PROVIDER REFERENCE MANUAL

INTRODUCTION AND OVERVIEW OF THE Genex HEALTH CARE NETWORK (Genex HCN)

The 79th Texas Legislature has reformed the workers' compensation system in Texas by enacting House Bill 7 ("HB 7"), which was signed into law by Governor Rick Perry on June 1, 2005 (TIC Chapter 1305 and TAC Chapter 10). To meet the requirements of HB 7, Genex has developed this manual for Network Providers participating in the Genex certified Health Care Network ("Genex HCN") in Texas.

WHAT IS A WORKERS' COMPENSATION HEALTH CARE NETWORK

HB 7 contains many reforms to the Texas workers' compensation system. The most significant of these reforms is the requirement for certification of workers' compensation networks.

The Genex HCN is a network of providers that has been certified by the Texas Department of Insurance (TDI), Division of Workers Compensation, to provide workers' compensation health care services to injured workers for their work-related injuries or illnesses. All workers' compensation networks in Texas must be certified by the TDI and must meet specific access and health care delivery standards for participation ("certified HCN"). Participation in a certified HCN is voluntary at the employer level. If the employer elects to provide coverage through a certified HCN, injured workers treating with a non-network provider for an injury that occurred prior to September 1, 2005, must select a Treating Doctor upon notification by the carrier that health care services are being provided through a certified HCN. Injured workers with a claim that arose on or after September 1, 2005, and before the date in which the employer chooses to offer network coverage may not be required to treat within the network.

The goal of the Genex certified HCN is to promote a cooperative effort between workers, employers and Network Providers to promote a successful and timely return-to-work program for the injured worker.

This manual outlines select provisions and requirements of Network Providers under HB 7. For comprehensive information regarding HB 7 and its associated rules and regulations, please visit the website for the Texas Department of Insurance, Division of Workers Compensation at:

http://www.tdi.state.tx.us/wc/

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IMPORTANT DEFINITIONS

TREATING DOCTORS: The physician primarily responsible for providing and managing the injured worker's care. An adequate number of the Treating Doctors must have admitting privileges at one or more network hospitals located within the certified HCN's service area to ensure that any necessary hospital admissions are made. In the Genex certified HCN, Network Providers specializing in Family Practice, General Practice, Internal Medicine, Occupational Medicine or occupational medicine physicians participating in Occupational Clinics and Urgent Care Centers have been designated as Treating Doctors.

SPECIALIST: The specialist provides care to the injured worker after referral from a Treating Doctor. An adequate number of Specialists must have admitting privileges at one or more network hospitals located within the certified HCN's service area to ensure that any necessary hospital admissions are made. In some instances, a Specialist may be designated as the Treating Doctor upon approval by the certified HCN.

NETWORK PROVIDER: A provider who is contracted with and in good standing in the Genex certified HCN.

CASE MANAGEMENT: A collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an injured worker's health care needs through communication and application of available resources to promote quality, cost-effective outcomes.

UTILIZATION REVIEW: A system for prospective or concurrent review of the medical necessity and appropriateness of health care services being provided or proposed to be provided, including services that are experimental and investigational, to an injured worker within the State of Texas.

RETROSPECTIVE REVIEW: The process of reviewing the medical necessity and reasonableness of health care, including services that are experimental and investigational, that has been provided to an injured worker.

WHY PARTICIPATE IN A CERTIFIED WORKERS' COMPENSATION HEALTHCARE NETWORK?

HB 7 sets up the certification requirements for certified HCNs, and makes participation mandatory when the injured worker's employer chooses a certified HCN and the worker lives within the certified HCN's service area.

HB 7 states that, with some exceptions (such as emergency care), an in-network injured worker may be liable for payment for medical care if that worker sees a non-network provider without network approval.

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Currently, any doctor of medicine, osteopathic medicine, optometry, dentistry, podiatry, or chiropractic who is licensed in Texas and authorized to practice can serve as a Treating Doctor. HB7 includes a provision that allows certified HCNs to designate the specialty or specialties of doctors that may serve as Treating Doctors.

HB 7 establishes full direction for employers that choose to use a certified HCN for its injured workers. Employers who chose to implement a certified HCN will have control of direction and channeling of an injured worker's care for the entire life of the claim. As a Network Provider, these occupationally ill or injured workers will be directed to you. Injured workers must use Network Providers for medical treatment for the entire life of their claims, as outlined in HB 7.

