

The Hartford's Texas Workers' Compensation Health Care Network

Employee Enrollment Package

Includes:

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- 3. Attachment B - Description of Service Area**
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Notice of Network Requirements

Employee Information; Responsibilities

Date:

Dear Texas Employee:

Your employer, _____ has decided to use The Hartford's Texas Workers' Compensation Health Care Network (FH). This is a certified workers' compensation network for providing healthcare service that you can use. We call it a "healthcare network" because it includes different kinds of healthcare services. This network will be offered through your employer starting on _____. This network has been certified by the Health and Workers' Compensation Networks & Quality Assurance Division. If you live in the area that is serviced by the network (called a Geographic Service Area, or simply "Service Area"), and if you are injured at work, you must get medical treatment through this network. Your employer must tell you about what you need to do so that you will be able to use the network if you are injured. Not all of the doctors in your area are part of this network. Your employer must also give you a list of the names of the doctors that you can use in your area. (See Attachment A-Healthcare Provider Listing.) This list of network treating doctors includes:

- > The names and addresses of the doctors and whether they are treating doctors (the kind of doctor that you contact yourself) or specialists (doctors that the treating doctor recommends); network doctors are listed by the kind of service they provide; treating doctors are listed separately from specialists;
- > The names of the doctors who are able to determine whether your work related medical condition has reached maximum medical improvement and provide impairment ratings associated with your work related injury; and
- > Information about doctors who are accepting new patients.

This list of network providers will be updated at least four times each year. If you would like a printed copy, please contact us at 1-800-327-3636, Option 4 and we will be happy to mail one to you. If you have Internet access, the electronic directory is updated more frequently.

Visit www.talispoint.com/htfd/external

Limitations of Accessibility and Referrals to Specialists:

The network listing may not apply in the following circumstances:

1. Your employer has not given you the information you are supposed to have about your responsibilities under the certified workers' compensation healthcare network;
2. You require emergency care and need to go to the closest emergency center;
3. You have chosen, (prior to your work related injury) to treat with your HMO primary care physician. This HMO provider must agree to treat you for a Workers' Compensation injury.
4. You are temporarily or permanently not living in a network service area;
 - A) You are temporarily working outside the network service area; or



- B) Your network treating doctor is referring you outside of the network for medical care that may not be available within the network.

In all other circumstances, your network treating doctor will direct your treatment plan, including all specialist referrals.

What is a Service Area?

In non-rural areas, a treating doctor or hospital has to be located within a 30-mile radius of where you live to be in the Service Area. In rural (the countryside) areas, this will be within a 60-mile radius. A treating doctor is the doctor who is mostly responsible for your healthcare. This doctor will treat you when you have a compensable, work-related injury. This doctor will refer you to a specialist if you need one. Specialists or specialty hospitals must be located in a 75-mile radius in city or country areas. If you believe that you do not live in the network's Service Area, write to the insurance carrier, in c/o The Hartford, at the following address: P.O. Box 14474, Lexington, KY 40512. Include all information, medical reports and any other evidence that you have to support your request.

Your request will be reviewed. You will receive a written answer to your question within seven calendar days after your request was received by the insurance carrier. This answer will include a brief description of the evidence that was used in making the decision; a copy of the decision; and information on how to file a complaint with the Texas Department of Insurance if you do not agree with the decision that was made. Until this determination is made, you may want to use healthcare services from a healthcare provider who is in the network. Except for emergency treatment, if you receive care from a doctor or provider outside the network during this review, you may have to pay for those services yourself. For example, this could happen if you do live in the Service Area.

