

# Important Information From Your Liberty Health Care Network

## Keep this handy for future reference

### Medical treatment for work related injuries

Your employer provides medical care for work related injuries through the Liberty Health Care Network (The Network). The Network is certified as a health care network by the State of Texas.

This document tells you what you need to know about this program.

## Network service area

The Network's Service Area includes the following counties: Anderson, Andrews, Angelina, Aransas, Archer, Armstrong, Atascosa, Austin, Bailey, Bandera, Bastrop, Baylor, Bee, Bell, Bexar, Blanco, Borden, Bosque, Bowie, Brazoria, Brazos, Briscoe, Brooks, Brown, Burleson, Burnet, Caldwell, Calhoun, Callahan, Cameron, Camp, Carson, Cass, Castro, Chambers, Cherokee, Clay, Cochran, Coke, Coleman, Collin, Colorado, Comal, Comanche, Concho, Cooke, Coryell, Crane, Crosby, Dallam, Dallas, Dawson, Deaf Smith, Delta, Denton, DeWitt, Dickens, Donley, Duval, Eastland, Ector, Ellis, El Paso, Erath, Falls, Fannin, Fayette, Fisher, Floyd, Franklin, Freestone, Frio, Fort Bend, Gaines, Galveston, Garza, Gillespie, Glasscock, Goliad, Gonzales, Gray, Grayson, Gregg, Grimes, Guadalupe, Hale, Hall, Hamilton, Hansford, Hardin, Harris, Harrison, Hartley, Haskell, Hays, Hemphill, Henderson, Hidalgo, Hill, Hockley, Hood, Hopkins, Houston, Howard, Hudspeth, Hunt, Hutchinson, Irion, Jack, Jackson, Jasper, Jefferson, Jim Hogg, Jim Wells, Johnson, Jones, Karnes, Kaufman, Kendall, Kenedy, Kent, Kerr, Kimble, Kleberg, Lamar, Lamb, Lampasas, Lavaca, Liberty, Lee, Leon, Limestone, Lipscomb, Live Oak, Llano, Loving, Lubbock, Lynn, Madison, Marion, Martin, Mason, Matagorda, McCulloch, McLennan, McMullen, Medina, Menard, Midland, Milam, Mills, Mitchell, Montague, Montgomery, Moore, Morris, Motley, Nacogdoches, Navarro, Newton, Nolan, Nueces, Ochiltree, Oldham, Orange, Palo Pinto, Panola, Parker, Parmer, Pecos, Polk, Potter, Rains, Randall, Reagan, Real, Red River, Reeves, Refugio, Roberts, Robertson, Rockwall, Rusk, Sabine, SanAugustine, San Jacinto, San Patricio, San Saba, Schleicher, Scurry, Shackelford, Shelby, Sherman, Smith, Somervell, Starr, Stephens, Sterling, Stonewall, Swisher, Runnels, Tarrant, Taylor, Terry, Throckmorton, Titus, Tom Green, Travis, Trinity, Tyler, Upshur, Upton, Uvalde, Van Zandt, Victoria, Walker, Waller, Ward, Washington, Webb, Wharton, Wichita, Wilbarger, Willacy, Williamson, Winkler, Wilson, Wise, Wood, Yoakum, and Young.

Attached to this document is a map of the Service Areas.

**You will have access to hospitals, specialists, and treating doctors who are available twenty-four (24) hours a day, seven days a week.**

### **If you do not live in a rural area:**

- Your treating doctor or hospital will be no more than 30 miles.
- Access to specialist or specialty hospital will be no more than 75 miles.

### **If you live in a rural area:**

- Your treating doctor or hospital will be no more than 60 miles.
- Access to specialist or specialty hospital will be no more than 75 miles.

### **If you think you live outside the Service Area:**

- Tell your employer and call your Network Representative for review.
- You can receive care from the network during this review
- A determination will be made within seven (7) days of receiving your request for review.

If you are found to live in the Service Area you must choose a treating doctor from the network.

