

IMO MED-SELECT NETWORK®

A Certified Texas Workers' Compensation
Health Care Network



Notice of Network Requirements for City of San Antonio

IMO Med-Select Network[®] **Notice of Network Requirements**

1. *The City of San Antonio* is using a certified workers' compensation health care network called the **IMO Med-Select Network[®]**.
2. For any questions you may contact IMO by:
 - a. Calling IMO Med-Select Network[®] at 888.466.6381
 - b. Writing to P.O. Box 260287, Plano, Texas 75026
 - c. E-mailing questions to CoSANetwork@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 | 27. Galveston | 53. McLennan |
| 2. Austin | 28. Garza | 54. Medina |
| 3. Bandera | 29. Gonzales | 55. Milam |
| 4. Bastrop | 30. Grayson | 56. Montgomery |
| 5. Bell | 31. Grimes | 57. Navarro |
| 6. Bexar | 32. Guadalupe | 58. Parker |
| 7. Blanco | 33. Hale | 59. Rains |
| 8. Brazoria | 34. Harris | 60. Robertson |
| 9. Brazos | 35. Hays | 61. Rockwall |
| 10. Burleson | 36. Henderson | 62. San Jacinto |
| 11. Burnet | 37. Hidalgo | 63. Smith |
| 12. Caldwell | 38. Hill | 64. Starr |
| 13. Cameron | 39. Hockley | 65. Tarrant |
| 14. Chambers | 40. Hood | 66. Terry |
| 15. Collin | 41. Hunt | 67. Travis |
| 16. Colorado | 42. Jefferson | 68. Van Zandt |
| 17. Comal | 43. Johnson | 69. Walker |
| 18. Crosby | 44. Karnes | 70. Waller |
| 19. Dallas | 45. Kaufman | 71. Washington |
| 20. Denton | 46. Kendall | 72. Wharton |
| 21. El Paso | 47. Lamb | 73. Williamson |
| 22. Ellis | 48. Lee | 74. Wilson |
| 23. Falls | 49. Liberty | 75. Wise |
| 24. Fayette | 50. Limestone | 76. Wood |
| 25. Floyd | 51. Lubbock | |
| 26. Fort Bend | 52. Lynn | |

4. A map of the service area with the above counties can also be viewed on the IMO website at www.injurymanagement.com or on page seven of this Notice of Network Requirements packet.

5. You have the right to ask your HMO primary care physician to agree to serve as your treating doctor by completing the Selection of HMO Primary Care Physician as Workers' Compensation Treating Doctor Form #IMO MSN-5. To obtain this form, please contact the IMO Med-Select Network at 888.466.6381 or email CoSAnetwork@injurymanagement.com. The network prefers that you make this decision as soon as possible. Your HMO Primary Care Physician 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 or ask your HMO primary care physician to serve as your treating doctor and abide by the terms of the network contract. 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 you on a timely basis and within the time appropriate to the circumstances and your condition, but no 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 is 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 receive care from network providers.
11. If you are hurt at work and you do not believe that you live within the network service area, contact your claims adjuster to request a review. The Third-Party Administrator for the City of San Antonio must review the information within seven calendar days and notify you of their decision in writing.
12. If you disagree with the decision regarding the network service area, you may file a complaint with the Texas Department of Insurance. Complaint form information is addressed in #30 below.
13. If you do not believe that you live within the network service area you may choose to receive health care from the network during the City of San Antonio's review or during the review of your complaint by the Texas Department of Insurance. If you chose to receive health care from an out-of-network provider and it is ultimately determined that you live in the network service area then you may be liable, and the City of San Antonio may not be liable, for the cost of that care.
14. The City of San Antonio will pay for services provided by 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.
15. All network doctors and network referral providers will only bill the City of San Antonio for medical services as related to the compensable work injury. You should not be billed by the network provider.