The healthcare providers in the Service Area where you live will only seek payment from the network or insurance carrier, and not the employee, when they treat a compensable injury. (However, you may be responsible for payment for healthcare received from non-network providers without network approval in a non-emergency situation.) The insurance carrier is responsible for in-network healthcare for a compensable injury that is provided to an injured worker. The insurance carrier is also responsible for out-of-network care as follows:

- A) Your employer has not notified you of your responsibilities under the certified workers' compensation healthcare network;
- B) You need emergency care and have to go to the closest emergency center;
- C) You have chosen, (prior to your work related injury) to treat with your HMO primary care physician. This HMO provider must agree to treat you for a Workers' Compensation injury.
- D) You are temporarily or permanently not living in a network service area;
- E) You are temporarily working outside the network service area; or
- F) Your network treating doctor is referring you outside of the network for medical care that may not be available within the network.

If a treating doctor wants to send you to an out-of-network provider for medically necessary healthcare services that are not available from network providers, the network will approve or deny a referral to that specialist within the time appropriate under the circumstances but, under any circumstances, not later than seven days after the referral was requested.



How can I get more information about this certified network? How can I find out if I live within the Service Area?

A description and map of The Hartford's Workers' Compensation Health Care Network (First Health) Geographic Service Area can be found in Attachment B-Description of Service Area. (The service area covers the entire state.)

There are several other ways you can find network providers. You may:

- > Visit www.talispoint.com/htfd/external
- > Call the Network Referral Unit at 800-327-3636, Prompt 4
- > Call your nurse case manager
- > Write to –The Hartford Workers' Compensation Health Care Network (First Health), P.O. Box 14474, Lexington, KY 40512

What do I do if I have a work-related injury or illness?

In an emergency, go to the nearest emergency center. Then notify your employer as soon as possible. If it is after-hours and not an emergency, contact your treating doctor who will provide directions on where to obtain needed care.

An emergency could be a medical emergency. It could also be a mental health emergency.

- ▶ A medical emergency is when symptoms, including pain, are so severe that if a person does not get immediate medical attention it could;
 - (A) place the patient's health or bodily functions at serious risk; or
 - (B) cause a body organ or part not to work properly.
- ▶ A mental health emergency is when the person having the mental health condition might hurt himself or another person.

You will have to go to network providers for treatment once the emergency is over. If you choose to be treated by healthcare providers who are not in the network, you may have to pay for your own care. For non-emergency care, you can choose a provider from the network's list of healthcare providers. You may also choose to be treated by your personal doctor if: (1) your employer offers a group HMO health plan; (2) the doctor is your primary care doctor who has treated you in the past; and, (3) the doctor agrees to serve as your treating doctor for your work-related injury or illness.

If you are temporarily working outside your Service Area and need emergency care, go to the closest emergency care center. If it is not an emergency, tell your supervisor or call the carrier/claim administrator at 1-877-889-9222. They will help you find appropriate care until you are able to return to your Service Area. If you are already being treated for a work-related injury, remember to notify your treating doctor of any care that was required during this time. If you need to be admitted when you are not in your Service Area, ask the healthcare provider to notify your treating doctor and the network.

Once you select a treating doctor, you must get all healthcare and specialist referrals through that doctor. Within the service area, the network includes:

- an adequate number of treating doctors and specialists who must be available and accessible to employees 24 hours a day, seven days a week;



- sufficient numbers and types of providers to ensure choice, access and quality of care to injured workers;
- an adequate number of treating doctors and specialists who have admitting privileges at one or more network hospitals;
- hospital services available and accessible 24 hours a day, seven days a week;
- available and accessible physical and occupational therapy and chiropractic services;
- emergency care available and accessible 24 hours a day, seven days a week without restrictions as to where the services are rendered; and
- an adequate number of doctors qualified to provide maximum medical improvement and impairment rating services as required.

