

EMPLOYEE NOTICE OF NETWORK REQUIREMENTS

USA Worker's Injury Network, Inc. (USA WIN) is a certified Worker's Compensation Health Care Network focused on the improvement of clinical outcomes to Texas injured workers.

Contact Information:

For additional information about USA WIN's participating providers:

Office Hours: Monday through Friday 8:00a-4:30p CT
Phone: 512-306-0201
Toll Free: 800-872-0820
Fax: 512-328-6785

Customer Care Hours: Monday through Friday 8:00a-7:00p CT
Toll Free: 800-872-3860

Address: 4609 Bee Caves Road, Austin, TX 78746
Email Address: info@usamco.com
Website: www.usamco.com

NETWORK REQUIREMENTS

I. TREATING DOCTORS

All health care services and referrals must be provided by a USA WIN Treating Doctor if you live inside the service area (except for emergency services).

Selection of a Treating Doctor

The selection of a Treating Doctor is essential for coverage in the network. For each injury, you must select a Treating Doctor in the service area from a list of participating providers provided by USA WIN. If prior to the injury you had selected a HMO primary care physician, you may request that the provider be approved to treat you for your injury. Your primary care physician must agree to treat you as a workers' compensation patient and abide by the network requirements.

Non-Primary Care Treating Doctor

You may request that a network specialist serve as the Treating Doctor if you have a chronic, life-threatening injury, or a chronic pain related to a workers' compensation injury. In order for the specialist to become the Treating Doctor, there must be medical need certified by the 2 specialists, and the specialist must agree to accept the responsibility to coordinate your health care needs. If insurance carrier denies the request, you may appeal through the internal complaint resolution process.

II. CHANGING TREATING DOCTORS

Alternate Treating Doctor

If you are dissatisfied with your initial choice of a Treating Doctor, you are entitled to select an alternate Treating Doctor from the USA WIN list who provides services within the service area in which you live. You may only select an alternate doctor one time without prior authorization. If you are dissatisfied with the alternate Treating Doctor, you must obtain authorization from the insurance carrier to select any subsequent Treating Doctor. Denial of a request for any subsequent Treating Doctor is subject to the insurance carriers appeal process.

For purposes of this section, the following do not constitute the selection of an alternate or any subsequent Treating Doctor:

1. A referral made by the Treating Doctor, including a referral for a second or subsequent opinion;
2. The selection of a Treating Doctor because the original Treating Doctor dies, retires, or leaves the network; and

3. A change of Treating Doctor required because of a change of address by the employee to a location outside of the service area.

III. SERVICE AREAS

Service Area Description

Every certified Worker's Compensation network must have one or more service areas where doctors and other health care workers are available to treat you if you are hurt on the job. USA WIN is certified to provide services in the following geographic service areas:

Anderson	Dewitt	Johnson	Randall
Andrews	Dickens	Jones	Reagan
Angelina	Eastland	Karnes	Red River
Aransas	Ector	Kaufman	Refugio
Archer	El Paso	Kendall	Robertson
Armstrong	Ellis	Kenedy	Rockwall
Atascosa	Erath	Kerr	Runnels
Austin	Falls	Kimble	Rusk
Bailey	Fannin	Kleberg	Sabine
Bandera	Fayette	Lamar	San Augustine
Bastrop	Fisher	Lamb	San Jacinto
Bee	Floyd	Lampasas	San Patricio
Bexar	Foard	Lavaca	Schleicher
Blanco	Fort Bend	Lee	Scurry
Borden	Franklin	Leon	Shackelford
Bosque	Freestone	Liberty	Shelby
Bowie	Frio	Limestone	Smith
Brazos	Gaines	Loving	Somervell
Brooks	Garza	Lubbock	Starr
Brown	Gillespie	Lynn	Stephens
Burleson	Glasscock	Madison	Sterling
Burnet	Goliad	Marion	Stonewall
Caldwell	Gonzales	Martin	Sutton
Calhoun	Gray	Mason	Swisher
Callahan	Grayson	Matagorda	Tarrant
Cameron	Gregg	McCulloch	Terry
Camp	Grimes	McLennan	Throckmorton
Carson	Guadalupe	McMullen	Titus
Cass	Hale	Medina	Travis
Castro	Hamilton	Menard	Trinity
Chambers	Hardin	Midland	Tyler
Cherokee	Harris	Milam	Upshur
Clay	Harrison	Mills	Upton
Cochran	Haskell	Mitchell	Uvalde
Coke	Hays	Montague	Van Zandt
Coleman	Henderson	Montgomery	Victoria
Collin	Hidalgo	Moore	Walker
Colorado	Hill	Morris	Waller
Comal	Hockley	Nacogdoches	Ward
Comanche	Hood	Navarro	Washington
Concho	Hopkins	Newton	Wharton
Cooke	Houston	Nolan	Wilbarger
Coryell	Howard	Nueces	Willacy
Crane	Hunt	Oldham	Williamson
Crockett	Hutchinson	Orange	Wilson
Crosby	Irion	Palo Pinto	Winkler
Dallas	Jack	Panola	Wise
Dawson	Jackson	Parker	Wood

