

***Texas Star Network<sub>SM</sub>***

***Employee Notice of  
Network Requirements***

**Important Contact Information:**

To locate a provider, call (800) 381-8067

To contact Texas Mutual Insurance Company, visit  
[www.texasmutual.com](http://www.texasmutual.com) or call (800) 859-5995

# *Texas Star Network<sub>SM</sub>*

## *Information, Instructions and your Rights and Obligations*

*Dear Employee:*

Your employer has chosen *Texas Star Network<sub>SM</sub>* to manage the health care and treatment you may receive if you are injured at work. *Texas Star Network<sub>SM</sub>* 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 current *Texas Star Network<sub>SM</sub>* service areas are shown on the enclosed map.

If you are injured at work, tell your supervisor or employer immediately. 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 *Texas Star Network<sub>SM</sub>*. You may also contact Texas Mutual Insurance Company for any questions about your care and treatment for a work related injury. Texas Mutual and your employer 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.

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### ***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 *Texas Star Network<sub>SM</sub>* provider list. This is required for you to receive coverage of the costs for the care of your work related injury. A provider listing is available through our website at [www.texasmutual.com](http://www.texasmutual.com). It is updated at least every three months. It identifies providers who are taking new patients.

You also have the option to choose your current health maintenance organization (HMO) primary care physician as the treating doctor for your workers' compensation claim. In order for your HMO doctor to be approved as your treating doctor, he/she must agree to the terms of the network contract, and to agree to abide by applicable laws and regulations. If your HMO doctor is not approved, then you must see a network treating doctor.

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 Texas Mutual Insurance Company. 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 Texas Mutual Insurance Company for review. A complaint form is available on the department's web site at [www.tdi.state.tx.us](http://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.

While waiting for Texas Mutual Insurance Company to make a decision or the Texas Department of Insurance to review your complaint, you may choose to receive health care outside of 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.

### Changing Doctors

If 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. *Texas Star Network<sub>SM</sub>* will not deny a choice of an alternate treating doctor. Before you can change treating doctors a second time, you must get permission from *Texas Star Network<sub>SM</sub>*.

### Referrals

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. You do not have to get a referral if you are in need of emergency care.

### Payment for Health Care

Network doctors have agreed to look to Texas Mutual Insurance Company 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 *Texas Star Network<sub>SM</sub>*, 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 a *Texas Star Network<sub>SM</sub>* service area.
- Your treating doctor refers you to an out of network provider or facility. This referral must be approved by *Texas Star Network<sub>SM</sub>*.
- 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 *Texas Star Network<sub>SM</sub>*. 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 *Texas Star Network<sub>SM</sub>*.

A complainant can notify the *Texas Star Network<sub>SM</sub>* Grievance Coordinator of a complaint by phone or in writing via mail or fax. Complaints should be forwarded to:

***Texas Star Network<sub>SM</sub>***  
**Attention: Grievance Coordinator**  
**720 Cool Springs Boulevard, Suite 300**  
**Franklin, TN 37067**

**Phone: (800) 873-0055 ext 4250**  
**FAX: (615) 224-9129**  
**E-mail: [grievance\\_coordinator@concentra.com](mailto:grievance_coordinator@concentra.com)**

A complaint must be filed with the network grievance coordinator no later than 90 days from the date the issue occurred.

Texas law does not permit *Texas Star Network<sub>SM</sub>* to retaliate against you if you file a complaint against the network. *Texas Star Network<sub>SM</sub>* also can not retaliate if you appeal the decision of the network. The law does not permit *Texas Star Network<sub>SM</sub>* 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 have the right to 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](http://www.tdi.state.tx.us) or you may request a form by writing to:

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

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***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 treating doctors in your service area may be available from your employer. A complete list of network treating doctors is also available online at [www.texasmutual.com](http://www.texasmutual.com). Or, you may contact us directly at the following address and/or toll-free telephone number:

***Texas Star Network<sub>SM</sub>***  
**720 Cool Springs Boulevard**  
**Suite 300**  
**Franklin, TN 37067**  
**(800) 873-0055**

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

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***In case of an emergency...***

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.

After you receive emergency care, you may need ongoing care. You will need to select a treating doctor from the network's provider list. This list is available online at [www.texasmutual.com](http://www.texasmutual.com). If you do not have internet access call (800) 381-8067 or contact your employer for a list. 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.

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***Non-emergency care...***

Report your injury to your employer as soon as you can. Select a treating doctor from the network's provider list. This list is available online at [www.texasmutual.com](http://www.texasmutual.com). If you do not have internet access, call (800) 381-8067 or contact your employer for a list.

