



# WORKWELL, TX

---

Network Provider Manual | As of January 1, 2018



Dear Provider,

Congratulations and welcome to WorkWell, TX, Texas Mutual’s exclusive workers’ compensation network. Thanks to quality health care providers like you, we share a commitment to getting injured workers well and back on the job.

Our participating provider manual for WorkWell, TX was designed to make it easy and convenient for you to do business with Texas Mutual. As a health care provider, you are the core of our business, and we share your commitment to providing the highest standards of medical care. The quality of your services is the most defining characteristic of our network. Texas Mutual constantly strives to improve our products and services to sustain our role as a leader in the workers’ compensation industry, and your inclusion in this network is testament to your integrity and results.

WorkWell, TX provides Texas Mutual policyholders and their employees with integrated services that include employment-related injury and occupational health care, in-network medical claim review, case management, and other cost-containment services.

Again, thank you for joining WorkWell, TX and for your commitment to quality medical treatment for our injured employees.

Sincerely,

WorkWell, TX Support Team  
(844) 867-2338



**WORKWELL, TX**

## Table of Contents

Demographic changes and updates.....	2	Treatment protocols and return-to-work guidelines.....	4
Emergencies.....	2	a. Treating doctor changes	
Referrals (in and out of the network).....	2	b. Confidentiality and privacy of health care information	
Online provider directory (and app).....	2	Pharmacy closed formulary.....	5
Maximum Medical Improvement (MMI)/Impairment Rating (IR) referrals.....	3	Provider monitoring.....	5
Designated doctor exams.....	3	Claims & preauthorization.....	5-6
Preauthorization.....	3	Complaints and grievances.....	6
Reconsideration and adverse determination of preauthorization requests.....	3	Contact information.....	6



# WORKWELL, TX

## Network Provider Manual

### **Demographic changes and updates**

If you have updates to your demographic information, including: name, tax identification number, address (new or closures), new group participants or terminations, please reach out to our office as soon as possible. We will send you a Provider Change Form for you to complete with your new information. This completed form should be emailed to: [wwtxcontracts@texasmutual.com](mailto:wwtxcontracts@texasmutual.com) or faxed to (512) 224-8800.

### **Emergencies**

Care that is categorized as emergent (either a physical medicine or mental health emergency) is available and accessible 24 hours a day, 7 days a week. If emergency care is needed by an injured worker, they may be treated by a network or out-of-network provider. A list of all participating providers and facilities can be found on our website at [texasmutual.com](http://texasmutual.com).

### **Referrals (in and out of the network)**

WorkWell, TX was designed to deliver consistent, quality care to injured workers. To ensure consistency, the program requires referrals to other participating providers, including hospitals. The network does have an exception process for out-of-network referral requests and cases where the injured worker is seeking emergency care.

All referrals should be made to participating network providers, unless medically necessary treatment is not available and/or accessible to the injured worker in the provider network. Each participating provider has contractually agreed that if an injured employee requires medical services outside the scope of the participating provider's expertise, the injured employee will be referred to another participating provider. If, in the participating provider's judgment, no referral provider is available that can provide the necessary medical services, the participating provider agrees to refer the injured employee to a provider that is not a member of the network after obtaining the approval to do so from the Network Administration Department at [wwtxadmin@texasmutual.com](mailto:wwtxadmin@texasmutual.com) or (844) 867-2338.

### **Online provider directory and app**

Please consult the list of participating providers at [texasmutual.com](http://texasmutual.com) for specialty referrals. Our online provider directory is also available by downloading our mobile app.

## **Maximum Medical Improvement (MMI)/Impairment Rating (IR) referrals**

If you are a treating doctor, part of your role and responsibility is to examine patients to determine the date of MMI and assign an impairment rating when appropriate. (See 28 Texas Administrative Code § 180.22(c)(5).) If you are not certified to perform this evaluation, you may refer the injured worker to another provider for this purpose. If you need assistance making this referral, you may reach out to the handling adjuster or to the Network Administration Department.

## **Designated doctor exams**

A doctor who has contracted with or is employed by an authorized workers' compensation health care network established under Chapter 1305, Insurance Code, (network doctor) may not perform a designated doctor examination, as those terms are used under the Texas Workers' Compensation Act, for an employee receiving medical care through the same network (28 TAC § 126.7 (a)). If you receive a request to provide a designated doctor exam by the Texas Department of Insurance, Division of Workers' Compensation (DWC) for a WorkWell, TX patient, please contact DWC and request that the exam be reassigned to a non-network provider.