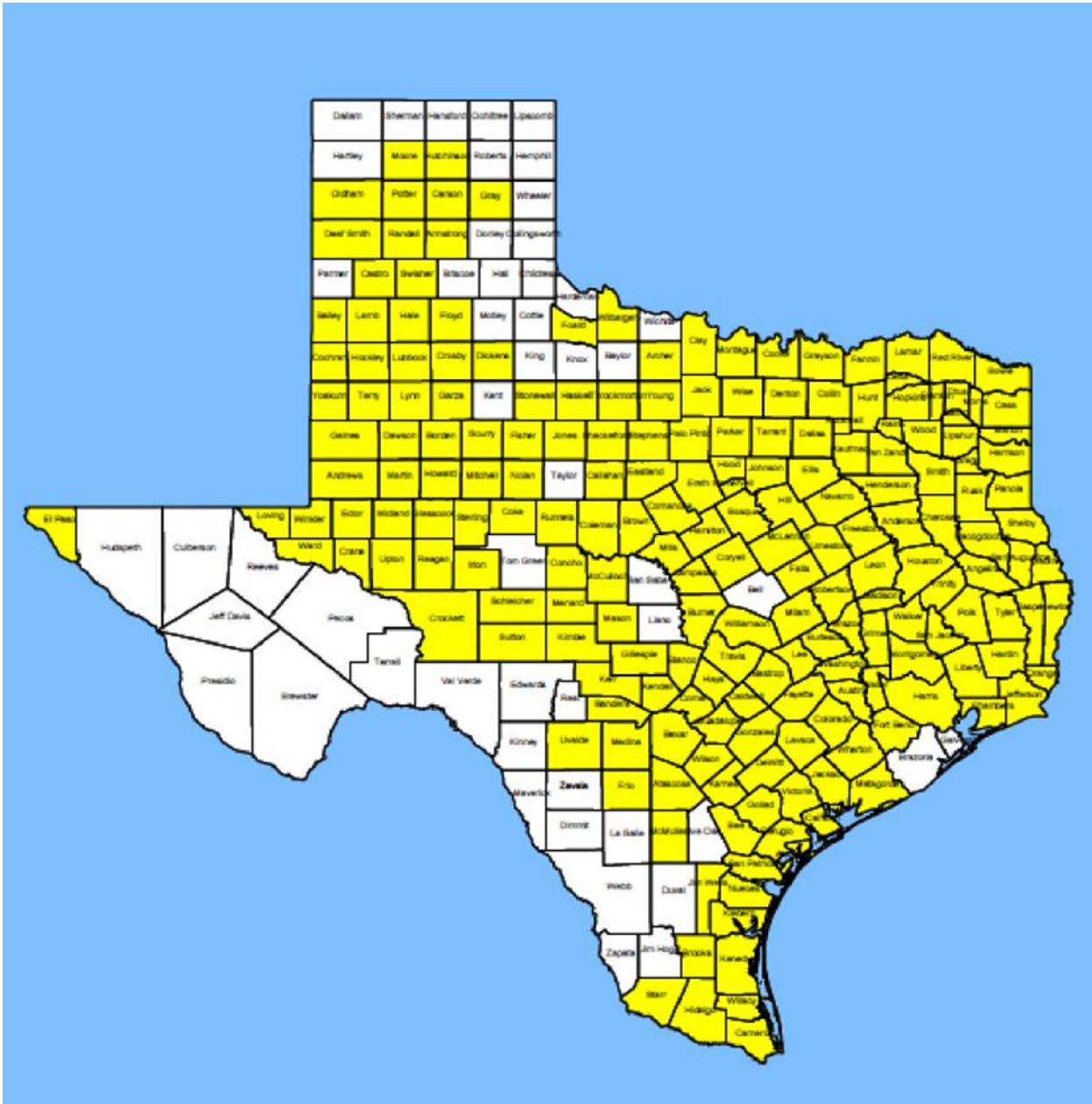
Deaf Smith
Delta
Denton

Jasper
Jefferson
Jim Wells

Polk
Potter
Rains

Yoakum
Young

A map of service area with the above counties can be viewed on USA WIN's website at www.usamco.com or below.



The USA WIN Provider Directory is available to you in electronic format at www.usamco.com, by e-mail, and paper copy upon request. The USA WIN Provider Directory is updated monthly. Providers are grouped by county then specialty. Referrals to specialists must be made through the Treating Doctors and/or be preauthorized by insurance carrier.

In addition to the provider name, address and telephone number, the following information will be clearly identified for each provider:

1. Providers who are authorized to assess maximum medical improvement and render impairment ratings;
2. Providers with any limitations of accessibility and referrals to specialists; and
3. Providers who are accepting new patients.

Live Outside the Service Area

If you believe you do NOT live within the USA WIN service area, you may request a review by notifying your insurance carrier and providing evidence to support your assertion. The insurance carrier will issue a written determination of its decision within 7 calendar days. The notice shall include a description of the evidence used when making the determination and a copy of the determination. A copy of the determination will also be sent to your employer. If the insurance carrier determines that you do live within the service area and you disagree with this determination, you may file a complaint with the Department of Insurance as described in Section XIV of this notice. During the review process, you may seek all medical care from USA WIN network providers, but you are not required to do so. Please be aware should you choose to seek medical care from providers outside the network, and ultimately it is determined that you do live within the service area, you may be liable for the payment of those services received outside the network. In addition any employee who is found to have fraudulently claimed to live outside the network's service area or made an intentional misrepresentation regarding where he or she lives and receives health care outside the service area may be liable for payment for that health care.