If you receive care outside the network and you are found to live in the Service Area you may be responsible for those charges.

If you do not agree with the decision, you may file a complaint with the Texas Department of Insurance by contacting them at [www.tdi.texas.gov](http://www.tdi.texas.gov) or by writing to:

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

Include the following:

- Your name
- Current address
- Telephone number
- A copy of the Network's letter, and
- Anything else you sent to the Network with your request.

## **Selection of a treating doctor**

If you are injured on the job and need medical care you must choose a doctor to manage all of your medical needs.

You have two ways to choose a treating doctor.

1. Choose your current HMO doctor (doctor listed as your treating doctor under your health insurance plan)
  - a. as long as that doctor was chosen as your HMO doctor prior to your work injury AND
  - b. your HMO doctor agrees to the terms of the Network and will comply with the Network rules.

You should contact your Network Representative to discuss this request

OR

2. You may choose a doctor in your service area from the network labeled as “Treating Doctors”. The Network provider list will be available to your employer, your doctor and you. You may ask your employer or Network Representative for a copy of a full or partial list of doctors or get a copy by
  - a. an internet link OR
  - b. by calling 1-800-944-0443

If you are using the internet, simply enter [www.libertymutualprs.com](http://www.libertymutualprs.com) in the address box of your computer’s search engine. For [libertymutualprs.com](http://libertymutualprs.com), simply click on the “Provider Search” tab and enter the address from which you like the search to be conducted.

If you are currently treating for a work injury that occurred prior to September 1, 2005 or after your employer chose to offer network coverage, you may need to select a doctor that is in the network. You should contact your Network Representative to discuss whether you need to select a Network doctor. This has to be done within fourteen (14) days after you receive this notice. If you do not select a Network doctor within that time, the Network will assign one to you.

Except for emergency services, you must obtain all health care and specialist referrals through your treating provider.

The Network must arrange for timely medical treatment, including referrals to specialists. This means not more than twenty one (21) days after receiving your request. This does not include Emergency treatment.

### **Change of treating doctor**

If you want to change your treating doctor you must contact your Network Representative. They will help you get a list of doctors in your Service Area.

If you are not happy with your second choice you must contact your Network Representative for approval to change your doctor. If your request is denied you may

appeal the decision through the Network complaint process. See the heading “How to File A Complaint” in this document.

Call your Network Representative if your treating doctor dies or leaves the network. If you move outside the service area or distance requirements you may choose a new doctor.

### **Referrals to specialists**

Treating doctors may refer you to specialists within the network. If your treatment needs can not be met within the network your Network Representative must approve out of network referrals. They must respond within seven (7) days from receipt of your request.

### **Request to use a specialist as a treating provider**

If you want a Specialist to be your treating doctor, please contact your Network Representative for additional information.

## Emergency treatment

The Network will allow for treatment outside the network for:

- Emergency treatment received during or after work hours. This is only until the doctor allows you to go home or return to work.
- Business travel puts you temporarily out of the Service Area.

You must notify your employer within 48 hours of treatment. Any follow up treatment must be done by a Network doctor.

## Continuity of care (continuing care) policy

If your doctor voluntarily leaves the Network and requests to continue your care the Network will reimburse the provider for no more than ninety (90) days, at the contracted rate, for:

- Treatment for an acute condition if a change would cause you harm
- Treatment for a life-threatening condition if a change would cause you harm

This policy shall not require the Network to provide for continued treatment by a provider whose contract with the Network has been terminated or not renewed due to:

- Medical disciplinary action
- Failure to maintain or keep a license, OR
- Any other reason for which continuation of care with that provider could risk your health or safety.

Disputes shall be resolved through the Network's complaint process. See the heading "How to File A Complaint" in this document.