CONFIGURATION OF A CERTIFIED HCN

Upon certification as a certified HCN, Genex will offer its clients access to the Genex certified HCN. A description of how the Genex certified HCN was designed is available via the Genex website under the document called "Certified HCN Network Configuration."

NETWORK SERVICE AREAS

A certified HCN must establish one or more service areas within the State of Texas. For each defined service area, the certified HCN must demonstrate to the Texas Department of Insurance the ability to provide continuity, accessibility, availability, and quality of services. The counties included in the service area must be defined.

Genex HCN has established statewide coverage in all 254 counties. County configuration is located in the "Supplemental Information" section of this document.

CARE REQUIRED WITHIN THE NETWORK

If an employer elects to provide coverage through a certified HCN, the employer's workers who live within the certified HCN's service area are required to obtain medical treatment for a compensable injury within the certified HCN except under limited circumstances in accordance with TIC §1305.006.

NETWORKS APPLY TO EXISTING INJURIES

An injured worker whose injury occurred prior to September 1, 2005, must receive treatment from a provider in the certified HCN if the injured worker's employer has elected to use a workers' compensation

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network, if the injured worker lives in the certified HCN service area and if the employer/carrier has notified the injured worker in writing of the certified HCN requirements.

When the employer implements the certified HCN, all employees will receive notice of the network requirements. All injured workers, with existing injuries 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 fails to select a new Treating Doctor on or after the 14th day after the date of receipt of the notice information, the employer may assign the injured worker a Treating Doctor.

CARRIER LIABILITY FOR OUT-OF-NETWORK CARE

A carrier that establishes or contracts with a certified HCN is only liable for out-of-network health care that is provided to an injured worker in the following situations:

- Emergency care;
- Care provided to an injured worker who does not live within the service area of any certified;
- HCN established by the carrier or with which the carrier has a contract; and
- Health care provided by an out-of-network provider pursuant to a referral from the injured worker's Treating Doctor that has been approved by the certified HCN.

A carrier is also liable for the payment of out-of-network medical care for an injured worker if the employee has not received notice of network requirements.

SELECTION OF NETWORK TREATING DOCTOR

The certified HCN determines the specialty or specialties of doctors who may serve as Treating Doctors.

- For each injury, an injured worker is entitled to the injured worker's initial choice of a Treating Doctor from the list provided by the certified HCN of all Treating Doctors under contract with the certified HCN who provide services within the service area where the injured worker lives.
- Injured workers treating with a non-network provider for an injury that occurred prior to September 1, 2005, must select a Treating Doctor upon notification by the carrier that health care services are being provided through a certified HCN. If the injured employee fails to select a Treating Doctor on or after the 14th day after the date of receipt of the notice information, the certified HCN may assign the injured worker a Treating Doctor.

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PROVIDER RESPONSIBILITIES

INJURED WORKER CARE – ACCESS, REFERRALS AND SUPPORT SERVICES

The Treating Doctor is responsible for rendering initial care to the injured worker and assessing whether further care may be necessary. The Treating Doctor must initiate clinical review as defined in the injured worker's instruction sheet that is presented at the time of the first visit.

APPOINTMENTS AND WAITING TIMES

Genex requires providers to see injured workers that need urgent care within 24 hours of the request. Non-urgent care appointments for initial treatment of an injury should be accommodated within 3 business days of the employer or insurer's request for treatment. Providers should contact the certified HCN immediately if they are not able to reasonably accommodate a referred injured worker for either urgent or non-urgent care so that another Treating Doctor may be assigned.

Providers should contact the certified HCN immediately if they are not able to reasonably accommodate a referred injured worker for specialty care so that referral to another specialist within the certified HCN may take place.

Acceptable waiting time in a provider's office or clinic should not exceed reasonable community standards of more than 30-45 minutes. Appointment time with the provider should allow for adequate physician/injured worker interaction from 30-45 minutes for the initial exam and/or routine follow-up care visits lasting approximately 15-30 minutes.

REFERRALS TO CONSULTING SPECIALISTS

The Treating Doctor should make timely referrals to consulting specialists participating in the certified HCN after contacting the Genex case management department and providing notification of the need for a Specialist referral. Referrals for specialty care should be available within the time appropriate to the circumstances and condition of the injured employee but not later than 21 days of the request.

CONTINUITY OF CARE

Employers will be required to have a continuity of care plan in the event a Network Provider terminates from the certified HCN for a period not to exceed ninety (90) days.