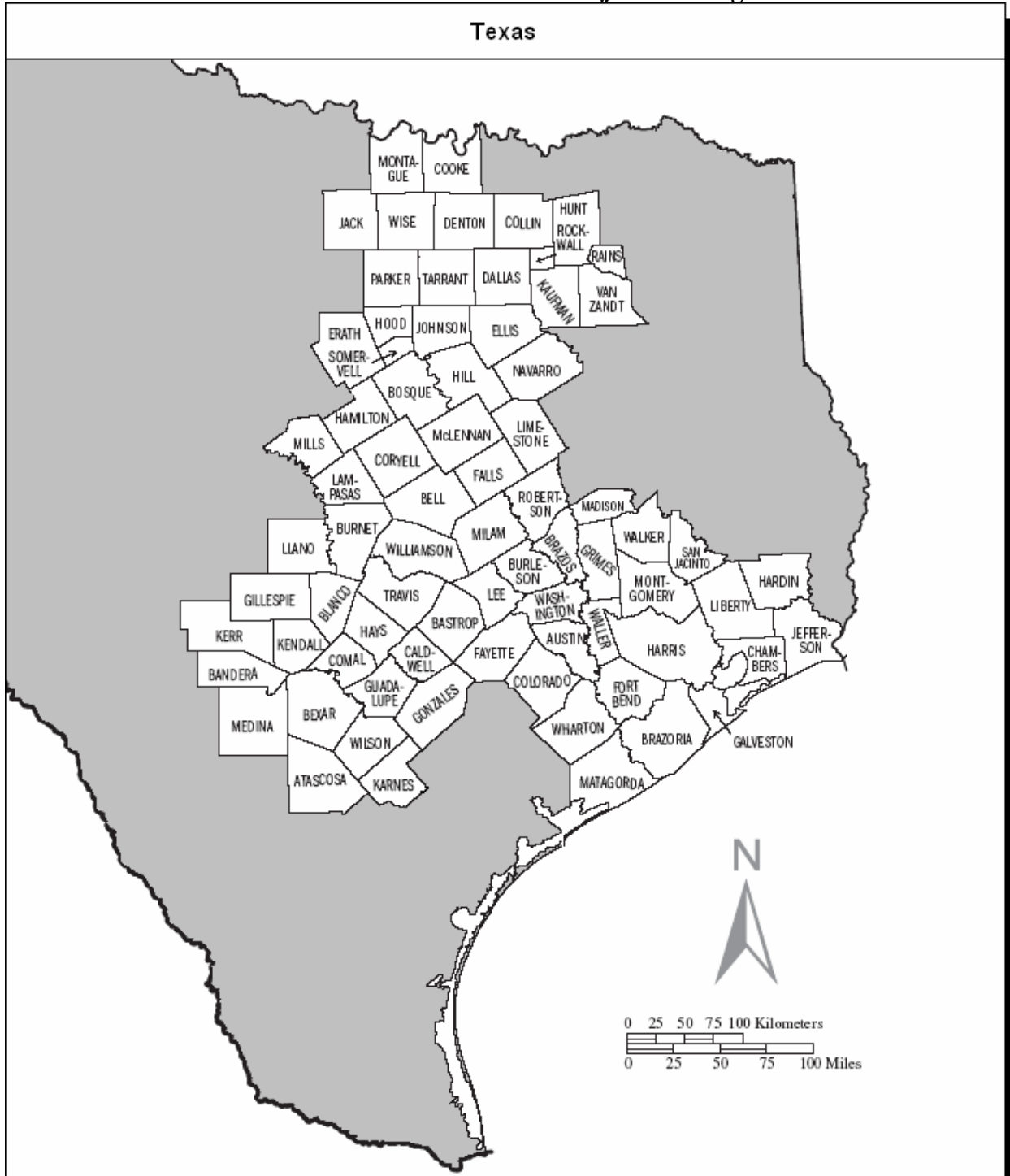
Treatment prescribed by your doctor may need to be approved in advance. You or your doctor are required to request approval from Texas Mutual Insurance Company for a specific treatment or services before the treatment or service is provided. You may continue to need treatment after the approved treatment 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:***

Acupuncture	Manipulations under anesthesia
All surgeries	Massage therapy
Aquatic therapy	Morphine pain pump
Artificial disc surgery	Myelograms
Biofeedback and pain management, initial evaluation and “full” chronic pain management programs (initial referral does not require approval)	Neuromuscular stimulator devices
Bone density scans	Nursing home, skilled nursing facility, convalescent or residential care admissions
Botox injections	Occupational therapy treatments greater than 8 visits
Chemoneurolysis	Orthotic devices
Chiropractic treatments greater than 8 visits	Physical therapy treatments greater than 8 visits
Dental work over \$1000	Prolotherapy
Diagnostic procedures other than x-rays, i.e., magnetic resonance imaging (MRI), computerized axial tomography (CT scan)	Psychological testing
Discograms	Psychotherapy, with social worker, psychologist or psychiatrist
Durable medical equipment greater than \$500	Radiofrequency Thermocoagulation (RFTC) of facets joints
Electromyography (EMG) and nerve conduction velocity (NCV) testing	Rehab services
Epidural steroid injections	Repeat diagnostics and MRI’s (MRI/Scan of the spine within the first 4 weeks or repeat of all MRI for all body parts)
External and implantable bone growth stimulators	Requests for long-term medications, especially narcotics
Facet injections	RFTC or cryotherapy/cryoablation of any nerve or joint
Gym memberships	Sacral Iliac joint injection
Home health care/aides physical therapy/aides	Skilled nursing visits
Home health nursing	Spine surgery for more than one level
Interferential units	TENS units
Intradiscal Electrothermal Annuloplasty (IDET)	Trigger point injections
Inpatient hospitalization	Vax-D
Investigational or experimental procedures/medications/devices	Weight loss programs
Joint steroid injections	Work hardening/work conditioning greater than two weeks

The number to call to request one of these treatments is (888) 532-5246. 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.

**Texas Star Network<sub>SM</sub> Service Area Map (As of March 2006)**  
Network service areas are subject to change



**Employee Acknowledgment of Workers' Compensation Network**

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

If I am hurt on the job and live in a 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. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995, extension 2880 to notify them of my choice.
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.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.

\_\_\_\_\_  
 Signature Date

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

I live at: \_\_\_\_\_  
Street Address

\_\_\_\_\_

\_\_\_\_\_

City State Zip Code

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

Name of Network: *Texas Star Network<sub>SM</sub>*

**Network service areas are subject to change.**  
**Call (800) 381-8067 if you need a network treating provider.**

Please indicate whether this is the:

Initial Employee Notification

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

**DO NOT RETURN THIS FORM TO TEXAS MUTUAL  
 INSURANCE COMPANY UNLESS REQUESTED**