Except for emergencies, the network must arrange healthcare services for you. If you obtain care outside of the network without network approval, you may have to pay for that care. This includes being sent to specialists. The time frame must be appropriate to the individual injury. It must be no later than 21 days from the date of request. You may need to get approval for some healthcare treatments before the service is actually provided or performed. Some may require ongoing review. This will be handled by the network along with your treating doctor and your nurse case manager. The healthcare services that will require this review are listed below:

DIAGNOSTIC TESTING

- Repeat baseline diagnostic studies and laboratory testing;
- Initial spine MRIs prior to 4 weeks post injury;
- Repeat MRI within 1 year¹;
- Video fluoroscopy;
- Spine x-rays in the absence of traumatic injury;
- Discography/Discogram;

EQUIPMENT

- Durable Medical Equipment (DME) in excess of \$500 per item (either purchase or cumulative rental);
- All TENS treatment greater than 12 weeks;
- All electronic medical devices - bone growth stimulators, muscle stimulators, pumps, pain management devices or other hardware;
- Cryo-units/cooling devices exceeding \$500 (single item);

MEDICATIONS

- Prescription for a non-preferred ("N" status) drug, a compound containing an "N" status drug, or an investigational/experimental drug;

PROGRAMS for SUB-ACUTE CARE

- Nursing home, convalescent, residential, and all home health care services;
- Chemical/alcohol dependency, or weight loss clinics;
- Psychiatric evaluations and treatment that are not part of a Division exempted program;
- Speech/Cognitive therapy;
- Non-exempted work hardening/conditioning;

Chronic Pain Management / interdisciplinary pain rehabilitation programs;
Biofeedback that is not part of a Division exempted program;
Orthotics/prosthetics management;

SURGERY

All non-emergency inpatient admissions to hospital/facility during normal business hours;
All inpatient and outpatient surgical procedures (except abdominal wall hernia repairs);

TREATMENTS

Chiropractic treatment beyond the first two weeks immediately following (1) date of injury; or (2) date of surgery;
Physical Therapy and Occupational therapy beyond the first two weeks immediately following (1) date of injury; or (2) date of surgery;
All chemoneurolysis, facet or trigger point injections;
Iontophoresis for the treatment of plantar fasciitis and epicondylitis;
Viscosupplementation (viscoelastic injections of the knee) with hyaluronic acid-based products (e.g. Hyalgan, Orthovisc, Synvisc, Supartz);
Radiation or chemotherapy;
Dental Procedures;
Radiofrequency ablation for low back pain; percutaneous radiofrequency thermomodulation or nucleoplasty; Matrix Electroceutical Medicine;

OTHER

Any investigational or experimental service or device;
Any request for an out-of-network care referral, except for emergency treatment;
A request to change treatment to a specialist doctor not listed as a network treating provider.

What if I am already being treated for a work-related injury?

If you already have a claim when you receive this notice, please contact your claim handler. Your claim handler will be able to tell you if your current provider is a member of the certified network. Your claim handler will also be able to tell you if you can continue to see that provider. You have 14 days after you receive this information to select a treating doctor if (1) your doctor is not a member of the certified network or (2) your doctor is not listed as a treating doctor under the network. If you do not select a treating doctor, the network may assign you one.

Continuity of Treatment

If your treating doctor leaves the network, your nurse case manager will let you know about your options for continued treatment under Continuity of Treatment Plan (See Attachment C-Continuity of Treatment Plan). In some instances, the terminated doctor may be approved to continue to treat you for a defined period of time. Please contact your nurse case manager if you have any questions or need advice.

Network Complaint System

You or your representative may file a complaint with The Hartford Workers' Compensation Health Care Network (FH) if you are not happy with the care you receive from the network. (See Attachment D-Description of Network Complaint System)

Availability of the independent review process

(Carrier/Claim Administrator) and its certified network have procedures so that if you are not happy with decisions and would like an independent review, you may request one. (See Attachment E-Summary of Independent Review Process).