## Preauthorization and concurrent review requirements

For certain services your doctor must obtain prior approval. Below is a list of those services:

- Inpatient hospital admission including the principal scheduled procedure(s) and the length of stay
- Outpatient surgical or ambulatory surgical services
- Spinal surgery
- All Chiropractic services including office visits and manipulations greater than 8 visits
- Psychological testing and psychotherapy, repeat interviews, and biofeedback; except when any service is part of a preauthorized or exempt rehabilitation program
- External and implantable bone growth stimulators
- Chemonucleolysis
- Myelograms, discograms, or surface electromyograms
- Repeat individual diagnostic study, with a fee established in the current Medical Fee Guideline of greater than \$350
- Work hardening and work conditioning services provided in a facility that has not been approved for exemption by the Commissioner.

- Rehabilitation programs to include outpatient medical rehabilitation and chronic pain management/interdisciplinary pain rehabilitation
- Chronic pain management/interdisciplinary pain rehabilitation
- Durable medical equipment (DME) in excess of \$500 per item (either purchase or expected cumulative rental) and all transcutaneous electrical nerve stimulators (TENS) units
- Nursing home, convalescent, residential, and all home health care services and treatments
- Chemical dependency or weight loss programs
- Investigational or experimental service or device for which there is early, developing scientific or clinical evidence demonstrating the potential efficacy of the treatment, service, or device but that is not yet broadly accepted as the prevailing standard of care
- Physical and occupational therapy which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels:
  - (A) Level I code range for Physical Medicine and Rehabilitation, but limited to:
    - (i) Modalities, both supervised and constant attendance;
    - (ii) Therapeutic procedures, excluding work hardening and work conditioning;
    - (iii) Orthotics/Prosthetics Management;
    - (iv) Other procedures, limited to the unlisted physical medicine and rehabilitation procedure code; and
  - (B) Level II temporary code(s) for physical and occupational therapy services provided in a home setting;
  - (C) Except for the first six visits of physical or occupational therapy following the evaluation when such treatment is rendered within the first two weeks immediately following the date of injury or a preauthorized surgical intervention.
- Intrathecal drug delivery system
- Refills of an intrathecal drug delivery system with drugs excluded from the closed formulary, with annual preauthorization required thereafter.
- Refills of an intrathecal drug delivery system whenever (A) medications, dosage or range of dosages or the drug regime differs from the medications, dosage or range of dosages or the drug regime previously authorized for that prescribing doctor; or (B) there is a change in prescribing doctor.
- Drugs not included in the closed formulary.
- 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
- 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
- Treatments and services that exceed or are not addressed in the ODG treatment guidelines and are not contained in a preauthorized treatment plan

## **Some treatment will be reviewed as you receive it. Below is a list of those services:**

- Inpatient length of stay
- Work hardening or work conditioning services
- Physical and Occupational Therapy services
- Investigational or experimental services or use of devices
- Chronic Pain Management/Interdisciplinary Pain Rehabilitation programs
- Required Treatment Plans

Emergency treatment does not need prior approval.

You or your doctor may request prior approval for a listed service. Your doctor may request approval for a treatment plan that is not listed or outside the Network guidelines.

The Network will send a written decision to you or your provider.

### **Appeal Process:**

If you receive a denial for medical necessity, you may appeal the denial. It must be done no later than thirty (30) days after the denial was sent.

Your Network Representative can explain the process and provide a copy of the Network's procedures.

If the denial for medical necessity is upheld, after your appeal, you or your provider may seek review by an independent review organization (IRO). If the denial for medical necessity concerns a life-threatening condition, you may seek an immediate appeal to an IRO.

### **Complaint Process:**

Complaints will be handled by the Network's complaint process. See Section, "How to File a Complaint."

## **Payment of medical bills**

Network providers will bill the Network for in-network services. You will not be billed.

If you received approval for out of network treatment or emergency care for a work injury, the Network will pay those bills.

You may be responsible to pay for all other services outside the Network.

## **How to file a complaint**

If you are not satisfied with the Network or its providers, you may file a complaint.

Contact the Network's Manager to submit your complaint. This can be done over the phone or by mail.

