

# **IMO MED-SELECT NETWORK®**

**A Certified Texas Workers' Compensation  
Health Care Network**

**Employee Network Notification Packet**






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## Notice of Network Requirements

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### Important Medical Care Information for Work-Related Injuries and Illnesses:

1. Effective September 1, 2014, your employer is partnering with IMO Med-Select Network<sup>®</sup> a certified Texas workers' compensation health care network. You are covered by the Network if you live in any of the counties listed below.
2. For any questions you may contact IMO by:
  - a. Calling IMO Med-Select Network<sup>®</sup> at 888.466.6381
  - b. Writing to P.O. Box 118577, Carrollton, TX 75011
  - c. E-mailing questions to [netcare@injurymanagement.com](mailto: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 IMO Med-Select Network<sup>®</sup> service areas include the following counties:

Atascosa	Austin	Bandera	Bastrop
Bell	Bexar	Blanco	Brazoria
Burleson	Burnet	Caldwell	Cameron
Chambers	Colorado	Collin	Cornal
Dallas	Denton	El Paso	Ellis
Fayette	Fort Bend	Galveston	Gonzales
Grayson	Guadalupe	Harris	Hays
Henderson	Hidalgo	Hill	Hood
Hunt	Johnson	Karnes	Kaufman
Kendall	Lee	Liberty	Medina
Montgomery	Navarro	Parker	Rains
Rockwall	San Jacinto	Smith	Starr
Tarrant	Travis	Van Zandt	Waller
Washington	Wharton	Williamson	Wilson
Wise	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 9 of this packet.
5. 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.
6. You have the right to select your HMO primary care physician (PCP) as your treating doctor if your HMO PCP was selected prior to your 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.
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 urgent care facility.
10. If you do not live in a network service area, you are not required to receive care from network providers.
11. If you are hurt at work and you do not believe you live within the network service area, call the State Office of Risk Management (SORM) at 877.445.0006. SORM must review the information within seven calendar days and notify you of their decision in writing.
12. SORM may agree that you do not live in the network service area. If you receive care from an out-of-network provider, and it is later determined that you live in the network service area, you may be required to pay the bill for health care services.
13. If you disagree with SORM's decision in regards to the network service area, you may file a complaint with the Texas Department of Insurance. Complaint form information is addressed in #27.
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 SORM and the Texas Department of Insurance.
15. SORM will pay for services provided by the network treating doctor and other network health care providers. Except for emergency care, you may be required 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 bill SORM for medical services related to your compensable work injury. The employee should not be billed by the network provider. 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
  - b. Physical therapy/occupational therapy, beyond allowable sessions
  - c. Chiropractic care, beyond allowable sessions
  - d. Any type of surgery
  - e. Some initial and repeat diagnostic testing
  - f. Certain injections
  - g. All work hardening or work conditioning programs
  - h. Equipment that costs more than \$1,000
  - i. Any investigational or experimental services or devices
  - j. Any treatment, service, medication, diagnostic test, or durable medical equipment that falls outside of, or not recommended by, any one of the following Evidence Based Guidelines: i) Official Disability Guidelines; ii) American College of Occupational and Environmental Medicine; iii) Medical Disability Advisor
  - k. Mental health care
  - l. All chronic pain programs
17. "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.
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. 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.
20. 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.

21. **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.
22. 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.
23. If the situation is life threatening, you do not have to go through the network reconsideration process. You, the person acting on 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).
24. 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.
25. After the review by the IRO, they will send a letter explaining their decisions. SORM will pay the IRO fees.
26. Your treating doctor may decide to leave the network. If so, and if it may harm you to immediately stop the doctor's care, SORM must pay your treating doctor for up to 90 days of continued care.
27. 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 by:*
  - a. Calling: 877.870.0638
  - b. Writing: IMO Med-Select Network<sup>®</sup>  
**Attention: NetComplaint Dept.**  
P.O. Box 118577  
Carrollton, TX 75011
  - c. E-mailing: [netcomplaint@injurymanagement.com](mailto:netcomplaint@injurymanagement.com)
28. The network will not retaliate if:
  - a. An employee or employer files a complaint against the network, or appeals a decision of the network, or
  - b. A provider, on behalf of the employee, files a complaint against the network or appeals a decision of the network.

