IMO MED-SELECT NETWORK®
A Certified Texas Workers’ Compensation Health Care Network

Notice of Network Requirements for The University of Texas System
Notice of Network Requirements

1. *The University of Texas System* is using a Certified Workers’ Compensation Health Care Network called the **IMO Med-Select Network**.

2. For any questions regarding the doctors and other providers in Network or other questions, you may contact them by:
   
   a. Calling IMO Med-Select Network® at 888.466.6381
   b. Writing to P.O. Box 118577, Carrollton, Texas 75011
   c. E-mailing questions to netcare@injurymanagement.com

3. Each certified Workers’ Compensation Network must have one or more service areas where doctors and other health care workers are available to treat you if you are hurt on the job. The Network’s service areas are in the following counties:

   1. Atascosa
   2. Austin
   3. Bandera
   4. Bastrop
   5. Bell
   6. Bexar
   7. Blanco
   8. Brazoria
   9. Burleson
   10. Burnet
   11. Caldwell
   12. Cameron
   13. Chambers
   14. Colorado
   15. Collin
   16. Comal
   17. Dallas
   18. Denton
   19. El Paso
   20. Ellis
   21. Fayette
   22. Fort Bend
   23. Galveston
   24. Gonzales
   25. Grayson
   26. Guadalupe
   27. Harris
   28. Hays
   29. Henderson
   30. Hidalgo
   31. Hill
   32. Hood
   33. Hunt
   34. Johnson
   35. Karnes
   36. Kaufman
   37. Kendall
   38. Lee
   39. Liberty
   40. Medina
   41. Montgomery
   42. Navarro
   43. Parker
   44. Rains
   45. Rockwall
   46. San Jacinto
   47. Smith
   48. Starr
   49. Tarrant
   50. Travis
   51. Van Zandt
   52. Waller
   53. Washington
   54. Wharton
   55. Williamson
   56. Wilson
   57. Wise
   58. Wood

   4. A map of the service area with the above counties can also be viewed on the IMO Website at [www.injurymanagement.com](http://www.injurymanagement.com) or on page 7 of this Notice of Network Requirements packet.

5. You have the right to select your HMO primary care physician (PCP) as your Treating Doctor. The injured employee may select their HMO PCP as their treating doctor if their HMO PCP was selected prior to their injury at work. The Network prefers that you make this decision as soon as possible. Your HMO PCP must agree to abide by the Workers’ Compensation Health Care Network’s contract and rules.
6. Except for emergencies, if you are hurt at work and live in the Network service area, you must choose a Treating Doctor from the list of Network doctors. All services and referrals are to be received from your Treating Doctor.

7. Except for emergencies, the network must arrange for services, including referrals to specialists, to be accessible to an employee on a timely basis on request and within the time appropriate to the circumstances and condition of the injured employee, but not later than (21) days after the date of the request.

8. If you need emergency care, you may go anywhere. If you become injured after business hours and it’s not an emergency, go to the closest health care facility.

9. If you cannot contact your Treating Doctor after business hours, and you are in need of urgent care, go to the closest health care facility.

10. You may not live in the Network service area. If so, you are not required to have care from Network providers.

11. If you are hurt at work and you do not believe that you live within the Network service area, call, or write to your UT System Claims Representative. UT System must review the information within seven (7) calendar days and notify you of their decision in writing.

12. UT System may agree that you do not live in the Network service area. If you receive care from an out of Network provider, you may have to pay the bill for health care services if it is later determined that you live in the Network service area.

13. If you disagree with the UT System decision in regards to the Network service area, you may file a complaint with the Texas Department of Insurance (TDI). Complaint Form information is addressed in #25.

14. Even if you believe you do not live in the Network service area, you still may receive health care from Network doctors and other Network health care staff while your complaint is reviewed by UT System and also by TDI.

15. UT System will pay the Network Treating Doctor and other Network Health Care providers. Except for emergency care, you may have to pay the bill if you get care from someone other than a Network doctor without approval.

16. All Network doctors and other providers will only bill UT System for medical services as related to the compensable work injury. The employee should not be billed by the Network provider.

17. Unless there is an emergency need, the Network must approve any of these following health care services before they are provided to you:

   a. Admission to a hospital
   b. Physical therapy, occupational therapy beyond allowable sessions
   c. Speech therapy
   d. Any type of surgery
e. Chiropractic care  
f. Some initial diagnostic testing as well as repeat diagnostic testing  
g. Certain injections  
h. Work hardening or conditioning programs  
i. Equipment that costs more than $1,000  
j. Nursing, convalescent or residential care homes  
k. Any investigational or experimental services or devices  
l. Any treatments, service, medication, diagnostic test or DME that falls outside of or not recommended by any one of the following Evidence Based Guidelines: 1) Official Disability Guidelines (ODG); 2) American College of Occupational and Environmental Medicine (ACOEM); 3) Medical Disability Advisor (MDA)  
m. Mental health care  
n. Chronic pain programs  

18. **Definition:** “Adverse Determination” means a determination, made through utilization review or retrospective review, that the health care services furnished or proposed to be furnished to an employee are not medically necessary or appropriate.