Should you terminate your participation in the certified HCN, the certified HCN is required to continue, at your request, to reimburse you for a period not to exceed 90 days at the contracted rate for care of an

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employee with a life-threatening condition or an acute condition for which disruption of care would harm the employee.

Genex may require you to treat an injured worker at the same contractual terms, conditions and rates that were imposed prior to the contract termination date for a period of less than 90 days if the care is for an injured worker with a life-threatening condition or an acute condition for which disruption of care would harm the employee.

EMERGENCY CARE

Emergency care is defined as, "The sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in (A) placing the patient's health or bodily functions in serious jeopardy; or (B) serious dysfunction of any body organ or part."

CHANGE OF PHYSICIAN

An injured worker may change Treating Doctors by selecting an alternate Treating Doctor within the certified HCN within the service area where the injured worker lives. Injured workers may make changes to an alternate Treating Doctor by notifying the certified entity of all changes. The certified HCN cannot deny a request for an alternate Treating Doctor.

If the injured worker is dissatisfied with the alternate Treating Doctor and wants to change providers, he/she must receive approval from the certified HCN to select a subsequent Treating Doctor. The certified HCN shall establish procedures and criteria to be used in authorizing an employee to select subsequent Treating Doctors. The criteria must include, at a minimum, whether: (1) treatment by the current Treating Doctor is medically inappropriate; (2) the employee is receiving appropriate medical care to reach maximum medical improvement or medical care in compliance with the certified HCN's treatment guidelines; and (3) a conflict exists between the employee and the current Treating Doctor to the extent that the doctor-patient relationship is jeopardized or impaired.

If the certified HCN denies a request for a subsequent Treating Doctor, the injured worker may file an appeal using the complaint process.

The following requests are not considered "Requests for subsequent Treating Providers:"(1) a referral made by the Treating Doctor, including a referral for a second or subsequent opinion; (2) the selection of a Treating Doctor because the original Treating Doctor:(A) dies; (B) retires; or (C) leaves the network; or (3)

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a change of Treating Doctor required because of a change of address by the employee to a location outside the service area distance requirements.

ALL REFERRALS

Except for emergencies and out-of-network referrals, all referrals will need to be made to Network Provider. Please notify the Genex case management department if injured workers request a change of physician or a referral to a specialist.

WHAT DOES IT MEAN TO PROVIDE CARE WITH A RETURN-TO-WORK FOCUS?

All treatment proposed and rendered is focused on preparing the injured worker to return to productivity as soon as medically feasible. Treatment plans require active involvement of the provider, injured worker, employer, adjuster and case manager from initiation of treatment through release-to-work and/or settlement.

Treatment plans should be practical and implementable. Throughout the process, it should be emphasized to the injured worker that the intent of treatment is to allow them to return to the worksite in some capacity. This may include modified duty for a period of time, as soon as they are medically able to do so. Clear communication of the treatment plan, including anticipated time frames to all involved parties, is essential to reaching the treatment goals.

OTHER PROVIDER REQUIREMENTS – QUALITY & CREDENTIALING

QUALITY REVIEW PROGRAM

In addition to the certified HCN quality programs, the certified HCN may also review your compliance with the requirements applicable to you as a provider of services within the Genex certified HCN. Genex reserves the right to remove your name as a participating provider in the Genex certified HCN based on noncompliance with these requirements or if there is evidence to substantiate a quality issue that may make you ineligible for participation. You may be eligible for reinstatement if these issues are resolved. All quality review programs will be conducted in compliance with the Medical Review and Quality Improvement provisions of your provider agreement.

CREDENTIALING

Under HB 7 all providers who participate in the certified HCN must be credentialed in compliance with statutory and regulatory requirements. This includes completion of an application. Providers may use the

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Texas State Standardized Credentialing Application, which can be found at:
http://www.tdi.state.tx.us/forms/form9credential.html

LICENSES & CERTIFICATIONS

All practitioners, including Treating Doctors, are responsible for maintaining all appropriate licenses and certifications as required by state and federal law and in accordance with the credentialing requirements of the certified HCN. Any material change in license status or in certifications must be reported in accordance with your provider agreement.

DOCTOR & PRACTITIONER'S RIGHTS

As a Network Provider, you have the following doctors' and practitioners' rights:

- The right to review information submitted that supports the credentialing application;
- The right to correct erroneous information;
- The right, upon request, to be informed of status of credentialing or re-credentialing; and
- The right to be notified of these rights.

