



To All Employees:

Kelly is committed to your health and safety at the workplace. Our first concern is to keep injuries from happening. If you are injured, we want to help you get better and return to work as soon as it is medically safe.

Kelly has chosen Coventry Workers' Comp Network as its workers' compensation health care network. It is a network built around occupational health care providers.

Coventry will provide services through our network of medical providers and facilities. Coventry Workers' Comp Network is a nationally recognized company that specializes in treating injured workers and helping them return to work.

The network includes occupational health clinics and doctors who will provide you with medical treatment. Your doctor will also manage your return to work with your employer.

Under the program, you will receive:

- a primary treating doctor;
- other occupational health services and specialists;
- emergency health care services; and
- medical care if you are working or traveling outside of the geographic services area.

The Coventry network has been built to provide you with timely and quality medical care. It is easy to access. It is here to provide you with quality medical care and assist you in returning to health and a productive life.

The enclosed materials will give you information to help you through your work-related injury or illness.



## Coventry Workers' Comp Network

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

Dear Employee:

Your employer has chosen Coventry Workers' Comp Network to manage the health care and treatment you may receive if you are injured. Coventry Workers' Comp Network 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 Coventry Workers' Comp Network service area includes the greater Dallas, greater Houston, Austin/San Antonio, Amarillo, Central Texas, North East Texas, El Paso, Lubbock, Panhandle, Midland, Rio Grande Valley, Texarkana, Nacogdoches, Central East Texas, Central West Texas, Abilene, Victoria, Corpus Christi, Orange, Laredo, and Wichita Falls areas. These areas are shown on the enclosed map.

If you are injured at work, tell your supervisor or employer as soon as you can. 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 the Coventry Workers' Comp Network. You may also contact your workers' compensation insurer for any questions about your care and treatment for a work-related injury. Coventry 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.

### ***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 Coventry Workers' Comp Network. This is required for you to receive coverage of the costs for the care of your work-related injury. If at the time you are injured you belong to a health maintenance organization (HMO), you may choose your HMO primary care physician as your treating doctor. You must have chosen the doctor as your primary care doctor prior to your injury. We will approve the choice of your HMO doctor if he or she agrees to the terms of the network contract. The doctor must also agree to abide by applicable laws.

All injured workers whose date of injury occurred prior to September 1, 2005 and who are treating with non-network providers will be advised to select a new Treating Doctor from the list of participating providers in the Certified HCN if the injured worker's employer has elected to use a workers' compensation network, if the injured worker lives in the Certified HCN service area, if the carrier determines the injury will be subject to the network and if the employer/carrier has notified the injured worker in writing of the Certified HCN requirements. 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 your insurer. You should provide proof to support your belief. Within 7 days of receiving your request for review, the insurer will tell you its decision. If you do not agree with the final decision of the insurer 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 the insurer for review. A complaint form is available on the department's web site at [www.tdi.texas.gov](http://www.tdi.texas.gov). You may also ask for a form by writing to the MCQA Office, Mail Code 103-6A, Texas Department of Insurance, P. O. Box 149104, Austin, Texas 78714-9104.

When waiting for the insurer to make a decision or the Texas Department of Insurance to review your complaint, you may choose to receive all health care from 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.

A provider listing is available at your worksite and through the network website, [www.coventrywcs.com](http://www.coventrywcs.com). It is updated every three months. It identifies providers who are taking new patients.

### Changing Doctors

It may happen that 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. We will not deny a choice of an alternate treating doctor. Before you can change treating doctors a second time, you must get permission from us.

## Referrals

You do not have to get a referral if you have an emergency health condition. All health care services that you request will be made available by the network on a timely basis, as required by your medical condition. This includes referrals. All health care services, including referrals, will be made available no more than 21 days after you make a request.

## Payment for Health Care

Network doctors have agreed to look to the insurer 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 Coventry, 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 the service area of the network.
- Your treating doctor refers you to an out of network provider or facility. This referral must be approved by Coventry Workers' Comp Network.
- 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 Coventry Workers' Comp Network. 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 the Coventry Workers' Comp Network. For additional information about the Coventry Complaint Process, you can call the Coventry Workers' Comp Network Complaint Line at (800) 937-6824 to have your questions answered.