19. If the proposed health care services are for concurrent hospitalization, the person performing utilization review must, within (24) hours of receipt of the request, transmit a determination indicating whether the proposed services are preauthorized. If the proposed health care services involve post-stabilization treatment or a life-threatening condition, the person performing utilization review must transmit to the requesting provider a determination indicating whether the proposed services are preauthorized within the time appropriate to the circumstances relating to the delivery of the services and the condition of the patient, not to exceed one hour from receipt of the request.

For all other requests for preauthorization, the person performing utilization review must issue and transmit the determination no later than three (3) business days after the date the request is received. Within three business days of your doctor’s request for health care services, the Network will contact the doctor or his office to approve or provide an adverse determination of the services.

20. If the Network issues an adverse determination of the request for health care services, you, a person acting on your behalf or your doctor may file an appeal by writing a letter or by calling on the phone to the Network. Even though you can appeal the denial yourself, the Network encourages you to talk to your doctor about filing the appeal. He or she may have to send medical information to the Network. This appeal or reconsideration must be submitted within (30) days of the date that your doctor receives the adverse determination in writing.

21. The Network will respond to the reconsideration request within five (5) days of receipt of most reconsideration requests. These are the exceptions: The Network will respond within three (3) days if it is a reconsideration request for concurrent review. The Network will respond within one (1) business day if it is a reconsideration request which involves denial of proposed health care services involving post-stabilization treatment, life-threatening conditions or for continued length of stay in a facility.
22. Independent Review (IRO) exemption: an employee with a life-threatening condition is entitled to an immediate review by an independent review organization and is not required to comply with the procedures for a reconsideration of an adverse determination.

23. If the Network renders an adverse determination on an appeal of a preauthorization, concurrent or retrospective review the notification will include information on how to request an Independent Review (IRO). Requests for an IRO must be sent no later than 45 days from the date of the denial of the reconsideration.

24. Your Treating Doctor may decide to leave the Network. If so, and if it may harm you to immediately stop the doctor’s care, UT System or Network must pay your Treating Doctor for up to 90 days of continued care. If there is dispute about this continued care, it will be handled through the complaint process described in #25.

25. If you are dissatisfied with any part of the Network, you can file a complaint. Any complaint must be filed within 90 days of the event that you are dissatisfied about. You can contact the Network by:
   a. Calling: 877.870.0638
   b. Writing: IMO Med-Select Network®
      **Attention: NetComplaint Dept.**
      P.O. Box 118577
      Carrollton, TX 75011
   c. E-mailing: netcomplaint@injurymanagement.com

26. The Network will not strike back at:
   a. An employee or employer, who files a complaint against Network or appeals a decision of the Network, or
   b. A provider who, on behalf of the employee, files a complaint against the Network or appeals a decision of the Network

27. If you file a complaint with the Network and are dissatisfied with how the Network handled it, you may file a complaint with the Texas Department of Insurance (TDI). You can receive a complaint form from:
   a. The TDI Website at www.tdi.state.tx.us, or
   b. Write to TDI at the following address:
      **Texas Department of Insurance**
      HMO Division, Mail Code 103-6A
      P.O. Box 149104
      Austin, TX 78714-9104

28. By the fifth day after getting the appeal, the Network will send a letter saying they received the appeal.

29. The Network will send a written notification of the reconsideration determination as soon as possible, but no later than 30 days.
30. The Network also has a quicker process when there is an urgent medical need for it. The Network will handle these cases in no longer than one day. Call the Network at 888.466.6381 if there is a need for a quicker response.

31. If the situation is life threatening, you do not have to go through the Network appeal process. You, the person acting in your behalf, or the requesting provider may request a review by an Independent Review Organization (IRO). Requests for independent review shall be made to the department on behalf of the patient by the utilization review agent.

32. An IRO review may be requested for several other reasons besides a life-threatening situation. (As before, the request can be by you, a person acting on your behalf, or your provider). One reason is if the Network denies the health care a second time by denying your appeal. Another reason is when the Network denies the referral made by your Treating Doctor because it says the referral is not medically necessary. Another reason is if the Network does not believe your care is within treatment guidelines and denies the care.

33. After the review by the IRO, they will send a letter explaining their decisions. UT System will pay the IRO fees. If you are not happy with the decision, you can go to court.

34. A list of Network providers will be updated every three months, including:
   a. The names and addresses of Network providers grouped by specialty. Treating Doctors shall be identified and listed separately from specialists;
   b. Providers who are authorized to assess maximum medical improvement and render impairment ratings shall be clearly identified;
   c. A statement of limitations of accessibility and referrals to specialists; and
   d. A disclosure listing which providers are accepting new patients.

35. To obtain a medical provider directory:
   a. You can request a copy from your employer,
   b. You can obtain the list online at www.injurymanagement.com, or
   c. You can call 888.466.6381 to receive a copy.

36. The Network will make sure that there is an adequate selection of doctors with various specialties, along with other health care providers so that you do not have to wait longer than (21) days for an appointment.