The initial credentialing, including application, verification of information, and site visits, if applicable, must be complete before the effective date of the initial contract with the doctor or practitioner. (Note: The TDI has made an exception to allow a one year grace period for completing site visits).

SITE VISITS

The Genex network partners must perform a site visit to the offices of each Treating Doctor as part of the initial credentialing process. For a group practice, the network partners, may perform one site visit for all doctors in the group. If new doctors join the group, an additional site visit is not required.

During the site visit, the network partner shall evaluate the office meets the networks' standards, including accessibility, appearance, appointment availability, space, certification or licensure (as applicable), record organization, documentation and confidentiality practices. If the office does not conform to the network's standards, the network partner shall require corrective action and perform a follow-up visit every six (6) months until the site conforms to the network's standards.

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THE ROLE OF NETWORK PROVIDERS IN THE CERTIFIED HCN ACCESSIBILITY TO HEALTH CARE SERVICES

The certified HCN must include:

- An adequate number of doctors that are available and accessible to injured workers, 24 hours a day, seven days a week, within the certified HCN's service area.
- Except for emergencies, health care services, including referrals to Specialists, should be made 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.
- Treating Doctors must have coverage 24 hours a day seven days a week. In some situations, such as if a Treating Doctor is on vacation the doctor may make arrangements for another Treating Doctor to substitute as necessary.
- Hospital services must be available and accessible 24 hours a day, seven days a week.
- Physical/Occupational therapy services and chiropractic services must be available and accessible within the certified HCN's service area.
- Emergency care must be available and accessible 24 hours a day, seven days a week, without
- restrictions as to where the services are rendered.
- An adequate number of doctors who are qualified to provide maximum medical improvement and impairment rating services.

TREATING PROVIDERS

The Treating Doctor is responsible for rendering initial care to the injured worker and assessing whether further care may be necessary. The Treating Doctor must initiate clinical review as defined in the injured worker instruction sheet that is presented at the time of the first visit.

SPECIALISTS AS TREATING DOCTORS

- An injured employee with a chronic, life threatening injury or chronic pain related to a compensable injury may apply to the certified HCN's medical director to use a Specialist that is in the same network as the injured employee's Treating Doctor.
- The request submitted to the certified HCN must:

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- Include information specified by the certified HCN, including certification of the medical need provided by the non-primary care Specialist; and
- Be signed by the injured worker and the non-primary care Specialist interested in serving as the injured worker's Treating Doctor.
- To be eligible to serve as the injured worker's Treating Doctor, a physician Specialist must agree to accept the responsibility to coordinate all of the injured worker's health care needs.
- If the request is denied, the injured employee may appeal the decision through the certified HCN's established complaint resolution process.

DUTIES OF NETWORK TREATING DOCTOR / OUT-OF-NETWORK REFERRALS

- A Treating Doctor must provide health care to the employee for the compensable injury and must participate in the medical case management process as required by Genex, including participation in return-to-work planning.
- A Treating Doctor must make referrals to other Network Providers or request referrals to out-of-network providers if medically necessary services are not available within the certified HCN.
- Referrals to out-of-network providers require approval from the certified HCN.
- The certified HCN must approve a referral to an out-of-network provider not later than the7th day after the date on which the referral is requested, or sooner if circumstances and the condition of the employee required expedited approval.
- Network Providers are subject to the following requirements:
  - The Treating Doctor is responsible for the efficient management of medical care in accordance with the Genex utilization review program and statutory and regulatory requirements;
  - Any rules adopted by the Commissioner defining the role of the Treating Doctor and specifying outcome information to be collected by a Treating Doctor;
  - Rules adopted by the Commissioner establishing reasonable requirements for doctors, and health care providers financially related to those doctors, regarding training, impairment

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rating testing, and disclosure of financial interests, and for monitoring those doctors and other health care providers;

- If the doctor intends to provide certifications of maximum medical improvement (MMI/PIR) or assign impairment ratings, comply with the impairment rating training and testing requirements established by rule.

MEDICAL EXAM TO DEFINE COMPENSABLE INJURY

An injured worker is required to submit to a single medical examination to define the compensable injury on request of the carrier. The employee's Treating Doctor must perform the medical examination.

After the examination is performed, the Treating Doctor submits a report to the carrier detailing all injuries and diagnoses related to the compensable injury. On receipt of the report the carrier must determine if they will accept or reject the Treating Doctor's report.