IV. USA WIN NETWORK SERVICES

If you live inside the network service area, you must receive all medical treatment from a USA WIN participating provider unless indicated below in "Out-of-Network Services".

V. OUT-OF-NETWORK SERVICES

Out-of-Network

You are allowed to receive medical treatment out-of-network if:

1. You require emergency care;
2. You do not live within the service area; or
3. Your Treating Doctor refers you to an out-of-network provider and that referral has been approved by insurance carrier.

Emergency Care

An emergency is a medical or mental injury or the sudden onset of an illness that may endanger your life or cause permanent impairment.

- Medical emergency means the sudden onset of a medical condition manifested by acute symptoms of sufficient severity. This includes: severe pain, that the absence of immediate medical attention could reasonably be expected to result in placing the patients' health or bodily functions in serious jeopardy, or serious dysfunction of any body organ or part.
- Mental health emergency means a condition that could reasonably be expected to present danger to the person experiencing the mental health condition or another person.

In the case of a true emergency, you should call 911 or go to the nearest hospital.

After-Hours and Urgent Care

For non-emergency urgent health care or after hours, please go to the nearest USA WIN urgent care facility. USA WIN urgent care facilities are available to provide advice and treatment of urgent health problems 24 hours a day, 7 days a week, and 365 days a year. Urgent health problems (physical or emotional) include sudden, serious, and unexpected illnesses, injuries, or conditions which require immediate attention.