You may mail your complaint to:

Liberty HCN  
ATTN: Claims Manager  
7900 Windrose Avenue  
Plano, TX 75024

Or you may submit your complaint by e-mail to: [TexasNetwork@libertymutual.com](mailto:TexasNetwork@libertymutual.com)

Complaints must be made no later than 90 days after the issue arises.

Complaints or Appeals will not be held against you, your employer, or your provider.

If you are still not satisfied, you may submit a complaint to the Texas Department of Insurance. Claim forms may be obtained from the Department's website at [www.tdi.texas.gov](http://www.tdi.texas.gov) or the HMO Division, Texas Department of Insurance, Mail Code 103-6A, P.O. Box 149104, Austin, TX 78714-9104.

## **Network contact information**

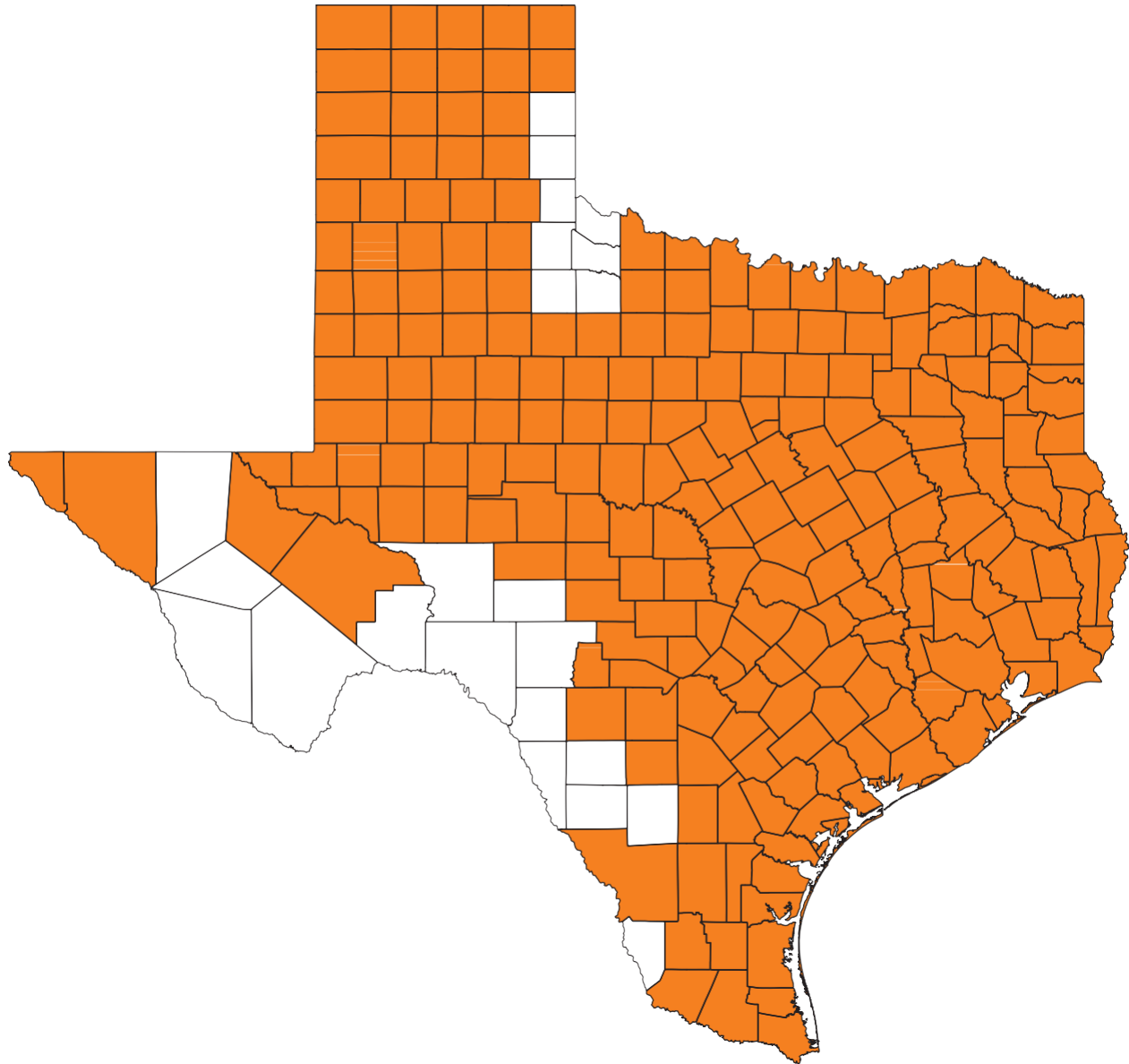
Should you require additional information about the network, including information about network providers, please contact the Liberty HCN at:

Liberty Health Care Network  
ATTN: HCN Network  
7900 Windrose Avenue  
Plano, TX 75024

Liberty Provider Referral Line, 1-800-944-0443 (toll free-24 hours)

Requests for Preauthorization and Concurrent Review, 1-800-664-2273 (toll free-24 hours)

# Notification of Network Requirements



80 miles

800 Miles

■ Certified Counties



## The Network's Service Area includes the following counties:

### **A:**

Anderson, Andrews, Angelina, Aransas, Archer, Armstrong, Atascosa, Austin

### **B:**

Bailey, Bandera, Bastrop, Baylor, Bee, Bell, Bexar, Blanco, Borden, Bosque, Bowie, Brazoria, Brazos, Briscoe, Brooks, Brown, Burleson, Burnet

### **C:**

Caldwell, Calhoun, Callahan, Cameron, Camp, Carson, Cass, Castro, Chambers, Cherokee, Clay, Cochran, Coke, Coleman, Collin, Colorado, Comal, Comanche, Concho, Cooke, Coryell, Crane, Crosby

### **D:**

Dallam, Dallas, Dawson, Deaf Smith, Delta, Denton, DeWitt, Dickens, Donley, Duval

### **E:**

Eastland, Ector, Ellis, El Paso, Erath

### **F:**

Falls, Fannin, Fayette, Fisher, Floyd, Franklin, Freestone, Frio, Fort Bend

### **G:**

Gaines, Galveston, Garza, Gillespie, Glasscock, Goliad, Gonzales, Gray, Grayson, Gregg, Grimes, Guadalupe

### **H:**

Hale, Hall, Hamilton, Hansford, Hardin, Harris, Harrison, Hartley, Haskell, Hays, Hemphill, Henderson, Hidalgo, Hill, Hockley, Hood, Hopkins, Houston, Howard, Hudspeth, Hunt, Hutchinson

### **I:**

Irion

### **J:**

Jack, Jackson, Jasper, Jefferson, Jim Hogg, Jim Wells, Johnson, Jones

### **K:**

Karnes, Kaufman, Kendall, Kenedy, Kent, Kerr, Kimble, Kleberg

### **L:**

Lamar, Lamb, Lampasas, Lavaca, Liberty, Lee, Leon, Limestone, Lipscomb, Live Oak, Llano, Loving, Lubbock, Lynn

### **M:**

Madison, Marion, Martin, Mason, Matagorda, McCulloch, McLennan, McMullen, Medina, Menard, Midland, Milam, Mills, Mitchell, Montague, Montgomery, Moore, Morris, Motley

### **N:**

Nacogdoches, Navarro, Newton, Nolan, Nueces

### **O:**

Ochiltree, Oldham, Orange

### **P:**

Palo Pinto, Panola, Parker, Parmer, Pecos, Polk, Potter

### **R:**

Rains, Randall, Reagan, Real, Red River, Reeves, Refugio, Roberts, Robertson, Rockwall, Runnels, Rusk

### **S:**

Sabine, San Augustine, San Jacinto, San Patricio, San Saba, Schleicher, Scurry, Shackelford, Shelby, Sherman, Smith, Somervell, Starr, Stephens, Sterling, Stonewall, Swisher