FOR IN- AND OUT- OF-NETWORK MEDICAL CARE

- If the report is accepted, the carrier cannot deny any medical care on the basis of compensability (however, the carrier can still deny for medical necessity reasons).
- If the report is rejected, the carrier can require that any medical treatment related to the injury in question be preauthorized.

FOR IN-NETWORK MEDICAL CARE ONLY

- The carrier is required to notify a Network Provider, in writing, if the carrier is disputing the compensability of a claim.
- The carrier is prohibited from denying a medical bill for compensability for services that were provided prior to the carrier's written notification to the provider. However, if the carrier successfully contests the compensability of the medical bill, the carrier is liable for an amount not to exceed of $7,000 for medical services provided prior to the notification.

NO REQUIRED MEDICAL EXAM (RME) IN NETWORK ARRANGEMENTS

The required medical exam (RME) process used to resolve questions about appropriateness of health care for an injured worker and does not apply to health care provided through a certified HCN.

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CASE MANAGEMENT & UTILIZATION REVIEW

CASE MANAGEMENT

The certified HCN must have a medical case management program with certified case managers. Providers are expected to cooperate with the Genex case management department.

The Genex HCN utilizes ODG as the primary treatment guideline along with along with ACOEM, the Medical Disability Advisor (MDA), and InterQual as secondary guidelines. At the current time, the following evidence-based, scientifically valid and outcome-focused, guidelines are considered presumptively correct on the issue of extent and scope of medical treatment: "Official Disability Guidelines" (ODG/TWC), American College of Occupational and Environmental Medicine (ACOEM), Presley Reed/MDA, and Presley Reed Group Disability Guidelines and InterQual.

Should you need more information, please visit the respective websites:

"Official Disability Guidelines" (ODG/TWC) = www.disabilitydurations.com

ACOEM website at; www.acoem.org.

Presley Reed / MDA Guidelines = www.rgl.net

InterQual Treatment Guidelines = http://www.interqual.com/IQSite/

Medical Disability Guidelines (MDA) = http://www.medicaldisabilityadvisor.com

For injuries not covered by the above guidelines, authorized treatment must be in accordance with other evidence based medical treatment guidelines generally recognized by the national medical community and that are scientifically based. Providers should formulate return-to-work plans in conjunction with case managers. These plans may include development of work restrictions, disability reports, communication with employers about availability of modified duty, etc.

Genex case managers will assist Treating Doctors in obtaining exposure data, job descriptions, availability of modified duty opportunities in a specific work setting used to formulate a return-to- work plan for the injured workers. The certified HCN doctors, including Treating Doctors, specialists, and referral providers must work with case managers to facilitate cost-effective care and employee return-to-work.

The certified HCN may not deny treatment solely on the basis that a treatment for a compensable injury in question is not specifically addressed by the treatment guidelines used by the carrier or certified HCN.

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UTILIZATION REVIEW/RETROSPECTIVE REVIEW OF NETWORK HEALTH CARE SERVICES

- The statutory and regulatory requirements under §4201 of the Texas Insurance Code pertaining to utilization review and requiring certification of health care utilization review agents also apply to utilization review conducted in relation to claims in a workers' compensation health care network.
- Genex has defined the list of treatment that requires Utilization Review for the HCN. The following non-emergency procedures will require pre-authorization:

1) Inpatient hospital admissions including the principal scheduled procedure(s) and the length of stay
2) Outpatient surgical or ambulatory surgical services
3) Spinal surgery
4) All psychological testing and psychotherapy, repeat interviews, biofeedback; except when any service is part of a preauthorized or exempt rehabilitation program
5) Repeat individual diagnostic study with a fee greater than $350 or documentation of procedure (DOP)
6) Work hardening and work conditioning programs
7) DME in excess of $500 per item (purchase or cumulative rental) and all TENS
8) Investigational or experimental 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 prevailing standard of care
9) Physical and occupational therapy services beyond six visits after the first two weeks immediately following the date of injury, or a surgical intervention previouslypreauthorized
10) Chiropractic treatments after 8 visits
11) Chronic pain management/interdisciplinary pain rehabilitation
12) All drugs subject to preauthorization for claims subject to the Division's closed formulary

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13) Treatment and services that exceed or are not addressed by the commissioner's adopted treatment guidelines or protocols and are not contained in a treatment plan preauthorized