Referral to Out-of-Network Provider

A Treating Doctor will request referrals to out-of-network providers if medically necessary services are not available within the network. Referrals to out-of-network providers must be approved by USA WIN. Such determination will be made within the time appropriate under the circumstances but not later than 7 days after the date the referral is requested. If USA WIN denies the referral request because the requested service is available from network providers, you may file a complaint in accordance with the formal complaint process. If the insurance carrier's or USA WIN's utilization review agent denies the request because the specialist referral is not medically necessary, you may file a request for independent review as described in Section XI of this notice.

VI. BILLING/PAYMENT FOR SERVICE

Participating Provider Billing

USA WIN participating providers are required to bill the insurance carrier for all health care services provided to you. USA WIN providers will not bill you for any services related to an eligible and compensable injury.

Out-of-Network Provider Billing

If you receive treatment from an out-of-network Provider without prior approval by USA WIN, you may be responsible for the full payment of services received by the out-of-network Provider.

You are NOT responsible for payment of treatment received by an out of network provider if:

- You receive an approved referral from a USA WIN Treating Doctor;
- Due to emergency care; or - If you live outside the USA WIN service area.

VII. COORDINATION OF TIMELY CARE

USA WIN participating providers and employees are required to coordinate care, provide services, and be accessible to you on a timely basis. This includes initial evaluation, ongoing treatment, referrals to specialists, responsiveness to inquiries or complaints, medical management, utilization review, and case management. Except for emergencies, USA WIN will coordinate for covered health care services, including referrals to specialists, to be accessible to an employee on a timely basis upon request and within the time appropriate to the circumstances and condition, but not later than 21 days after the date of the request.

VIII. CONTINUITY OF CARE

USA WIN provides for continuity of care if your health could be jeopardized if medically necessary covered services are disrupted or interrupted. Insurance carrier and/or USA WIN will assist you with the coordination of any transition of care from an out-of-network provider to a USA WIN participating provider or from a USA WIN participating provider who terminates within the network to an active USA WIN participating provider.

In the event a Treating Doctor is terminated from the network, USA WIN will notify you as soon as reasonably possible to assist you in selecting a new Treating Doctor within the network panel. USA will provide you a listing of available Treating Doctors in your area and ensure that all medical records are transferred immediately from the provider. You will receive written notice prior to the effective date of the termination of the provider. In instances where prior notice is not possible due to sudden death of a provider, you will be contacted to arrange for the selection of a new Treating Doctor.

If a provider leaves the network and you are receiving care for a life-threatening condition or an acute condition for which disruption of care would harm you, the insurance carrier will continue to reimburse the provider for a period not to exceed 90 days upon the provider's request, to ensure a safe transition while you select a new Treating Doctor. A dispute concerning continuity of care shall be resolved through the complaint resolution process outlined in Section X.

If you are being treated by an out-of-network provider, you may not be required to select a USA WIN Treating Doctor if insurance carrier determines that changing physicians would be medically detrimental to you. You may be transitioned to a USA WIN participating provider when you become medically stationary, or it would no longer be medically harmful to change providers. In such cases, the insurance carrier will review your proposed treatment plan and assist your treating provider in transitioning your care to a network provider.

IX. PRE-AUTHORIZATION

Pre-authorization determines whether medical services are medically necessary and provided in the appropriate setting or at the appropriate level of care. Pre-authorization requirements are a responsibility of the USA WIN participating provider, not you, the employee.

Out-of-Network services always require pre-authorization. If no pre-authorization or referral is obtained for the out-of-network services, no benefits are available and out-of-network claims will be denied. See "Out-of-Network Services" for

exceptions to this requirement. Insurance carrier's or USA WIN's utilization review agent will respond to request for pre-authorization within the periods described below:

- Within the 3rd working day for pre-authorization requests;
- 24 hours of receipt for a request for concurrent hospitalization care; and
- Within 1 hour for post-stabilization treatment or a life-threatening condition.