29. 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.texas.gov](http://www.tdi.texas.gov), 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
30. Within five business days, the network will send a letter confirming they received the appeal.
31. 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.
32. You can view, print, or email a provider directory online at [www.injurymanagement.com](http://www.injurymanagement.com).



**Attention Participating Network Employee**

- Show this card to each and every medical provider that treats you for your work-related injury.
- With the exception of emergency medical care, you must treat with a network provider.
- This card is for information purposes only and does not guarantee coverage.

Please contact IMO at 888.466.6381 with any questions.

**WORKERS' COMPENSATION IDENTIFICATION CARD**



**FOR WORKERS' COMPENSATION HEALTH CARE NETWORK ONLY**

**Attention Provider**

- With the exception of emergency and initial medical treatment, you are required to notify the network of all referrals.
- You must also be an approved network provider.
- Contact the IMO Med-Select Network® to verify if you are an approved provider, or with questions regarding medical services.

**IMO Contact Information:**

Phone: 888.466.6381, Fax: 877.946.6638  
Email: netcare@injurymanagement.com

**Send Medical Bill to:**

State Office of Risk Management, PO Box 13777, Austin, TX 78711



Cut here

Fold here







**Find a Provider Search Instructions**  
**www.injurymanagement.com**

The snapshots below show samples of the following: **1)** A visual of the website homepage where the “Find a Provider” search can be easily located on the blue bar across the middle or under the “Services” tab; **2)** A visual of the page where the “Find a Provider” search and database are located; **3)** Step 1 and 2 of the search process; **4)** Search results format based on a sample zip code .



**Getting Started**

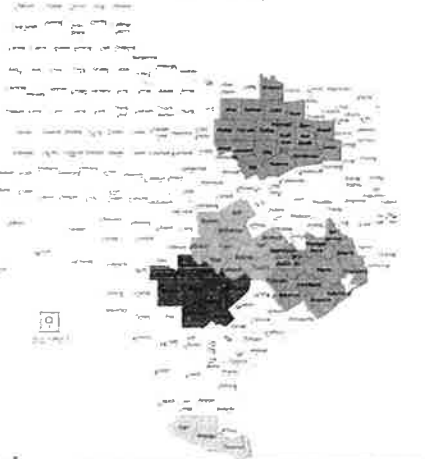
**Determine Your Service Area**

The service areas in the IMO Med-Select Network® include the following counties. If you do not live in a geographic county listed, please contact your employer or IMO at 877.772.4477 Ext. 181 for further assistance.

Main service areas include Austin, Dallas / Fort Worth, Houston, El Paso, San Antonio and the Valley. Finding the right provider near you is easy! Complete Steps 1 and 2 below and click submit.

IMO Med-Select Network®			
Austin	Houston	North Texas	San Antonio
Brewster*	Austin*	Cottle	Atascosa*
Brewster*	Brazoria	Dallas	Bandera*
Brewster*	Chambers	Denton	Bexar
Brewster*	Colorado*	Ellis	Brewster
Brewster*	Fort Bend	Grayson	Comal*
Caldwell	Galveston	Henderson	Guadalupe
Fayette*	Harris	Hill	Harris*
Hays	Liberty	Hood*	Hendrix*
East*	Montgomery	Wise	Medina*
Tarrant	San Jacinto*	Jefferson	Williamson
Webb	Waller	Woods*	Wilson
El Paso	Washington*		Compton
El Paso	Wharton*		Hidalgo
*Rural Counties			Starr*

**IMO MED-SELECT NETWORK®**  
Service Area Map



## Step 1: Define Your Search

One or more of the following can be used to define your search.