14) Required treatment plans

15) Any treatment for an injury or diagnosis that is not accepted by the insurance carrier pursuant to Labor Code 408.0042 and §126.14 of this title (relating to Treating Doctor Examination to Define the Compensable Injury)

Concurrent Review

1) Inpatient length of stay

2) Work hardening or work conditioning services

3) Investigational or experimental services or use of devices

4) Physical and occupational therapy and chiropractic treatment as referenced under preauthorization in # 9 and #10 above

5) Chronic pain management/interdisciplinary pain rehabilitation

6) Required treatment plans

- The regulations have added physical and occupational therapy services to the current list of services that must be preauthorized by statute and allows the Commissioner of WC, by rule, to expand this list.
- Screening criteria used for utilization review and retrospective review must be consistent with the certified HCN's treatment guidelines, return to work guidelines, and individual treatment protocols. The carrier's utilization review program must include a process requiring a Treating Doctor or Specialist to request approval from the certified HCN for deviation from the treatment guidelines, screening criteria, and individual treatment protocols where required by the particular circumstances of an injured worker's injury.
- Genex, upon receipt of a provider's preauthorization request, must transmit a determination to the provider indicating if the proposed services are approved.
- Please note that all referrals to other providers must be made in the HCN Network.

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BILLING & REIMBURSEMENT

Network Providers may not bill or attempt to collect any amounts of payment from an injured worker for health care services for compensable injuries under any circumstances, including the insolvency of the carrier or the network.

The current system requires TDI to adopt fee guidelines using Medicare's reimbursement structure and billing and documentation requirements. TDI currently also has the authority to adopt conversion factors or other payment adjustment factors for these fee guidelines to ensure the quality of medical care and to achieve effective medical cost control.

HB 7 clarifies that the Commissioner of WC can adopt "one or more" WC conversion factors (i.e., the percentage above or below Medicare at which WC medical services will be reimbursed). HB 7 also allows certified entity to pay above or below the Division's fee guidelines, if the carrier has a contract with the provider and the contract contains a fee schedule.

ELECTRONIC BILLING

HB 7 requires that the Commissioner of WC adopt rules requiring certified Entity to accept medical bills from providers electronically. On or after January 1, 2008, the TDI may adopt rules requiring certified Entity to pay medical bills electronically.

PROMPT SUBMISSION AND PAYMENT OF MEDICAL BILLS

Medical bills shall be paid, denied or reduced no later than 45 days after receipt of the bill,

- Providers must submit a claim for payment to the carrier not later than the 95th day after the date on which the health care services are provided to the injured worker. Failure to meet timely submission guidelines for the medical bill will result in forfeiture of the provider's right to reimbursement.
- Determination to pay, reduce, deny or audit the provider's claim shall occur not later than the 45th day after the date of receipt of the provider's claim. Additional documentation necessary to clarify the provider's charges at any time during the 45-day period may be requested.
- If additional documentation is requested within the 45 day period, the provider must provide the requested documentation no later than the 15th day after the date of receipt of the carrier's request.

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- 85% of the fee guideline amount or the contracted rate will be paid if they choose to audit the bill. The bill audit must be completed no later than 160 days after documentation is received. HB 7 also clarifies that these prompt payment timeframes will apply to both in- and out-of- network medical care.

REIMBURSEMENT TO THE CARRIER BY THE NETWORK PROVIDER

If the services provided to an injured worker are determined by the HCN to be inappropriate it must:

- Notify the provider in writing of the decision; and
- Demand a refund by the provider of the portion of the payment on the claim that was received by the provider for the inappropriate services.
- The provider may appeal the determination by filing an appeal not later than the 45th day after the date of the request for the refund. The appeal must be acted on not later than the 45th day after the date on which the provider files the appeal.
- The provider must reimburse the carrier for payments received for inappropriate charges not later than the 45th day after the date of the carrier's notice. Failure by the provider to timely remit payment constitutes an administrative violation.

COMPLAINTS & GRIEVANCES

You may contact the Genex at the number on the information provided to you by the injured worker regarding any issues pertaining to carriers or injured workers participating in the certified HCN. Genex may contact you and will expect assistance in resolving any issues pertaining to an injured worker. Genex will work in coordination with the Network Partners in resolving grievances, as appropriate.