Note: Failure to meet pre-authorization requirements may result in non-payment. Providers cannot bill or collect fees from employees for services. This list may not be revised without prior notification to providers and employees per applicable law.

Services Requiring Pre-Authorization

Non-emergency health care requiring preauthorization as deemed by insurance carriers shall include the following:

The following list represents the procedures that usually require preauthorization from USA WIN's INSURERS using USA Worker's Injury Network. This list is not intended to be comprehensive or all inclusive and may vary by INSURERS. USA WIN Network Providers should verify specific preauthorization requirements with INSURER prior to rendering healthcare services.

- All Hospitalizations
- All Surgeries
- All outpatient surgeries including: epidural steroid injections, facet injections, trigger point injections, sacroiliac joint injections, prolotherapy injections, radiological cryotherapy, and manipulations under anesthesia, and including the specific site or facility where the service will be performed
- Repeat diagnostic studies
- All Durable Medical Equipment
- Chemical Dependence, weight loss programs, and gym memberships
- All nursing home, convalescent, residential and all home health care services and treatments
- Psychological or Psychiatric testing, and evaluations
- All Bone Growth stimulators
- All chemonucleolysis, vertebral axial decompressions (Vax-D), radio frequency thermocoagulation of facet joints (RFTC), and IDET procedures
- All myelograms, discograms, venograms, surface electromyograms, EMGs, and nerve conduction studies
- Work Hardening and Work conditioning
- Rehabilitation Programs
- All Physical therapy, occupational therapy, chiropractic therapy, and chiropractic manipulations
- All out-of-network referrals
- Dental work over \$1000
- Psyche testing
- Request for long-term medications, especially narcotics
- Psychotherapy, with social worker, psychologist or psychiatrist
- Biofeedback and pain management, initial evaluation and 'full' chronic pain management programs

Pursuant to 28 TAC Chapter 134, Subchapter F, Rule §135.540 Preauthorization for claims subject to the Division's closed formulary. Preauthorization is only required for:

(1) drugs identified with a status of "N" in the current edition of the ODG Treatment in Workers' Comp (ODG) / Appendix A, ODG Workers' Compensation Drug Formulary, and any updates;

(2) any compound that contains a drug identified with a status of "N" in the current edition of the ODG Treatment in Workers' Comp (ODG) / Appendix A, ODG Workers' Compensation Drug Formulary, and any updates; and

(3) any investigational or experimental drug for which there is early, developing scientific or clinical evidence demonstrating the potential efficacy of the treatment, but which is not yet broadly accepted as the prevailing standard of care as defined in Labor Code §413.014(a).

(c) Preauthorization of intrathecal drug delivery systems.

(1) An intrathecal drug delivery system requires preauthorization in accordance with the certified network's treatment guidelines and preauthorization requirements pursuant to Insurance Code Chapter 1305 and Chapter 10 of this title (relating to Workers' Compensation Health Care Networks).

(2) Refills of an intrathecal drug delivery system with drugs excluded from the closed formulary, which are billed using Healthcare Common Procedure Coding System (HCPCS) Level II J codes, and submitted on a CMS-1500 or UB-04 billing form, require preauthorization on an annual basis. Preauthorization for these refills is also required whenever:

(A) the medications, dosage or range of dosages, or the drug regime proposed by the prescribing doctor differs from the medications dosage or range of dosages, or drug regime previously preauthorized by that prescribing doctor; or

(B) there is a change prescribing doctor.

X. COMPLAINT AND APPEAL PROCEDURES

For general complaints, disputes or appeals, a party should contact USA WIN either by letter, email, or telephone. All complaints and disputes must be submitted within 90 days of the date of the disputed action.

The complaint should be mailed to:

USA Worker's Injury Network
Attn: Executive Director PNA
4609 Bee Caves Road
Austin, Texas 78746
512.306.0201
Toll Free 800.872.0820
Fax: 512.328.6785

E-Mail: medicalreviewcommittee@usamco.com

USA WIN will acknowledge receipt of the complaint by letter within 7 calendar days and send an acknowledgment letter that will include a description of the complaint procedures, time frames, and a one-page complaint form (**Attachment A**) for the appealing party to complete if the complaint is received verbally. At that time, a request will be made for any additional information that may be warranted to process the dispute. We are always available to discuss any of these items with you if you so wish.