Attachment A - Healthcare Provider Listing

Attachment B - Description of Service Area

Attachment C - Continuity of Treatment Plan

Attachment D - Description of Network Complaint System

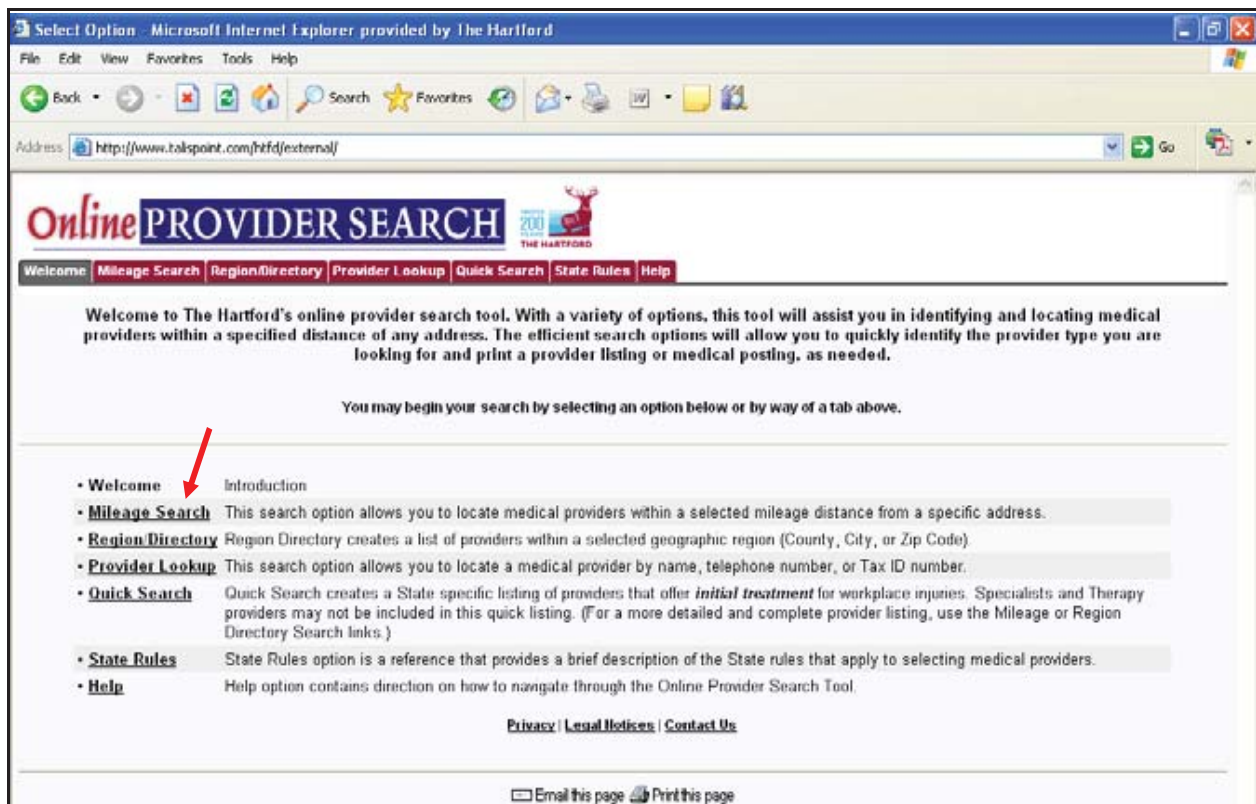
Attachment E - Summary of Independent Review Process



Attachment A**Health Care Provider Listing***Directions for Obtaining the Network Provider Listing*

