outside the service area. It also applies if you are injured after normal business hours.

After you receive emergency care, you may need ongoing care. You will need to select a network doctor from the list that your employer has given you. The doctor you choose will oversee the care you receive for your work related injury. Except for emergency care you must obtain all health care and specialist referrals through your treating doctor.

Emergency care does not need to be approved in advance. “Medical emergency” is defined in Texas laws. It is a medical condition that comes up suddenly. There are acute symptoms that are severe enough that a reasonable person would believe that you need immediate care or you would be harmed. That harm would include your health or bodily functions being in danger or a loss of function of any body organ or part.

Non-emergency care...

Report your injury to your employer as soon as you can. Select a network treating doctor from the list given to you by your employer. Go to that doctor to be treated.

Treatment prescribed by your doctor may need to be approved in advance. You or your doctor are required to request approval from Safeco or the network for a specific treatment or services before the treatment or service is provided. You may continue to need treatment after the approved treatment is provided. For example, you may need to stay more days in the hospital than what was first approved. If so, the added treatment must be approved in advance.

The following treatment requests must be approved in advance:

- All surgeries
- Spine surgery for more than one level
- Artificial disc surgery
- Inpatient hospitalization
- Intradiscal Electrothermal Annuloplasty (IDET)
- Physical therapy treatments greater than 8 visits
- Sacral Iliac joint injection
- Home health nursing
- Occupational therapy treatments greater than 8 visits
- Aquatic therapy
- Chiropractic treatments greater than 8 visits
- Work hardening/work conditioning greater than 2 weeks
- Acupuncture

- Diagnostic procedures other than x-rays, i.e., magnetic resonance imaging (MRI), computerized axial tomography (CT scan)
- Bone density scans
- Electromyography (EMG) and nerve conduction velocity (NCV) testing
- Repeat diagnostics and MRI's (MRI/Scan of the spine within the first 4 weeks or repeat of all MRI for all body parts)
- Epidural steroid injections
- Facet injections
- Trigger point injections
- Joint steroid injections
- Botox injections
- Massage therapy
- Dental work over \$1000
- Gym memberships
- Durable medical equipment greater than \$500
- Interferential units
- External and implantable bone growth stimulators
- Psychological testing
- Psychotherapy, with social worker, psychologist or psychiatrist
- Biofeedback and pain management, initial evaluation and "full" chronic pain management programs (initial referral will not go for preauthorization)
- Home health care/aides physical therapy/aides
- Skilled nursing visits
- Investigational or experimental procedures/medications/devices
- Weight loss programs
- Chemonucleolysis
- Myelograms
- Rehab services
- Discograms
- Vax-D
- Nursing home, skilled nursing facility, convalescent or residential care admissions
- Orthotic devices
- TENS units
- Requests for long-term medications, especially narcotics
- Prolotherapy
- Morphine pain pump
- Manipulations under anesthesia
- Radiofrequency Thermocoagulation (RFTC) of facets joints
- RFTC or cryotherapy/cryoablation of any nerve or joint
- Neuromuscular stimulator devices
- Out-of-network services

To request one of these treatments call your Safeco claims examiner at: (800) 332-3226.

If a treatment or service request is denied, we will tell you in writing. This written notice will have information about your right to request a reconsideration or appeal of the denied treatment. It will also tell you about your right to request review by an Independent Review Organization through the Texas Department of Insurance.

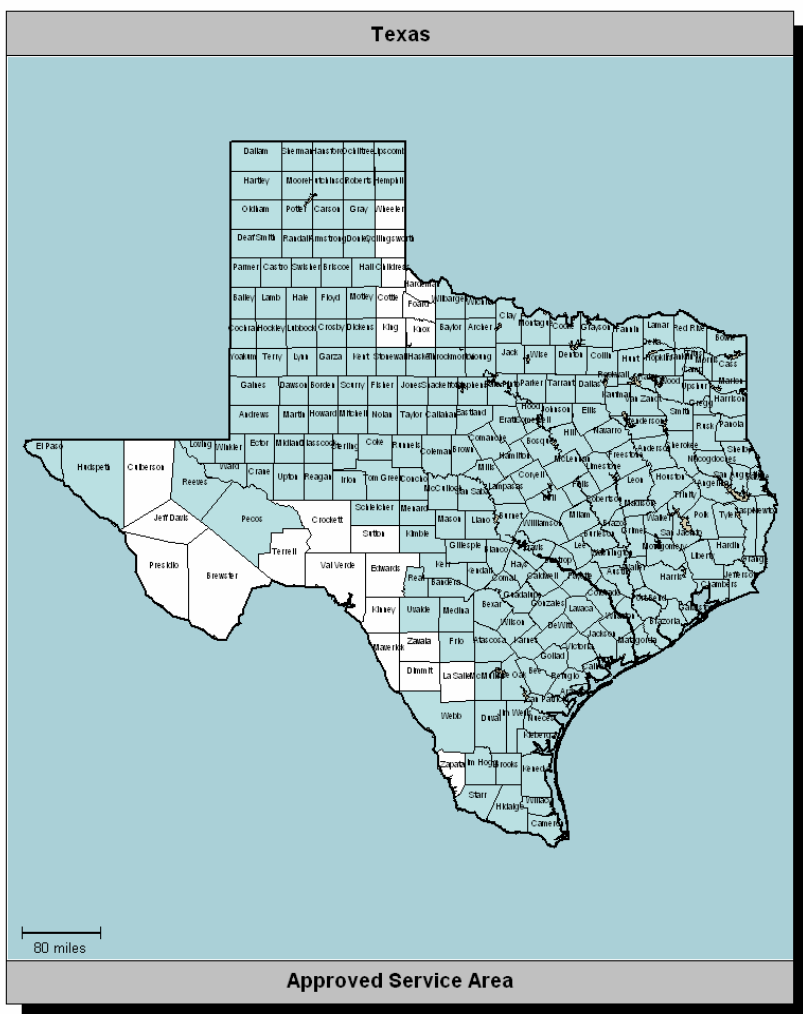
Coventry Workers' Comp Network - Certified in the following 231 Texas counties:

Anderson	Collin	Gillespie	Johnson	Montague
Andrews	Coke	Glasscock	Irion	Montgomery
Angelina	Coleman	Goliad	Karnes	Moore
Aransas	Colorado	Gonzales	Kaufman	Morris
Armstrong	Comal	Gray	Kendall	Nacogdoches
Archer	Comanche	Grayson	Kenedy	Navarro
Atascosa	Concho	Grimes	Kent	Newton
Austin	Cooke	Gregg	Kerr	Nolan
Bailey	Coryell	Guadalupe	Kleberg	Nueces
Bandera	Crane	Hale	Kimble	Ochiltree
Bastrop	Crosby	Hall	Lamb	Oldham
Baylor	Dallas	Hamilton	Lamar	Orange
Bee	Dallam	Hansford	Lampasas	Palo Pinto
Bell	Dawson	Hardin	Lavaca	Panola
Bexar	Deaf Smith	Harris	Lee	Parker
Blanco	Delta	Harrison	Leon	Parmer
Borden	Denton	Hartley	Liberty	Pecos
Bosque	Dewitt	Haskell	Limestone	Polk
Bowie	Dickens	Hays	Lipscomb	Potter
Brazoria	Donley	Hemphill	Live Oak	Rains
Brazos	Duval	Henderson	Llano	Randall
Briscoe	Eastland	Hidalgo	Loving	Real
Brooks	Ector	Hill	Lubbock	Refugio
Brown	Ellis	Hockley	Lynn	Reagan
Burleson	El Paso	Hood	Madison	Red River
Burnet	Erath	Hopkins	Marion	Reeves
Caldwell	Falls	Howard	Martin	Roberts
Callahan	Fannin	Houston	Mason	Robertson
Calhoun	Fayette	Hudspeth	McCulloch	Rockwall
Cameron	Fisher	Hunt	McLennan	Runnels
Camp	Floyd	Hutchinson	McMullen	Rusk
Carson	Franklin	Jack	Medina	Sabine
Cass	Fort Bend	Jackson	Menard	San Augustine
Castro	Freestone	Jasper	Midland	San Jacinto
Chambers	Frio	Jefferson	Milam	San Patricio
Cherokee	Gaines	Jim Hogg	Mills	San Saba
Clay	Galveston	Jim Wells	Mitchell	Schleicher
Cochran	Garza	Jones	Motley	Scurry

Shackelford	Somervell	Tom Green	Walker	Willacy
Shelby	Swisher	Trinity	Waller	Williamson
Sherman	Tarrant	Tyler	Ward	Wilson
Smith	Taylor	Upshur	Washington	Winkler
Starr	Terry	Upton	Webb	Wise
Stephens	Throckmorton	Uvalde	Wharton	Wood
Sterling	Travis	Van Zandt	Wichita	Yoakum
Stonewall	Titus	Victoria	Wilbarger	Young

Coventry Workers' Comp Network Service Area Map (As of 2/19/2008)
 Network service areas are subject to change

Coventry Workers' Comp Network



Coventry Workers' Comp Network Network TEXAS - FORMAL COMPLAINT FORM

Date FOCUS Texas Network Received: _____

INITIATOR OF COMPLAINT		
Name:		
Address:		
City:	State:	Zip:
Telephone #: ()		

The initiator of the complaint is: Provider Carrier Employer Employee

Employee Name:	Employer Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Telephone #: ()	Telephone #: ()
SSN:	

Group Name:	Insurer:
Provider Name:	Contact:
Address:	Address:
City: State: Zip:	City: State: Zip:
Telephone #: ()	Telephone #: ()

Please describe your complaint in detail below. Include dates, names, and the specific resolutions, which you feel might remedy the situation. You have up to 90 days from the date of the dissatisfaction to file a formal complaint. **PLEASE ATTACH COPIES OF APPLICABLE MEDICAL RECORDS TO THIS FORM.**

This issue involves: Service _____ Medical Care _____ Other _____

Date of Injury: _____ Date of Dissatisfaction: _____

Please describe:

If additional space for comment is required, please use additional sheets.

Signature

Date

Mail this form to the address noted below or fax to: (615)-224-9129.

**FOCUS Texas Network
Attention: Grievance Coordinator
720 Cool Springs Boulevard, Suite 300
Franklin, TN 37067**

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. Employers should keep this form on file in employee's personnel file.

DO NOT RETURN THIS FORM TO SAFECO UNLESS REQUESTED