After the network has investigated a complaint, USA WIN shall issue a resolution letter to the complainant no later than the 30th calendar day after the network receives the written or oral complaint.

If the complainant is dissatisfied with the resolution of the complaint or the process, the complainant may file a complaint with the Texas Department of Insurance according to Section XIV.

USA WIN shall not engage in any retaliatory action against an employee, employer, or provider because the employee, employer, provider, or any other person acting on behalf of the employer or employee has filed a complaint against the network.

XI. ADVERSE DETERMINATIONS UTILIZATION REVIEW (DENIALS)

Adverse determination means a determination by a utilization review agent that health care services provided or proposed to be provided to a patient are not medically necessary, are experimental, or investigational.

Appeals arising from decisions made in the service utilization review process or quality assurance process must be made orally or in writing. The appeal or complaint may be made by the patient or someone acting on their behalf, or by the patients' physician or healthcare provider.

When a medical dispute arises, it is referred by the insurance carrier to a member of its Medical Review Committee. This committee is comprised of physicians appointed by insurance carrier with appropriate expertise and specialties to review the treatment issue(s) in dispute and will not include the physician who made the original decision. The committee members will review the medical treatment issue and make a determination whether to uphold the decision, obtain 11 additional information, or reverse the decision. Any time additional medical information is required or obtained through the reconsideration process it will be included in the review.

An employee, a person acting on behalf of the employee, or the employee's requesting provider may no later than the 30th day after the date of issuance of written notification of an adverse determination request reconsideration of the adverse determination either orally or in writing. The reconsideration process will be completed within 30 days of the date that insurance carrier receives the request. At the completion of the reconsideration process, insurance carrier will notify all parties in writing of the decision. Such notice will include an explanation of the reasons for the decision, including any medical or clinical basis for the decision, the credentials of any medical provider consulted in the process and the state(s) of licensure for those providers. The parties will also be advised of the right to seek review of a denial by an independent review organization. Such review may be requested through the completion of the forms allowing for the request of an independent review, which are included with this notice. The forms are also available on the Texas Department of Insurance website: www.tdi.state.tx.us or by sending a request to:

**HMO Division
Mail Code 103-6A
Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104**

A request for an independent review must be filed no later than the 45th calendar day after the denial of reconsideration.

If you have questions or need assistance in completing the form, you may contact the Texas Department of Insurance at the number provided on the form.

Insurance carrier will promptly notify the Texas Department of Insurance when there has been a request for independent review. Notice will be made via electronic transmission and will be on the form required by the Texas Department of Insurance. The utilization review agent may access the Texas Department of Insurance on working days between 7:00a.m. and 5:00 p.m., Central Standard Time, Monday through Friday, to obtain assignment of an independent review organization.

The Texas Department of Insurance will then advise insurance carrier and the patient of the independent review organization assigned to the case. Within 3 days of that notification, insurance carrier must provide the following to the independent review organization:

- All relevant medical records relating to the issue in dispute;
- Any documents relied upon for the utilization review decision by insurance carrier;
- A copy of the notification of the results of the internal review by insurance carrier;
- Any information provided to insurance carrier to support the appeal; and 12
- A list of names and phone numbers of any health care provider who has provided treatment and/or may have records relevant to the appeal.

After an independent review organization's review and decision under this section, a party to a medical dispute that disputes the decision may seek judicial review of the decision. The Division of Worker's compensation and the Department are not considered to be parties to the medical dispute. A decision of an independent review organization related to a request for preauthorization or concurrent review is binding. The insurance carrier is liable for health care during the pendency of any appeal, and the insurance carrier shall comply with the decision.

If judicial review is not sought under this section, the insurance carrier shall comply with the independent review organizations decision.