16. If you obtain health care from non-network providers without network approval, except for emergency care, the City of San Antonio may not be liable, and you may be liable, for the cost of that care.
17. Unless there is an emergency need, the network must approve any of the following health care services before they are provided to you:
 - a. Admission to a hospital or surgical procedures
 - b. Mental Health Care
 - c. Physical Medicine Services such as physical therapy, occupational therapy, and chiropractic
 - d. Diagnostic testing
 - e. Injections
 - f. Rehabilitation Programs including work conditioning and work hardening
 - g. Durable Medical Equipment billed at more than \$1,000 per item
 - h. Treatment not addressed or not recommended by Evidence Based Guidelines
 - i. Prescription drugs on the “N” list and all compounds
 - j. Dental
 - k. Investigational treatment
 - l. Pain Medicine / Other Programs
 - m. Treatment for Disputed Body Parts & Conditions
 - n. Miscellaneous: – K-Wire removal, Chemotherapy, Radiation
18. 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 pre-authorized. For all other requests for preauthorization, the person performing utilization review must issue and transmit the determination no later than three business days after the date the request is received.
19. 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.
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 a request for reconsideration by writing a letter or calling the network. Even though you can request a reconsideration of the denial yourself, the network encourages you to talk to your doctor about *filing* the reconsideration. He or she may have to send medical information to the network. This 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 business days of receipt demonstrating that the network has received the information. The network has up to 30 business days for the final determination. If it is a reconsideration request for concurrent review, the network will respond within three business days. The network will respond within one business day if it is a reconsideration request which involves a 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 Organization (IRO) exemption: An employee with a life-threatening condition is entitled to an immediate review by an IRO 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 a reconsideration of the following: i) a preauthorization review, ii) a concurrent review or iii) a retrospective review, the notification will include information on how to request an IRO. Requests for an IRO must be sent no later than 45 days from the date of the denial of the reconsideration.
24. If the situation is life threatening, you do not have to go through the network reconsideration process. You, the person acting in your behalf, or the requesting provider may request a review by an IRO. IRO requests shall be made to the Texas Department of Insurance on behalf of the patient by the Utilization Review Agent (URA).
25. An IRO review may be requested for several other reasons besides a life-threatening situation. The reasons may include: i) if the network denies the health care a second time by denying your reconsideration; ii) if the network denies the referral made by your treating doctor because it is not medically necessary; or iii) if the network denies your care because it is not within treatment guidelines.
26. After the review by the IRO, they will send a letter explaining their decisions. The City of San Antonio will pay the IRO fees.
27. Your treating doctor may decide to leave the network. If so, and if it may harm you to immediately stop the doctor's care, the City of San Antonio must pay your treating doctor for up to 90 days of continued care.
28. 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 with which you are dissatisfied. When a complaint is received, you will be sent a notification letter within seven days, which will describe the complaint procedures. The network will review and resolve the complaint within 30 days of receipt. You can contact the Network Complaint Department by:
 - a. Calling: 877.870.0638
 - b. Writing: IMO Med-Select Network®
Attention: NetComplaint Dept.
P.O. Box 260287
Plano, TX 75026
 - c. E-mailing: netcomplaint@injurymanagement.com
29. The network is prohibited from retaliating against:
 - a. An employee who files a complaint against the network or appeals a decision of the network, or