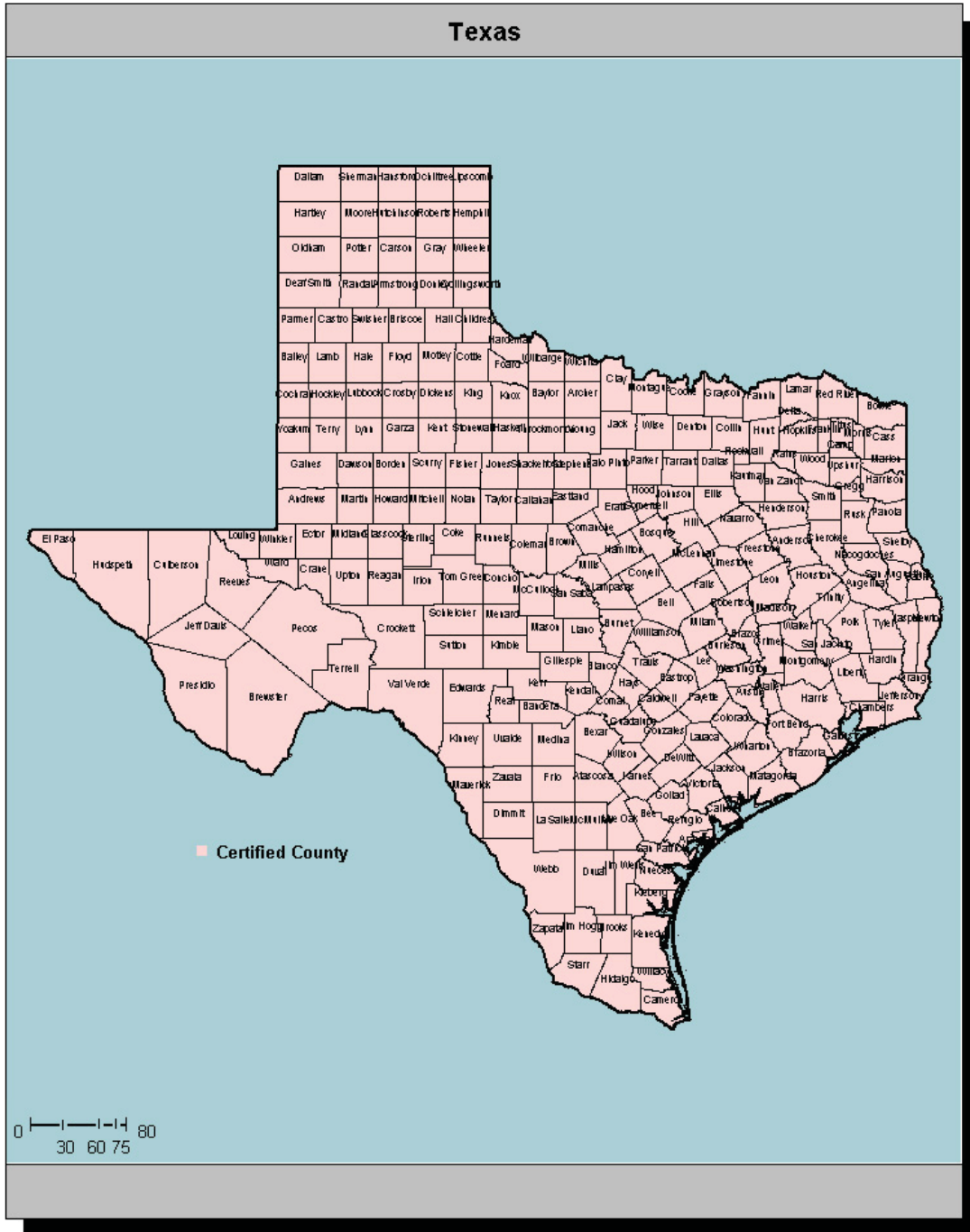
1. To find a network doctor, hospital or other medical provider close to where you live, go to the website: www.talispoint.com/htfd/external
2. Select the "Mileage Search" link.
3. Fill in the form with your information.
4. Hit "Continue".
5. Click on the type of provider you need and hit "Find Providers".

If you are unable to access the Internet, you may call The Hartford's Network Referral Unit at 1-800-327-3636. You may also ask your employer for a copy of the network provider list.