XII. SPECIAL APPEAL RIGHTS

Parties will be entitled to expedited reconsideration procedures for denials of pre-authorization of treatment involving post-stabilization treatment, life-threatening conditions, or denials of continued stays for hospitalized employees. Such requests will be reviewed in the same manner as listed above, but a response will be provided within one working day from the date of receipt of all information necessary to complete the reconsideration.

A patient with a life-threatening condition is not required to complete the reconsideration process but may proceed directly to a request for independent review. The enrollee, person acting on behalf of the enrollee, or the enrollee's provider of record shall determine the existence of a life-threatening condition.

If you believe you qualify and want to request review by an independent review organization, you may do so at no cost to you. The Texas Department of Insurance will randomly assign an independent review organization to your case and will notify the insurance carrier within one day of that assignment. The insurance carrier will then provide all the necessary medical records for your case to the independent review organization for their consideration.

XIII. APPEALS OF ADVERSE DETERMINATIONS (DENIALS)

To ensure timely response to an appeal, please include the following information and submit to:

(Intentionally Left Blank – Insert Carrier Specific Information)

The following information should be included in the appeal:

- Your full name;
- Social Security number;
- If appealing party is not the enrollee, include the full name and relationship to the enrollee;
- Dates of service during which appeal took place, if applicable: 13
- Place where service(s) took place, i.e., hospital, doctor's office, radiology, home health visit at home, etc. if applicable;
- If appeal is for emergency room services, please send a copy of the emergency room record; and
- Provide a brief description of the incident, including names, dates and times that will support resolution of the appeal.

XIV. COMPLAINTS TO TEXAS DEPARTMENT OF INSURANCE

Any person, including a person who has attempted to resolve a complaint through a network's complaint system process or attempted to resolve a dispute who is dissatisfied with resolution of the complaint, may submit a complaint to the department. To be considered complete the complaint must include your contact information including name, address, telephone number, a copy of the determination and any evidence you provided to the insurance carrier for consideration.

Send complaint to:
Texas Department of Insurance
HMO Division, Mail Code 103-6A
P.O. Box 149104
Austin, TX 78714-9104
Toll Free: 1-800-252-7031
Fax: 512-490-1012

You may use the online complaint form at www.tdi.state.tx.us.

Send email complaints consumerprotection@tdi.texas.gov

ATTACHMENT A

FOR INTERNAL USE ONLY	
DATE RECEIVED	
CONCERN #	



COMPLAINT/GRIEVANCE FORM

Complaint Initiated by: Provider ☐ Employee ☐ Employer ☐ Carrier ☐

Complaint Involves: Service ☐ Medical ☐ Other ☐

INITIATOR OF COMPLAINT

Name (Last, First):		
Address:		
City	State	Zip:
Telephone #: ()		

Employee Name: _____	Insurer: _____
Provider Name: _____	Contact: _____
Address: _____	Address: _____
City: _____ ST: _____ Zip _____	City: _____ ST: _____ Zip _____
Telephone #: ()	Telephone #: ()

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

Date of Injury:

Date of Disputed Action:

*** Note: USA Worker's Injury Network cannot thoroughly investigate this complaint/grievance without written consent to obtain copies of your medical records or other related documents. Records are kept confidential and used solely for the purpose of grievance resolution.*

- ☐ Yes, I hereby authorize USA Managed Care Organization/USA Worker's Injury Network permission to obtain and review all medical and/or other related records. You may disclose my name and nature of this concern in order to obtain additional information. I agree to a Photostat and/or facsimile of this release being accepted, if necessary.
- ☐ No, I do not authorize disclosure of my name or nature of this concern in order to obtain additional information.

Complainant Signature: _____ Date: _____

Please provide a narrative of the nature of your grievance. Include all pertinent information including; contact names, dates of service, correspondence and conversations. Please attach copies of all documents related to the grievance, if applicable. You will receive written confirmation from USA upon our receipt of the Grievance Form. Your Grievance will be thoroughly researched and all information will be submitted to USA's Medical Review Committee at the next regularly scheduled meeting for consideration and action. Thank you for taking time to complete and return this form.

E-Mail: medicalreviewcommittee@usamco.com