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### Define Your Search

Enter Your Zip Code:  To search by multiple zip codes, insert a comma OR space in between each.

Tell us Your Preferred Distance:  Less than 5 Miles  15 Miles  30 Miles  60 Miles  75 Miles

Search by Practice / Facility Name:

Search by Provider Tax ID Number:

Search by Provider Last Name:

Search by City Name:

## Step 2: Choose Your Provider Type

Select the provider type you want to search and use the dropdown menus to best narrow your criteria.

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### Choose Your Provider Type

**Treating Doctors** The IMO Med-Select Network® requires your *treating doctor* to be a physician chosen from the network directory and who is a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO). Treating doctors' primary service *must* be one of the following: Family Practice / Family Medicine, General Practice / General Medicine, Occupational Medicine, Internal Medicine or Physical Medicine & Rehabilitation (in El Paso only).

**Specialists / Facilities** Your treating doctor must be the one to refer you to a specialist.

**MMI / IR Physicians** Your treating doctor must be the one to refer you to a Maximum Medical Improvement and / or an Impairment Rating Physician.

**All Providers** Your treating doctor must be the one to refer you to a Maximum Medical Improvement, Impairment Rating Physician or Specialist.

## Review Search Results

After Steps 1 and 2 are submitted, you will see the below information shown in this sample snapshot including the option to print and email the list, in addition to Google Map directions if desired.

To view the “Provider Details” page, click on the “Practice / Facility Name” in red which you wish to see.

**IMO** About IMO Services Resources & Events IMO Blog Contact Us

Find a Provider

Providers (725) In Your Area [PRINT LIST](#) [EMAIL LIST](#) [NON RATE PROV OPT](#) [START NEW SEARCH](#)

Practice / Facility Name	Provider Name	Specialty	Credentials	County	Address	City	State	Zip	Phone	Fax
US Healthworks	Bader, Shu-Yuen	Family Medicine	MD	Denton	1837 W. Frankford Road, #115	Carrollton	Texas	75007	972-238-1541	972-238-1966
US Healthworks	Kennar, Linda	Physical Therapy/Facility	PT	Denton	1837 W. Frankford Road, #115	Carrollton	Texas	75007	972-238-1941	972-238-1966
Gonzales Physical Therapy & Work Restoring	Kuznetsov, Tatyana	Physical Therapy/Facility	PT	Dallas	3720 North Jossy Lane #104	Carrollton	Texas	75007	972-394-7170	972-492-8055
Gonzales Physical Therapy & Work Restoring	Ludgar, Edgar	Physical Therapy/Facility	PT	Dallas	3720 North Jossy Lane #104	Carrollton	Texas	75007	972-394-7170	972-492-8055
US Healthworks	US Healthworks - Carrollton	Urgent Care Facility	MD	Denton	1837 W. Frankford Road, #115	Carrollton	Texas	75007	972-238-1541	972-238-1966

For further questions, please contact the IMO Med-Select Network® at 888.466.6381.



**Workers' Compensation Network  
Acknowledgement Form**

I have received the Notice of Network Requirements which informs me how to get health care under workers' compensation insurance.

If I am hurt on the job and live in the service area described in this information, I understand that:

1. I must choose a treating doctor from the list of physicians in the **IMO Med-Select Network** or, I may ask my HMO primary care physician to agree to serve as my treating doctor by completing the Selection of HMO Primary Care Physician as Workers' Compensation Treating Doctor Form # IMO MSN-5.
2. I must go to my network treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I may have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. If I receive the Notice of Network Requirements and refuse to sign the Acknowledgement Form, I am still required to use the network.

Please fill out the following information before signing and submitting this completed Acknowledgement Form:

Name of Employer: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Name of Network: IMO Med-Select Network

Hire Date: \_\_\_\_\_ Department: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address – No P.O. Box or Work Address

\_\_\_\_\_

City	State	Zip Code	County
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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee Phone Number