Attachment B

The Hartford's Texas Workers' Compensation Health Care Network Geographic Service Area Map



Attachment C**Continuity of Treatment Plan****Overview**

The Hartford has set up a compensation healthcare network. It is called The Hartford's Workers' Compensation Health Care Network – FH and is located in the State of Texas. An injured worker must receive medical treatment from a treating doctor. The treating doctor must work in the service area where the injured worker lives. The worker should receive treatment after he or she is told about the network requirements. If the injured worker lives in a non-rural area, he or she can choose a network treating doctor within a 30-mile radius. If the injured worker lives in a rural area, he or she can choose a network treating doctor within a 60-mile radius. The injured worker can also choose to be treated by his or her HMO primary care physician (PCP). The injured worker still has one more chance to choose another treating doctor. The injured worker does not need The Hartford's approval to make this decision. After that, The Hartford will have to approve any more changes in treating doctor.

There are only three reasons why the one alternate choice or additional request does not apply. They are: (1) when the treating doctor refers an injured worker to another doctor for evaluation, treatment, or a second opinion; (2) when the treating doctor dies, retires, or leaves the network; or (3) when the injured worker changes where he or she lives and this places the injured worker outside the service area.

A doctor may sometimes stop working in The Hartford's Workers' Compensation Health Care Network – FH. This could happen if the doctor asks not to renew his network contract. It could also happen if the network does not renew the doctor's contract. This could happen if the doctor has a discretionary or medical disciplinary problem or because of fraud or criminal activity. If this happens, the goal will be to make sure that the worker receives medical care so there is no delay in treatment.

The medical provider vendor, First Health, will tell The Hartford when a doctor stops working for the certified network. The Hartford will find out whether the doctor or First Health decided to terminate the contract. It will also find out the names of the injured workers who were seeing that doctor. The injured workers involved will be contacted and told about their options.

What if the Doctor does not renew his or her network contract?

Network doctors must have contracts with the network. These contracts must have a continuity of care clause. This means that the doctor and the network have to continue to provide needed medical care. It also means that the carrier have to pay for that care for up to 90 days when there is a life-threatening condition or when there is an acute condition and changing the treating doctor could be harmful to the injured worker. The doctor has to ask for approval to continue treating the injured worker. The doctor also has to provide medical documents supporting this. During this time, The Hartford will continue to pay the doctor for the medical services the injured worker receives. The doctor cannot bill or try to collect payment from the injured worker. The Hartford will have 90 days to work with the doctor and the injured worker to find an alternate network treating doctor.



If the doctor terminates his contract with the network, The Hartford will let the injured worker know. It will also help the worker find an alternate treating provider.

If there is no life-threatening or acute condition requiring continued care, the injured worker will have to choose an alternate provider from the network service areas. This choice is not an alternate or subsequent choice that requires network approval.

What if the Network does not renew the Doctor's contract?

If a doctor's contract is terminated by the network because of a medical disciplinary reason or for fraud or criminal activity, the injured worker will not be able to complete treatment with that doctor. The injured worker will need to find an alternate provider. The Hartford will let the injured worker know about this. It will also help the worker find an alternate provider.

What if the Injured Worker or terminated Doctor does not agree with the assessment of medical condition?

Any dispute concerning continuity of care will be settled using the complaint resolution process. See Attachment D.



Attachment D

Attachment D – Employee Notification Description of Network Complaint System

A complaint is when a person says or writes down that he is not happy about something. This person could be an injured worker, treating provider, employer, or customer. He could be unhappy about medical fees. He could also be unhappy about how the network works or about how a service is provided. It does not include the following: (1) when a person does not understand something and the problem is then cleared up; (2) when a person has the wrong information and is then given the right information; (3) when a person says he is unhappy about a specific preauthorization or medical review determination.

How to report and handle a complaint

Any injured employee, or his or her representative, may file a complaint. This complaint can be filed about any aspect of the network's operation or network doctors. The complaint must be filed with The Hartford Workers' Compensation Health Care Network-FH at the address or phone number below. It must be received no later than 90 days after the event or reason for the complaint took place.