You are required to post, in your office, a notice to employees on the process for resolving complaints. The notice must include the TDI's toll-free telephone number for filing a complaint and must list all the workers' compensation health care networks in which you hold a contract. If you need assistance with creating this notice, please contact Genex at 1-866-611-9949.

TEXAS REQUIREMENTS FOR COMPLAINTS; DEADLINES FOR RESPONSE & RESOLUTION

- Network must within seven (7) calendar days upon receipt of an oral or written complaint acknowledge, in writing, receipt/date/description of the complaint; and provide the certified HCN's complaint procedures and deadlines.

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- Each complaint received by the certified HCN must be investigated in accordance with certified HCN's policies and Texas Insurance Code.
- After investigation of a complaint the certified HCN must issue a resolution letter no later than the 30th day after receipt, which includes an explanation of the Genex resolution; specific reasons for the resolution; the specialization of any provider consulted; and states if the complainant is not satisfied with said resolution.
- The certified HCN will maintain a Complaint Log for each complaint for a period of three (3) years from the date the complaint was received.
- Any person who has attempted to resolve a complaint through a network's complaint system process or attempted to resolve a dispute regarding whether the employee lives within the network's service area through the insurance carrier, who is dissatisfied with the resolution of the complaint, may submit a complaint to the department. The department's complaint form may be obtained from: www.tdi.state.tx.us or the HMO division, Mail code 103-6A, Texas Department of Insurance, P O Box 149104, Austin, Texas 78714-9104. For Information on filing a complaint, call the Consumer Help Line between 8 a.m. and 5 p.m., Central time, Monday-Friday at 1-866-611-9949.

If an employee/employer/provider has a grievance about issues not directly related to medical and health services, they may contact Genex through the toll free number. All attempts will be made to resolve/correct the grievance by telephone.

Grievances and/or issues with the certified HCN are forwarded to the certified HCN grievance liaison. The certified HCN liaison records the relevant information, including the caller's name and number and the nature of the grievance.

DISPUTES

DISPUTE RESOLUTION FOR IN-NETWORK CARE

Genex is responsible to respond to disputes submitted by injured workers who dispute they live within the certified HCN's service area. An injured worker who disputes whether he/she lives within the service area may seek care from the certified HCN during the contract entity's review and the TDI investigation of the complaint.

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A dispute concerning continuity of care shall be resolved through the complaint resolution process of the Genex program.

FEE DISPUTES

HB 7 requires that each Network set up and maintain an internal complaint resolution process. Since fees for in-network medical care are subject to negotiation between the network and the provider, HB 7 requires all in-network fee disputes to be handled by the Genex internal complaint resolution process.

IN-NETWORK PROSPECTIVE & RETROSPECTIVE MEDICAL DISPUTES

HB 7 requires in-network prospective and retrospective medical disputes to be handled by the entity performing those services for utilization review. If the dispute is not resolved, providers may request review by an Independent Review Organizations (IROs). Requests for an IRO should be sent to Genex.

PROVIDER EDUCATION

EXAMINATION OF NETWORKS BY DEPARTMENT OF INSURANCE

As often as the Commissioner considers necessary, the Commissioner or the Commissioner's designated representative may review the operations of a HCN to determine compliance with statutory and regulatory requirements. The review may include on-site visits to the certified HCN's premises. During on-site visits, the certified HCN must make available to the Department of Insurance all records relating to the certified HCN's operations.

EXAMINATION OF PROVIDER OR THIRD PARTY BY DEPARTMENT OF INSURANCE

If requested by the Commissioner or the Commissioner's representative, each provider, provider group, or third party with which the certified HCN has contracted to provide health care services or any other services delegated to the certified HCN by the carrier must make available for examination by the Department of Insurance that portion of the books and records of the provider, provider group, or third party that is relevant to the relationship with the certified HCN.

PROVIDER SERVICES

Genex believes providers should be well informed about the certified HCN in general. Please contact us by phone or via our website to with questions.

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BY TELEPHONE

We have staffed specialty teams who are available via a toll-free telephone number to respond to your inquiries. The number to call for Genex is 1-866-611-9949.

WEBSITE ACCESS

We strongly encourage all participating providers to obtain a password to access the Genex website. This manual may be updated from time to time with new information or should modifications to the rules and regulations of HB 7 occur.

Access to Genex provider manuals for the Texas HCN is available through the Genex Case Connect system at: https://gcc.genexservices.com

Click on Resources and select Clinical Guidelines Tool.
Click on Provider References under Supporting Documents to access the TX HCN Provider Manuals

This section of the website is password protected. Providers visiting the site for the first time can self register for access. The link to register is: genexcaseconnection@genexservices.com a username and password will be emailed to you.