**Coventry Workers' Comp Network**  
**Attention: Grievance Coordinator**  
**3200 Highland Avenue**  
**Downers Grove, IL 60515**  
**Grievance Coordinator – Fax Line (630) 737-2077**  
**ComplaintsandGrievances@cvty.com**

Texas law does not permit Coventry to retaliate against you if you file a complaint against the network. We also can not retaliate if you appeal the decision of the network. The law also does not permit us 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 also have the right to file a complaint with the Texas Department of Insurance. The Texas

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Department of Insurance complaint form is available on the department's web site at [www.tdi.texas.gov](http://www.tdi.texas.gov) 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 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 complete list of doctors is available at [www.coventrywcs.com](http://www.coventrywcs.com). You will be given more instructions on how to get treatment through the Coventry Workers' Comp Network. Or, you may contact us directly at the following address and/or toll-free telephone number:

**Coventry Workers' Comp Services  
ATTN: Client Services  
4630 Woodland Corporate Blvd, Suite 300  
Tampa, FL 33614-2444  
(800) 937-6824**

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

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

If you are injured and it is an emergency, you should seek treatment at the nearest emergency facility as soon as possible. This also applies if you are injured outside the service area. It also applies if you are injured after normal business hours.

After you receive emergency care, you may need ongoing care. You will need to select a network doctor from the list that your employer has given you. 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.

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

**Report your injury to your employer as soon as you can. Select a network treating doctor from the list given to you by your employer. Go to that doctor to be treated.**

Treatment prescribed by your doctor may need to be approved in advance. You or your doctor are required to request approval from the insurer or the network 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:***

- All surgeries CPT Codes 1-6 and G codes which represent a surgical procedure) with a billed amount greater than \$500.00, including spinal and artificial disc surgery. Pre Auth-Request should include specific hardware to be used for the procedure
- Spine surgery
- Inpatient Hospitalization
- Intradiscal Electrothermal Annuloplasty (IDET)
- Physical Medicine and Rehabilitation after 8 visits
- Home health care/aides, physical therapy/aides
- Occupational therapy after 8 visits
- Chiropractic treatments after 8 visits
- Work hardening and work conditioning program
- Acupuncture
- Repeat MRI/CT scans and standing MRI procedures other than x-rays (preauthorization required on MRI and CT procedures after initial diagnostic procedures)
- Electromyography (EMG) and nerve conduction velocity (NCV) testing
- Repeat diagnostics and MRI's (MRI/Scan of the spine within the first 4 weeks or repeat of all MRI for all body parts)
- Epidural steroid injections
- Facet injections
- Trigger point injections
- SI Joint injections
- Botox injections
- Joint Steroid Injection
- Durable Medical Equipment (DME) billed charges greater than \$500 per item (either purchase or expected cumulative rental)
- TENS units
- External and implantable bone growth stimulators

- Spinal cord stimulators
- Psychological testing and psychotherapy, repeat interviews, and biofeedback unless the service is part of a pre auth or division exempted returned rehabilitation program.
- Psychotherapy, with social worker, psychologist or psychiatrist
- Biofeedback
- Chronic pain mgmt./interdisciplinary pain rehabilitation
- Skilled nursing visits
- Nursing home, skilled nursing facility, convalescent or residential care admissions
- Investigational or experimental procedures 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.
- Chemical Dependency programs
- Discograms
- Power Traction Devices such as Vax-D
- Drugs not included in the Division's formulary
- Required treatment plans
- Treatment and services that exceed or are not addressed by the Network's adopted treatment guideline protocols and are not in a treatment plan pre auth by the carrier.
- Treatment of an injury or diagnosis that is not accepted by the carrier following the treating doctors' examination to define the compensable injury
- Repeat individual diagnostic study, with a reimbursement established in the current Medical Fee Guideline of greater than \$350 or without a reimbursement rate in Medical Fee Guidelines (unless otherwise specified)

The number to call to request one of these treatments is (800) 354-3053.

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.