Mail to: The Hartford Workers' Compensation Health Care Network-FH
Attn.: TX HCN Complaint Coordinator
P. O. Box 14474
Lexington, KY 40512

Call or e-mail to:

Margie Snyder
Team Leader
Margie.Snyder@thehartford.com
877)889-9222 x8773441 (toll free)

Your complaint will be acknowledged in writing within 7 calendar days from receipt. The acknowledgment will include the date your complaint was received. You will be given a description of our complaint procedure and deadlines. Your complaint will be investigated according to The Hartford Workers' Compensation Health Care Network-FH policies and procedures. You will be sent a resolution letter no later than 30 calendar days after the date the network received the complaint. This letter will include: (1) an explanation of how the complaint was resolved; (2) the specific reasons for the resolution; (3) the specialty of any healthcare provider that was consulted; and, (4) the process for you to follow if you are still unhappy with the resolution.

If you have tried to resolve a complaint through the network's complaint system and are still unhappy, you may submit a complaint to the Texas Department of Insurance. Please use the form obtained from:

Website: <http://www.tdi.texas.gov>

In writing to: The HMO Division
Mail Code 103-6A
Texas Department of Insurance
P.O. Box 149104
Austin, Texas 78714-9104

It is important for you to know that The Hartford Workers' Compensation Health Care Network-FH cannot retaliate against an employee for filing a complaint against the network or for appealing a decision. It also cannot retaliate against a provider or an employer who files a complaint or an appeal on behalf of an employee.



Attachment E**Attachment E - Employee Notification
Summary of Independent Review Process**

If your doctor decides you need a healthcare service requiring a review, he or she will request one. Your doctor will include the required clinical documents. The Hartford's Texas Workers' Compensation Health Care Network will review the request and all input from your doctor. The network will use medically acceptable guidelines and screening criteria in its review. Decisions will be made using currently accepted evidence-based medical practices. This will be done to make sure that you are given timely and appropriate care.

A decision will be made about your review. You or your representative, doctor or other healthcare provider will be told about this decision within 3 calendar days.

If the network does not approve the request, you or your doctor may request to have the decision reconsidered. The reconsideration will be reviewed by a qualified physician advisor who has not previously reviewed the case and is of the same or similar specialty as the provider who typically manages your care. You will be sent a letter regarding the decision as soon as possible. This will happen no later than 30 days after the request for reconsideration is received.

The reconsideration will not take more than one calendar day if it is about post-stabilization treatment after emergency care or if it is for a life-threatening condition. The decision will be based on the medical or clinical importance of the condition.

You or your doctor can also request an Independent Review Organization to review your immediately for a life-threatening condition, according to Texas regulations without a reconsideration.

You or your doctor can also request an Independent Review Organization to reconsider a decision. This can happen if you are not happy with the decision made in the reconsideration. This should be submitted within 45 days of receipt of the decision. To begin the process, you must submit an LHL009 form "Request for a Review by an Independent Review Organization" by calling 1-866-554-4926 and requesting the form be mailed to you or visit the Health and Workers' Compensation Network Certification and Quality Assurance division's (HWCN) website at <http://www.tdi.texas.gov/forms/lhlhmo/lhl009urairoreq%20Rev%2001-12.pdf>.

Upon receipt of the completed form, The Hartford will submit the IRO request form to the HWCN through an online form accessible on the TDI website. The Texas Department of Insurance will randomly assign an IRO and notify The Hartford of the assignment. If the dispute is regarding a life-threatening condition, an IRO decision will be made no later than eight days after the IRO receipt of the dispute. If the dispute is about preauthorization or a concurrent medical necessity issue, a decision will be made no later than the 20th day after the IRO receipt of the dispute. If the dispute is regarding a retrospective medical necessity determination, a decision will be made no later than the 30th day after the IRO receipt of the IRO fee, and receipt of the designated doctor's report, if applicable.