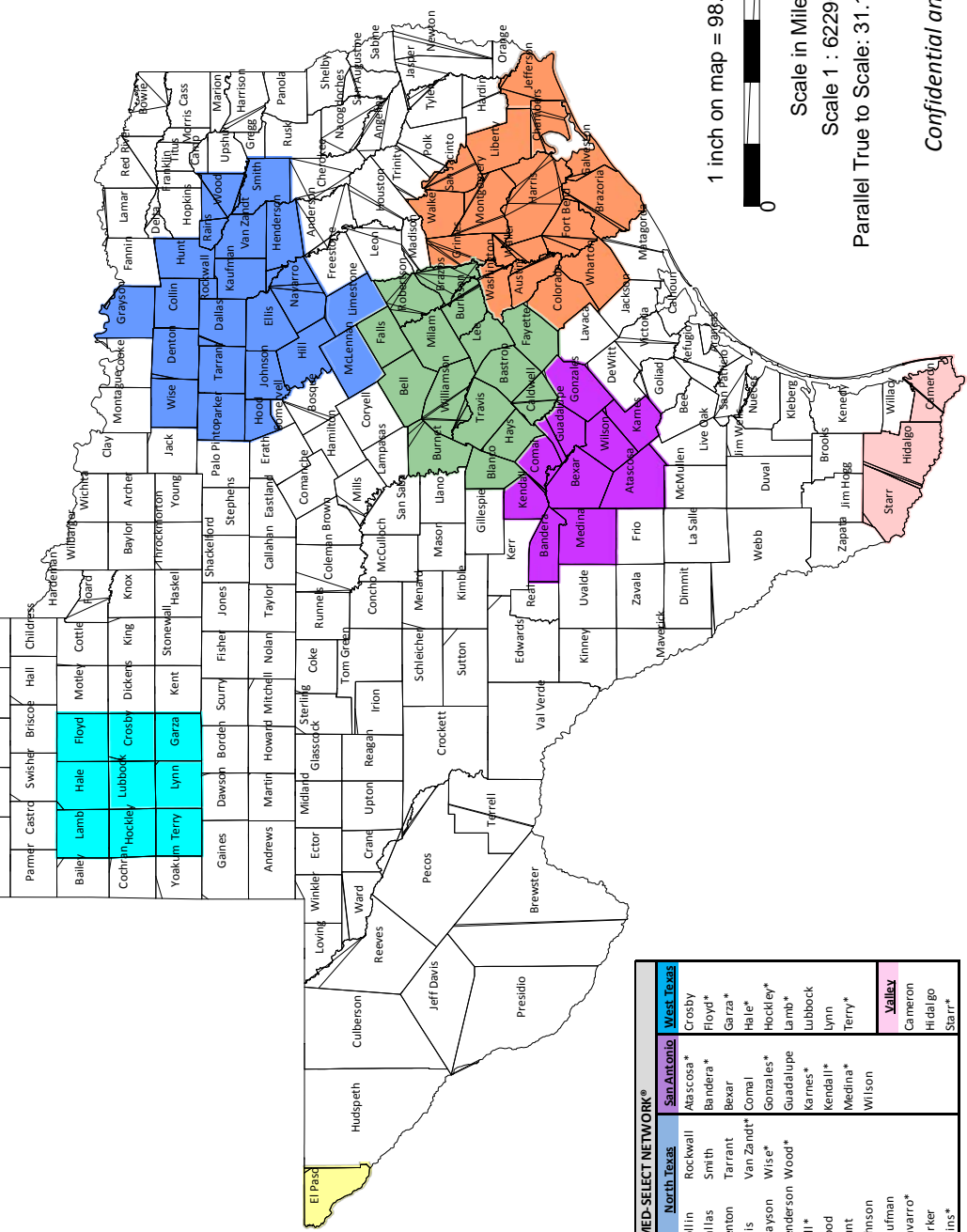
- b. A provider who, on behalf of the employee, reasonably files a complaint against the network or appeals a decision of the network.
- 30. If you file a complaint with the network and are dissatisfied with the network resolution, you may file an appeal with the Texas Department of Insurance (TDI). *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
- 31. Within five business days, the network will send a letter confirming they received the appeal.
- 32. 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; and
 - b. Providers who are authorized to assess maximum medical improvement and render impairment ratings shall be clearly identified.
- 33. To obtain a provider directory:
 - a. You can request a copy from your employer, or
 - b. You can view, print or email a list online at www.injurymanagement.com.



IMO MED-SELECT NETWORK[®]

Service Area Map

Dallam	Sherman	Hansford	Ochiltree	Lipscomb
Hartley	Moore	Hutchinson	Roberts	Hemphill
Oldham	Potter	Carson	Gray	Wheeler
Deaf Smith	Randall	Armstrong	Donley	Collingsworth
Panther	Gastrod	Swisher	Briscoe	Hall
Childress	Hardeman	Hardeman	Hardeman	Hardeman
Bailey	Lamb	Hale	Floyd	Motley
Cochran	Hockley	Lubbock	Crosby	King
Yoakum	Terry	Lynn	Garza	Kent
Gaines	Dawson	Borden	Scurry	Fisher
Andrews	Martini	Howard	Mitchell	Nolan
Loving	Winkler	Ector	Midland	Glasscock
Ward	Crane	Upton	Reagan	Iron
Reeves	Culberson	Jeff Davis	Presidio	Brewster
Hudspeth	El Paso			



IMO MED-SELECT NETWORK [®]				
Austin	Houston	North Texas	San Antonio	West Texas
Bastrop	Austin*	Collin	Atascosa*	Crosby
Bell	Brazoria	Dallas	Bandera*	Floyd*
Burleson*	Chambers	Denton	Bexar	Garza*
Burnet*	Colorado*	Ellis	Bexar	Hale*
Caldwell	Fort Bend	Grayson	Gonzales*	Hockley*
Fayette*	Galveston	Henderson	Guadalupe	Lamb*
Hays	Harris	Hill*	Karnes*	Lubbock
Lee*	Liberty	Hood	Kendall*	Lynn
Travis	Montgomery	Hunt	Medina*	Terry*
Williamson	San Jacinto*	Johnson	Wilson	
	Waller	Kaufman		
	Washington*	Navarro*		
	Wharton*			
El Paso				Valley
				Cameron
				Hidalgo
				Starr*

1 inch on map = 98.32 miles

Scale in Miles
Scale 1 : 6229685

Parallel True to Scale: 31.162105783008°
January 2019
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