## **Preauthorization**

Visit [texasmutual.com](http://texasmutual.com) or call (800) 859-5995 for a complete list of services that require preauthorization. The preauthorization approval process may take up to three business days. Preauthorization requests should be faxed to (800) 852-1805. Please note: preauthorization is not a guarantee of compensability or payment.

For X-rays or durable medical equipment up to \$500, please call OneCall Care Management at (877) 269-9373.

## **Reconsideration and adverse determinations of preauthorization requests**

### *Requesting a reconsideration of an adverse determination during the course of treatment:*

Providers may ask for reconsideration of an adverse determination regarding requested treatment. This reconsideration review will be conducted by a provider other than the provider who made the original adverse decision. Full compliance with all applicable timelines for acknowledgement, receipt, and performance of the reconsideration is expected.

### *Requesting an independent review of adverse determinations within the provider network during the course of treatment for a work-related injury:*

The network shall have a policy within the utilization review department for allowing injured workers, their providers, or a person acting on their behalf to request an independent review of an adverse determination of a request for reconsideration. The utilization review agent will provide the independent review organization any medical records of the employee relevant to the treatment of the work-related injury. Utilization review will also provide any document, including treatment guidelines, used by the person in making the determination, the response letter described in Insurance Code 1305.354(a) (4) and 10.103(a) (4), any documentation and written information submitted in support of the request for reconsideration, and a list of the providers who provided care to the employee and who may have medical records relevant to the review. Full compliance with all applicable timelines for acknowledgement, receipt, and performance of the reconsideration is expected.

## **Treatment protocols and return-to-work guidelines**

The network has adopted evidence-based treatment guidelines, including the Official Disability Guidelines (ODG) and the European Guidelines for Management of Chronic Low Back Pain. In addition, we have adopted the Medical Disability Advisor (MDA) as our return-to-work guidelines. All providers are required to follow these guidelines when treating injured workers in the network. Our adjusters, case managers and utilization review personnel also use these guidelines to determine what treatment is appropriate as treatment plans are established and monitored. Practice parameters and protocols may be accessed through the following websites:

- Official Disability Guidelines (ODG): <http://www.disabilitydurations.com>
- European Guidelines for Management of Chronic Low Back Pain: <http://www.backpaineurope.org>.
- Medical Disability Guidelines (MDA): <http://www.mdguidelines.com/>

By complying with the network's treatment and return-to-work protocols, you help ensure all injured or ill employees get consistent, quality treatment. While the network requires participating providers to use these treatment guidelines, we do recognize some situations will call for different treatment protocols. If deviation from the guidelines is considered necessary, please consult with our medical director, Dr. Nicholas Tsourmas, at (512) 224-7044.

## **Treating doctor changes**

The network allows injured workers to change their treating doctor once without approval, but the injured worker must notify the network. Subsequent treating doctor changes require network approval. New treating doctors must be participating network providers. The case manager, claims adjuster, or their designee will notify all appropriate parties of the request. Subsequent requests will be managed through the established network grievance process.

## **Confidentiality and privacy of health care information**

WorkWell, TX takes the privacy and security of patient information seriously. All providers in the network have a responsibility to maintain the confidentiality of patient information in accordance with all applicable federal and state laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If questions arise regarding an obligation to maintain the confidentiality of information or the appropriateness of releasing information, you should seek guidance from the Department of Health and Human Services at [hhs.gov](http://hhs.gov) or the Office for Civil Rights at [hhs.gov/ocr](http://hhs.gov/ocr).

## **Pharmacy closed formulary**

The Texas Department of Insurance, Division of Workers' Compensation (DWC), has adopted a pharmacy closed formulary that is applicable for claims with a date of injury on or after September 1, 2011. The closed formulary also applies to claims with a date of injury prior to September 1, 2011 beginning September 1, 2013. In order to determine if a medication requires preauthorization, please refer to ODG, Appendix A. For your convenience, the list can be found on the DWC website at [tdi.texas.gov/wc/dm/index.html](http://tdi.texas.gov/wc/dm/index.html).

Please note that preauthorization is not required for drugs with a "Y" status in ODG, Appendix A. "Y" status drugs are available for the majority of the drug classifications.