### **T:**

Tarrant, Taylor, Terry, Throckmorton, Titus, Tom Green, Travis, Trinity, Tyler

### **U:**

Upshur, Upton, Uvalde

### **V:**

Van Zandt, Victoria

### **W:**

Walker, Waller, Ward, Washington, Webb, Wharton, Wichita, Wilbarger, Willacy, Williamson, Winkler, Wilson, Wise, Wood

### **Y:**

Yoakum, Young

# Injured Worker Survey

The Liberty Health Care Network is interested in your response to the following survey. By providing information on your experience with your work related injury or illness, The Liberty Health Care Network can work to ensure a quality network of medical providers for all injured workers. Please take a few minutes to complete this survey by circling your answer and return it to your claims case manager or mail it to:

**Liberty Health Care Network**  
**Attention: HCN Manager**  
**7900 Windrose Avenue, Plano TX 75024**

## INJURED WORKER SURVEY

1. Did you receive medical treatment for your injury on the job?
  - a. Yes
  - b. No
  
2. How did you select your first non-emergency medical provider?
  - a. The insurance case manager provided me with a list of providers to choose.
  - b. My employer provided me with a list of providers to choose.
  - c. My union told me which provider to see.
  
3. Was this medical provider your regular family doctor?
  - a. Yes
  - b. No
  
4. At any time during the treatment for your work-related injury or illness, did you change treating doctors?
  - a. Yes
  - b. No

If you answered “yes” to question #4, why did you change your treating doctor?

- a. The doctor released me to return to work before I was ready.
- b. I did not think the doctor was helping me.
- c. Other – please explain

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5. How satisfied were you with the quality of medical care you received from the doctor you saw most often for your work-related injury or illness?

- a. 1 – extremely dissatisfied
- b. 2 – somewhat dissatisfied
- c. 3 – satisfied
- d. 4 – very satisfied
- e. 5 – extremely satisfied

6. Do you feel you received the appropriate medical care necessary to resolve your injury/illness?

- a. Yes
- b. No

If your answer to question #6 is “No,” was the problem in getting all of the medical care necessary because

- a. There was difficulty in diagnosing your injury or illness?
- b. You could not get an appointment?
- c. Your insurance company did not authorize tests or procedures?
- d. Other – please explain.

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7. Did your insurance company handle all of your medical bills to your satisfaction?

- a. Yes
- b. No

If your answer to question #7 is “No,” was the problem in the handling of all your medical bills because

- a. Your doctor advised you that the medical bills were not paid correctly?
- b. You did not understand how the medical bills were paid?
- c. Some of your medical bills were not paid?
- d. Other – please explain

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8. Did your insurance company deny your claim?

- a. Yes
- b. No

9. Was a nurse assigned to your claims?

- a. Yes
- b. No

If you answered "Yes" to question # 9, did the nurse help you with medical issues and/or assist you in returning to work?

- a. Yes
- b. No

10. How long were you off work because of your work-related injury or illness?

- a. 1 day
- b. Less than 7 days
- c. Less than 1 month
- d. 1 month to less than 6 months
- e. 6 months to less than 1 year
- f. One year or more

11. Regarding return-to-work has your current Treating Doctor

- a. Returned you to work without any physical restrictions?
- b. Returned you to work with some physical restrictions?
- c. Not returned you to work in any capacity?

12. Are you currently working?

- a. Yes
- b. No

If you answered "Yes" to question #11, are you doing the same kind of work you did before your injury or illness?

- a. Yes
- b. No

If you answered "No" to question #11, are you not working because

- a. You retired?
- b. Your employer went out of business?
- c. You were laid off?
- d. You took another job?
- e. You quit?
- f. You have not been released to return to work yet?
- g. Your employer could not bring you back with your physical restrictions?

# Workers Compensation Network Acknowledgement

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

Liberty Health Care Network