

Employee Frequently Asked Questions

How will I know whether I'm required to get care from a network provider for an injury on the job?

If your employer has elected to contract with the Coventry Workers' Comp Network, you are required to obtain medical treatment for a work-related injury through the workers' compensation health care network if you live within the network's service area.

Your employer is required to give you notice that describes the network's requirements, including a list of network providers in your area. You will be asked to sign an acknowledgment form stating that you have received the notice. Even if you do not sign and return the form, you will be required to use network providers in the event of a work-related injury if you live within the network's service area. If you do not go to network providers after you have received the notice from your employer, you may have to pay for your care.

CNA may also provide you with the notice describing network requirements and the acknowledgement form. If you live in the network's service area, you will be required to obtain medical treatment from network providers after receiving the notification from CNA.

If you require emergency treatment for your injury, you may go to any hospital for the emergency care. After the emergency situation has passed, you will be required to seek any additional care for the injury from network providers.

What if my employer's carrier has a network, but I live outside of the network service area?

If you do not live in the workers' compensation health care network's service area, you will not be required to receive health care from the workers' compensation network providers. Where an employee lives includes:

- The employee's principal residence for legal purposes, including the physical address that the employee represented to the employer as the employee's address;
- A temporary residence necessitated by employment; or
- A temporary residence taken by the employee primarily for the purpose of receiving necessary assistance with routine daily activities because of a compensable work-related injury.

If you think you may live outside a network area, contact your CNA Claim Specialist and they will verify whether or not you are in the network area.

I am participating in my employer's HMO program. May I treat with my designated HMO primary care doctor instead of a HCN network doctor if injured on the job?

If your health insurance is Health Maintenance Organization (HMO) coverage you may request that the health care network allow your primary care physician, selected prior to your injury, to be your treating doctor. In order to receive care from your primary care physician, he or she must agree to follow all the terms and conditions of the health care network's contract and comply with the Workers' Compensation Health Care Network Act (Chapter 1305, Insurance Code) and applicable rules.

May I choose my own treating doctor if my employer is participating in the HCN?

Yes, but you must choose a treating doctor from the list of primary treating doctors provided through the HCN. You can access a list of treating doctors by visiting:

<http://www.talispoint.com/cna/ext>

You may also request a list from your employer or you may contact Coventry Workers' Comp Network at:

**Coventry Workers' Comp Network
3611 Queen Palm Dr.
ATTN: Client Services
Tampa, Florida 33619
800-937-6824**

Hours are from 8 a.m. to 6 p.m. CST

May I change treating doctors?

You can select an alternate treating network physician from the Coventry Workers' Comp Network list of network treating doctors in the service area where you live. If you want to change again to a third physician you are required to call your CNA Claim Specialist or Case Manager to request approval.

What if I go to a HCN doctor and have a complaint about the care I received?

You have the right to file a complaint with the HCN. You may do this if you are dissatisfied with any aspect of HCN operations, including complaints about your network doctor. It may also be a general complaint about the HCN. You may file a complaint by calling the HCN Complaint line at (800) 262-6122

You may also contact the Texas Department of Insurance (TDI) to file a complaint if you are dissatisfied with the HCN's resolution of your complaint. Complaint forms are on TDI's web site at www.tdi.texas.gov You may also call toll-free (800) 252-3439 or you may request a form by writing to the MCQA Office, Mail Code 103-6A, Texas Department of Insurance, P. O. Box 149104, Austin, Texas 78714-9104.

What is Case Management and the role of the Case Manager?

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

The Case Manager assures care is directed into the HCN and will then facilitate any request for change in provider or review out of network referrals.

What is the benefit of Case Management?

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. Case Management serves as a means for assisting the injured employee in achieving wellness, communication, education, identification of service resources and service facilitation. The case manager helps identify appropriate providers and facilities throughout the continuum of services, while ensuring that available resources are being used in a timely and cost-effective manner. The goal of Case Management is to ascertain that the provider treatment plan is appropriate, medical progress is satisfactory and the injured employee has returned to work with the employer or, if unable to return, is medically stable.

Will a Case Manager be automatically assigned to assist with recovery and return to work?

Claims with any of the following diagnoses 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

All other compensable claims will be screened by a Claim Specialist for assignment to a medical Case Manager when lost time occurs. 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 Official Disability Guidelines to evaluate the injured employee's treatment plan and progress. Case Management services are generally handled over the telephone, but field visits are provided as needed to communicate effectively with you, the injured employee, or your physician. The Case Manager will collaborate with doctors and other providers to facilitate treatment and other services to meet an individual's health needs and to promote quality cost-effective care.

If your employer has modified duty work available, the Case Manager will coordinate 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 your 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.