## **Provider monitoring**

The network must conduct provider monitoring on its members' performance. Monitoring will include Medicare/Medicaid sanctions/limitations, state licensing board sanctions/limitations, complaints, and Texas Department of Insurance, Division of Workers' Compensation information. When occurrences of poor quality results are identified, the network will take appropriate action. This action may include but not be limited to a site visit, medical record review, review by the Texas Mutual's medical director, and/or termination from the network.

Texas Mutual conducts economic profiling studies to compare individual or provider groups to other providers in an effort to evaluate trends such as utilization, cost per claim, or other measures. These reviews are subject to the notice provisions of 28 TAC § 10.42.

## **Patient coverage verification**

To check patient coverage, visit: [secure.texasmutual.com/onlineeobweb/ClaimVerification.do](http://secure.texasmutual.com/onlineeobweb/ClaimVerification.do). You can navigate to this page by selecting "Patient coverage verification" found under the Provider tab on [texasmutual.com](http://texasmutual.com)

## **Electronic submission**

Texas law requires health care providers, with some exceptions, to submit their bills to carriers electronically. Texas Mutual has chosen Jopari Solutions Inc. as its eBilling partner. Visit [jopari.com](http://jopari.com) to enroll into e-billing.

## **Paper submission**

Mail paper claims to:

Texas Mutual Insurance Company  
PO Box 12029  
Austin, Texas 78711-2029

A complete bill must be submitted within 95 days of the date of service. For more information on billing and documentation requirements, please visit 28 TAC Chapter 133.

## **Medical bill status/online EOB's**

To check the status of a medical bill or receive an Explanation of Benefits (EOB), please visit: [secure.texasmutual.com/onlineeobweb/initialize.do](https://secure.texasmutual.com/onlineeobweb/initialize.do). You can navigate to this page by selecting "Claim status and EOB" found under the Provider tab on [texasmutual.com](https://texasmutual.com). You may also call: (800) 859-5995. You will need to provide the following information:

- Health care provider FEIN
- Claim number or injured worker's social security number
- Date of service

## **Complaints and grievances**

The complaint procedure for WorkWell, TX is available to any complainant. A "complainant" is defined as an employee, employer, provider, or employee's authorized representative designated to act on behalf of an employee who files a complaint.

WorkWell, TX defines a "complaint" as any dissatisfaction expressed orally or in writing by a complainant to the network regarding any aspect of the network's operation. This includes dissatisfaction related to medical fee disputes and the network's administration, or the manner in which service is provided.

A complaint must be filed with the network's Grievance Coordinator no later than 90 days from when the issue occurred.

To reach the network grievance coordinator, please call (844) 297-5723. A copy of the network's complaint form is available online at [texasmutual.com](https://texasmutual.com). A paper copy of the form is also available in the last page of this manual. You may submit your complaint in writing by email, fax, or mail:

WorkWell, TX  
Attn: Grievance Coordinator  
PO Box 12029  
Austin, Texas 78711-2029  
Email: [wwtxcomplaints@texasmutual.com](mailto:wwtxcomplaints@texasmutual.com)  
Fax: (512) 224-8800

---

---

## **Contact Information**

### **Customer service**

- For other general claim questions, please contact our Information Service Center at (800) 859-5995.
- For Texas Mutual Network Administration, please call (844) 867-2338.



# WORKWELL, TX

## Complaint Form

We take your concerns seriously. To allow us to best serve you and address your concern, please complete this form and follow the directions below to submit. You will receive a response within 7 calendar days.

### Who is completing this form?

I am a:  Provider  Employee  Employer  Employee representative  Agent

Name:			
Address:	City:	State:	Zip:
Phone number:	Email address:		

### Tell us about the injured employee:

Name: \_\_\_\_\_

Date of injury: \_\_\_\_\_ Claim number: \_\_\_\_\_

Description of complaint (include dates, names, and specific resolutions for remedy, if available):

---

---

---

---

---

---

---

---

---

---

*Use back for more space.*

Date complaint received (office use only): \_\_\_\_\_

### Please return this form to Texas Mutual.

Email: [wwtxcomplaints@texasmutual.com](mailto:wwtxcomplaints@texasmutual.com)

Fax: (512) 224-8800

Mail: Texas Mutual Insurance Company

Attn: Grievance Coordinator

PO Box 12029

Austin, Texas 78711-2029