SUPPLEMENTAL INFORMATION

MODIFICATIONS TO THE PROVIDER AGREEMENTS

Network provider agreements must satisfy the requirements of HB 7. Among the provisions included:

- Network Provider agrees to follow treatment guidelines adopted by the certified HCN, as applicable to an employee's injury.
- Continuity of treatment: If a Network Provider leaves the certified HCN, the carrier or network is obligated to continue to reimburse the provider for a period not to exceed 90 days at the contracted rate for care of an employee with a life-threatening condition or an acute condition for which disruption of care would harm the employee.
- The provider must request continued care. A dispute involving continuity of care is subject to the certified HCN's dispute resolution process.
- Referrals: Provider will make referrals to other Network Providers, or request approval from the certified HCN for referrals to out-of-Network Providers if medically necessary services are not available within the certified HCN.
- Provider is required to participate in the medical case management process as required by the certified HCN, including participating in return-to-work planning.

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Genex HCN Service Area Description

Genex is certified to operate in the following counties:

Anderson	Childress	Fayette	Hopkins	Live Oak	Pecos	Terry
Andrews	Clay	Fisher	Houston	Llano	Polk	Throckmorton
Angelina	Cochran	Floyd	Howard	Loving	Potter	Titus
Aransas	Coke	Foard	Hudspeth	Lubbock	Presidio	Tom Green
Archer	Coleman	Fort Bend	Hunt	Lynn	Rains	Travis
Armstrong	Collin	Franklin	Hutchinson	Madison	Randall	Trinity
Atascosa	Collingsworth	Freestone	Irion	Marion	Reagan	Tyler
Austin	Colorado	Frio	Jack	Martin	Real	Upshur
Bailey	Comal	Gaines	Jackson	Mason	Red River	Upton
Bandera	Comanche	Galveston	Jasper	Matagorda	Reeves	Uvalde
Bastrop	Concho	Garza	Jeff Davis	Maverick	Refugio	Val Verde
Baylor	Cooke	Gillespie	Jefferson	McCulloch	Roberts	Van Zandt
Bee	Coryell	Glasscock	Jim Hogg	McLennan	Robertson	Victoria
Bell	Cottle	Goliad	Jim Wells	McMullen	Rockwall	Walker
Bexar	Crane	Gonzales	Johnson	Medina	Runnels	Waller
Blanco	Crockett	Gray	Jones	Menard	Rusk	Ward
Borden	Crosby	Grayson	Karnes	Midland	Sabine	Washington
Bosque	Culberson	Gregg	Kaufman	Milam	San Augustine	Webb
Bowie	Dallam	Grimes	Kendall	Mills	San Jacinto	Wharton
Brazoria	Dallas	Guadalupe	Kenedy	Mitchell	San Patricio	Wheeler
Brazos	Dawson	Hale	Kent	Montague	San Saba	Wichita
Brewster	Deaf Smith	Hall	Kerr	Montgomery	Schleicher	Wilbarger
Briscoe	Delta	Hamilton	Kimble	Moore	Scurry	Willacy
Brooks	Denton	Hansford	King	Morris	Shackelford	Williamson
Brown	DeWitt	Hardeman	Kinney	Motley	Shelby	Wilson
Burleson	Dickens	Hardin	Kleberg	Nacogdoches	Sherman	Winkler
Burnet	Dimmit	Harris	Knox	Navarro	Smith	Wise
Caldwell	Donley	Harrison	La Salle	Newton	Somervell	Wood
Calhoun	Duval	Hartley	Lamar	Nolan	Starr	Yoakum
Callahan	Eastland	Haskell	Lamb	Nueces	Stephens	Young
Cameron	Ector	Hays	Lampasas	Ochiltree	Sterling	Zapata
Camp	Edwards	Hemphill	Lavaca	Oldham	Stonewall	Zavala
Carson	El Paso	Henderson	Lee	Orange	Sutton	
Cass	Ellis	Hidalgo	Leon	Palo Pinto	Swisher	
Castro	Erath	Hill	Liberty	Panola	Tarrant	
Chambers	Falls	Hockley	Limestone	Parker	Taylor	
Cherokee	Fannin	Hood	Lipscomb	Parmer	Terrell	

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