

# Texas Health Care

## Employer Frequently Asked Questions

### What is Texas Health Care Network?

Texas House Bill 7 (HB 7) allowed the formation of workers' compensation health care networks. An Health Care Network is an organization formed to provide health care services to injured employees.

### Will CNA be offering a Texas Workers' Compensation Health Care Network?

Yes. CNA contracted with Coventry Workers' Comp Network to provide Health Care Network (HCN) coverage for employers within network service areas. Services are available for all injured employees living within the service area.

### What area is covered by the HCN?

The HCN provides coverage to all counties in the State of Texas.

### What are employer benefits of participation in an HCN?

- Employee's choice of physician must be from network doctors
- Employees receive care for workplace injuries through the network IF they live in the network's service area
- Employee selects treating doctor at time of injury
- Employer and carrier have more control over direction of care and medical treatment
- Referral to appropriate specialty care is channeled within network
- Network providers and emergency care will be available and accessible 24 hours a day, seven days a week
- Focus on treatment and return-to-work outcomes
- Improved quality of care

### IF YOU CHOOSE TO ENROLL IN THE HCN....

### How does an Employer enroll in the HCN?

Contact your Independent Insurance Agent or Broker, who will coordinate with the CNA Underwriter to initiate the enrollment process.

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### **How does a participating employer rollout the HCN?**

Employers participating in the HCN are required to provide notice to all existing employees and all new hires of network requirements.

- The employer shall obtain a signed acknowledgment from each employee indicating that the employee has received the information. In addition, the employer should document the following items:
  - a. The method of delivery to the employee
  - b. To whom the notice was delivered
  - c. The location of delivery
  - d. The date of delivery
- The employer shall post notice of network requirements at each place of employment.
- **IMPORTANT:** An employee is not required to comply with network requirements until he or she receives this notice. The refusal of an employee to sign the acknowledgment form does not allow the employee to obtain health care services outside of the network, except for an emergency.
- The employer must also notify an injured employee of the network requirements at the time the employer receives notice of an injury.

### **As the Employer, may I provide the Employee Acknowledgement form electronically?**

Yes. The Employee Acknowledgement portion of the Network Form may be provided by electronic means. However, an employee signature is still required. An electronic signature is acceptable. Paper versions must be available to the employee upon request.

### **What should I do with the Employee Acknowledgment?**

Employee acknowledgment of workers' compensation network forms should be retained by the employer and be easily accessible if a claim occurs.

### **What if an employee refuses to sign the Employee Acknowledgment?**

The employee's refusal to sign the Employee Acknowledgment will not eliminate the requirement to participate in the HCN network.

### **HEALTH CARE UNDER THE HCN....**

#### **Will the HCN have rules specifying which health care treatments and services require preauthorization?**

Yes. A list of health care treatments and services that require preauthorization or concurrent review within the network has been established. For a complete list of the procedures please refer to the Employee Notification Materials.

### **Who are treating network doctors?**

The HCN determines the specialty or specialties of doctors who may serve as treating doctors and who are primarily responsible for the employees' health care for an injury.

### **As a participating Employer in the HCN, when is an injured worker required to use a network provider?**

If you, the employer are a HCN participant, the requirement to use network providers depends on whether the injured worker lives within the network service area and whether the worker has received notice of the network requirements.

If the injured employee lives within the network's service area and has received notice of network requirements, the employee is required to choose their treating doctor from the network's list of treating doctors, regardless of the date of injury. Exceptions occur (1) if the injured employee is enrolled in an HMO, in which case the injured employee can elect to be treated by an HMO doctor selected prior to the injury; (2) emergency care; and (3) for health care pursuant to a referral from a treating doctor for medically necessary services that are not available in the network (out-of-network referrals must be approved by the Case Manager or the CNA network case management screener).

### **What constitutes a "medical emergency"?**

The network rules define an emergency as:

Medical emergency--The sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain that the absence of immediate medical attention could reasonably be expected to result in:

- (A) placing the patient's health or bodily functions in serious jeopardy; or
- (B) serious dysfunction of any body organ or part.

### **Are employees injured prior to Employer enrollment in the HCN affected?**

Yes. Requirements to use a network provider will apply to all injured workers, including those injured prior to enrollment. The CNA Claim Specialist or Case Manager will contact the injured worker and coordinate referral to a network provider, unless the injured worker is already treating with a network provider or where continuity of care would be an issue.

### **I offer health insurance to my employees through a health maintenance organization (HMO) plan. Do my employees have the right to go to their HMO primary care physician instead of a HCN doctor?**

Yes. If your employees have health insurance through a HMO plan, your employees may select their primary care physician (selected prior to their injury) as their treating doctor for a workers' compensation claim. However, your employee's primary care physician must agree to follow all the terms and conditions of the HCN contract and comply with the Workers' Compensation Health Care Network Act (Chapter 1305, Insurance Code) and applicable rules.

The Case Manager is responsible to contact the treating HMO provider and verify that the HMO provider agrees to follow all terms and conditions of the workers' compensation health care contract and plan.

