

Alliance Requirements for Employees

Important Contact Information

To locate a provider, go to www.pswca.org.

To contact your adjuster at the TWCA Risk Management Fund (the Fund), visit <https://www.twcarmf.org/about/contact-list/> or call 800.580.8922.

Information, Instructions, Rights, and Obligations

If you are injured at work, tell your supervisor or employer immediately. This information will help you to seek medical treatment for your injury. Your employer will also help with any questions about how to get treatment. You may also contact your adjuster at the Fund for any questions about treatment for a work related injury. The Fund is your employer's workers' compensation coverage provider and they are working with your employer to ensure you receive timely and appropriate health care. The goal is to return you to work as soon as it is safe to do so.

- **How do I choose a treating doctor?**

If you are hurt at work **and** you live in the Alliance service area, you are required to choose a treating doctor from the provider list. This is required for you to receive coverage of healthcare costs for your work related injury. A provider listing is available through the Alliance website at www.pswca.org and a link to that site is also contained on the Fund's website at www.twcarmf.org. It identifies providers who are taking new patients.

If your treating doctor leaves the Alliance, we will tell you in writing. You will have the right to choose another treating doctor from the list of Alliance doctors. If your doctor leaves the Alliance 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**.

- **What if I live outside the service area?**

If you believe you live outside of the service area, you may request a service area review by calling your adjuster.

- **How do I change treating doctors?**

Within the first 60 days of beginning treatment, if you become dissatisfied with your first choice of a treating doctor, you can select an alternate treating doctor from the list of Alliance treating doctors in your service area. The Fund will not deny a choice of an alternate treating doctor. **However, before you can change treating doctors a second time, you must obtain permission from your adjuster.**

- **How are treating doctor referrals handled?**

Referrals for health care services that you or your doctor request will be made available on a timely basis as required by your medical condition. Referrals will be made **no later than 21 days** after the request. Your doctor should refer you to another Alliance provider unless it becomes medically necessary to make a referral outside of the Alliance. You do not have to get a referral if you are in need of emergency care.

- **Who pays for the healthcare?**

Alliance providers have agreed to seek payment from the Fund for your health care. They should not request payment from you. If you obtain health care from a doctor who is not in the Alliance without prior approval from your adjuster, you may have to pay for the cost of that care and your income benefits may be disputed. You may treat with medical providers that are **not contracted** with the Alliance only if one of the following situations occurs:

- Emergencies: You should go to the nearest hospital or emergency care facility.
- You do not live within an Alliance service area.
- Your treating doctor refers you to a provider or facility outside of the Alliance. This referral must be approved by your adjuster.

Alliance Requirements for Employees

How to File a Complaint

You have the right to file a complaint with the Alliance. You may do this if you are dissatisfied with any aspect of direct contract program operations. This includes a complaint about the program and/or your Alliance doctor. It may also be a general complaint about the Alliance. A complainant can notify the Alliance Grievance Coordinator of a complaint by phone, from the Alliance website www.pswca.org or in writing via mail or fax. Complaints should be forwarded to:

PSWCA (The Alliance)
Attention: Grievance Coordinator
P.O. Box 763
Austin, TX 78767-0763
866-997-7922

A complaint must be filed with the program grievance coordinator **no later than 90 days from the date the issue occurred**. Texas law does not permit the Alliance to retaliate against you if you file a complaint against the program. Nor can the Alliance retaliate if you appeal the decision of the program. The law does not permit the Alliance to retaliate against your treating doctor if he or she files a complaint against the program or appeals the decision of the program on your behalf.

What to do when you are injured on the job

If you are injured while on the job, tell your employer as soon as possible. A list of Alliance treating doctors in your service area may be available from your employer. A complete list of Alliance treating doctors is also available online at www.pswca.org. Or, you may contact us directly at the following address and/or toll-free telephone number:

TWCA Risk Management Fund
P.O. Box 26655
Austin, TX 78755-0655
800.580.8922

In case of an emergency...

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 with 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.

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 Alliance provider list. This list is available online at www.pswca.org. If you do not have internet access call 800.580.8922 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.

Non-emergency care...

Report your injury to your employer as soon as you can. Select a treating doctor from the Alliance provider list. This list is available online at www.pswca.org. If you do not have internet access, call 800.580.8922 or contact your employer for a list.

Alliance Requirements for Employees

Treatments Requiring Advance Approval (Pre-Authorization)

Certain treatments or services prescribed by your doctor need to be approved in advance. The Fund has contracted with Careworks, to provide pre-authorization services. Your doctor is required to request approval from Careworks before the specific treatment or service 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 non-emergency healthcare treatment requests must be approved in advance:

Inpatient hospital admissions
Outpatient surgical or ambulatory surgical services to the spine only including all injections to the spine
Spinal Surgery
All work hardening and work conditioning program
Stimulator devices (including, but not limited to TENS Units, Interferential Units, Neuromuscular Stimulators, Dual Units, Spinal Cord Stimulator, Peripheral Nerve Stimulator, Brain Stimulator)
Physical or occupational therapy except for the first six (6) visits if those visits were done within the first 90 days immediately following date of injury or date of surgery
Any investigational or experimental service
Psychological testing exceeding 3 hours with no more than four tests, such as MMPI2, BDI, BAI, P-3
All repeat psychological testing
Psychotherapy and cognitive/behavioral therapy greater than 6 visits, or cognitive therapy exceeding six (6) visits, repeat psychological interviews and biofeedback; except when any service is part of a pre-authorized or Division exempted return-to-work rehabilitation program
A repeat diagnostic study with a reimbursement rate of greater than \$350 as established in the current Medical Fee Guideline or without reimbursement rate established in the current Medical Fee Guideline.
All durable medical equipment (DME) in excess of \$500 billed charges per item (either purchase or expected cumulative rental)
Chronic pain management/interdisciplinary pain rehabilitation
Drugs identified with a status of "N" in the current edition of ODG Treatment in Workers' comp; Any drug created through compounding; Any investigational or experimental drug for which there is early, developing scientific or clinical evidence demonstrating potential efficacy of the treatment, but which is not broadly accepted as the prevailing standard of care as defined in Labor Code 413.014 (a); An intrathecal drug delivery system
Any treatment or service that exceeds the Official Disability Guidelines.

The number your doctor must call to request one of these treatments is 800.580.2273 (The doctor may fax the information to: 580.580.3123). If a treatment or service request is denied, Careworks will provide written explanation. 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.