### **Can my employees continue to select any provider as a treating doctor?**

If you do not provide care through a network, there are several ways the employee can find a doctor:

1. A family doctor may be able to treat the employee. Have the employee contact their current doctor to find out if he or she treats workers' compensation patients. If the answer is "no", have the employee ask their doctor to help them find a doctor who does. The employee should ask their doctor's staff, their family, and friends if they know doctors who treat workers' compensation patients.
2. Use your local telephone directory or an online search tool. Many doctors list workers' compensation services in their ads or websites. When the employee calls a doctor for an appointment, they should ask if the doctor accepts new workers' compensation patients. If they still need help, they should call DWC customer assistance at 1-800-252-7031.

Only doctors licensed to practice in Texas may treat workers' compensation injuries and illnesses.

### **CLAIM COMPENSABILITY....**

#### **What requirements apply under HB 7 if an insurance carrier disputes the compensability of an employee receiving in-network medical care?**

HB 7 requires carriers to notify a network health care provider in writing if the carrier disputes the compensability of a claim. The carrier is prohibited from denying a medical bill on the basis of compensability for health care services that were provided before the carrier's written notification to the provider.

#### **What requirements apply under HB 7 if a carrier successfully contests the compensability of a claim?**

If the carrier contests compensability, the carrier is liable up to a maximum of \$7,000 for health care services provided before issuance of the required notification. Therefore, it is important that any workers' compensation injury is reported promptly.

### **CASE MANAGEMENT....**

#### **What is Case Management and the role of the Case Manager in the HCN?**

Case Management is a collaborative process of assessment, planning, evaluation and coordination of healthcare services to meet an individual's health care need to promote quality cost-effective care. Case managers will work with HCN providers, employers and vocational Case Managers to facilitate health care and return-to-work.

Case Managers are certified in one or more of the following areas:

- case management
- case management administration
- rehabilitation case management
- continuity of care
- disability management
- occupational health

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The Case Manager assures that care is directed to the HCN and will facilitate a request for change in provider or to review out-of-network referrals. They also help coordinate the employees return-to-work based on appropriate evidence based medical care.

### **What is the benefit of Case Management within the HCN?**

Case management serves as a means for assisting the injured employee in achieving wellness through communication, education, identification of service resources and service facilitation. The injured employee, the health care delivery system, and the insurance carrier all benefit when an individual reaches the optimum level of wellness and functional capability.

The Case Manager helps identify appropriate providers and facilities throughout the course of treatment, with the goal of ensuring that available resources are being used in a timely and cost-effective manner. The objective of Case Management is to assure that the provider treatment plan is appropriate according to evidence based guidelines, that medical progress is satisfactory and the injured employee has returned to work with the employer of injury or, if unable to return, is medically stable.

### **Will a Case Manager be automatically assigned to my injured employee to assist with recovery and return-to-work?**

All non-catastrophic compensable lost-time claims will be screened by a Claim Specialist for assignment to a medical Case Manager. The claim will be assigned to Case Management if the treating specialty or treatment plan is not consistent with Official Disability Guidelines (ODG) or if the claimant is not progressing toward recovery or has not been released to work within the ODG benchmarked dates.

The Case Manager references the ODG to evaluate the injured employee's treatment plan and progress. Case management services are generally provided over the telephone, but field visits are made as needed to communicate effectively with the injured employee or provider. The Case Manager will collaborate with providers, doctors and other services to facilitate treatment meeting an individual's health needs and to promote quality cost-effective care.

If the employer has modified duty work available, the Case Manager coordinates return-to-work. If modified duty work is not available, upon agreement by the Claim Specialist, the Case Manager will request referral to a vocational Case Manager. The vocational Case Manager collaborates with the employer to develop modified work, completes a job description or work site job analysis, and teams with the medical Case Manager to facilitate return to modified work.

The medical/vocational Case Manager team maximizes case management impact on medical recovery and return to full or modified duty work by utilizing their respective skill sets and expertise.

Claims with any of the following diagnoses are considered catastrophic and will be assigned to a medical Case Manager immediately:

- extensive 2nd or 3rd degree burns
- spinal cord injury, paralysis
- head injury with hospitalization
- multiple/major extremity amputations,
- actual or planned hospitalization exceeding 7 days
- Dependent upon severity: sexual assault, toxic exposure, blood-borne pathogen exposure, diagnosis caused by terrorism, mental illness, psychological stress or stroke

### **What assistance can the Vocational Case Manager provide in the return-to-work process?**

- With developing job descriptions to accommodate any temporary or permanent restrictions the injured worker may have.
- With modifications of work site to accommodate a disability and development of a company sponsored return-to-work program.
- With a bona fide job offer and job descriptions.

### **RETURN TO WORK....**

#### **I have an injured worker who was released with restrictions and I am not sure if I can accommodate an injured worker's disability. What now?**

Contact your CNA Claim Specialist who may assign a Vocational Case Manager to assist with developing a job description to accommodate any restrictions the injured worker may have.

#### **I want to develop a return-to-work program. Where can I find information or assistance with developing the program?**

CNA encourages employers to develop return-to-work programs. Assistance with development of these programs can be obtained through the CNA Claim Specialist who will assign a Vocational Case Manager for return-to-work assessment.