

STATE ACTIVE DUTY (SAD) CHECKLIST FOR WORKERS' COMPENSATION INCIDENTS AND INJURIES

AFTER AN INCIDENT OR INJURY OCCURS

1. Report the injury or work-related illness to the Supervisor within 24 hours.
NOTE: Report to the Supervisor immediately if medical treatment or lost time from work occur.
2. The Supervisor, employee, and any witness to the incident/accident complete the required forms. (See below for guidance.)
3. The Supervisor should then contact the Workers' Compensation Coordinator and provide the completed forms.

MEDICAL TREATMENT

Unless emergency medical treatment is needed, a treating doctor must be selected from the CareWorks Network.

Please visit the CareWorks website, www.careworks.com, to locate a treating doctor in the network.

NOTE: All non-emergency medical treatment, procedures, and prescriptions require approval from State Office of Risk Management (SORM).

For prescription services, contact myMatrixx at 877-804-4900.

REQUIRED FORMS

- Copy of State Active Duty Orders
- Employee
 - Signed SORM-29 Employee's Report of Injury
 - Signed SORM-16 Authorization for Release of Information
 - Signed CareWorks Network Acknowledgement Form
- Supervisor
 - Completed DWC-1S Employer's First Report of Injury,
 - Completed SORM-703 Supervisor's Incident/Accident Investigation Form
- Witness (if applicable)
 - Completed SORM-74 Witness Statement

CONTACTS

Workers' Compensation Coordinator (WCC)

Jamaika McAdams
statehrworkerscomp@military.texas.gov
512-782-5306

BACKUP

Albany Siam
Albany.Siam@military.texas.gov
512-782-3831

or

benefits@military.texas.gov

FAX: 512-374-0299



EMPLOYEE'S REPORT OF INJURY

Dear Employee:

We received a report that you were injured in the course of your employment. To process your claim efficiently, please fill in all lines completely and print legibly. Attach additional sheets if necessary.

Name: Last First M.I. Maiden Social Security: Gender: M F
Address: Date of Injury:
City: State: ZIP: Employer:
Primary Phone Number: Job Title:
Secondary Phone Number: Work Schedule:
Email address:

1) What was the exact location of the accident? Include street address if possible:

2) What was happening at the time? What was going on around you, what were you doing, what were other people doing?:

3) Briefly describe what exactly caused the injury:

4) What areas of your body were injured?

5) When and to whom did you report your injury? Date Time
Name: Title Phone Number:

6) List all known witnesses (continue on back if necessary): 1. Name Phone:
2. Name Phone: 3. Name Phone:

7) Who is your Primary Care Physician or family doctor? Name: Phone:

8) Please list the names and phone numbers of all doctors or treatment providers you have seen for your injury:
Name: Phone:
Name: Phone:
Name: Phone:

9) Has a doctor taken you off work? Yes No If Yes, when was the first day you missed work?

10) If the doctor took you off of work, have you returned to work? Yes No If No, when do you think you will return to work?

11) Date of Last Appointment: Date of Next Appointment:

12) Have you had previous workers compensation injuries? Yes No If Yes, please enter injury dates and body parts injured:

By affixing my signature, I attest that all information on this form is accurate and true:

Signature: Date:

Instructions

Employee's Report of Injury

Purpose of Form:

The injured employee completes this form to provide the State Office of Risk Management (SORM) with information pertaining to the circumstances surrounding the injury and what has happened since the date of injury. This will help to expedite benefits in a more timely manner.

Filing Deadline:

The form must be received by SORM not later than the 5th calendar day after the *First Report of Injury or Illness Form* (DWC-1S) is reported by the agency.

Completed by:

This form shall be completed by the injured employee with assistance from the Claims Coordinator, if needed.

Instructions:

1. The employee will address each of the questions completely and use additional pages if necessary. The adjuster needs a complete picture of the events surrounding the injury and how the injury occurred. Witnesses' names and phone numbers, physicians/treatment provider's names and phone numbers and work status is needed. The employee should enter any previous workers compensation claims information including body parts injured.
2. The injured employee will sign and date the form thereby attesting that all information on the form is true and complete.

Distribution

The Claims Coordinator shall retain the original for the agency file and fax or mail a copy to:

State Office of Risk Management
P.O. Box 13777
Austin, TX 78711
Fax: (512) 370-9025

Notice: With few exceptions, an individual is entitled, upon request, to be informed about the information a state governmental body collects about the individual. Under Sections 552.021 and 552.023 of the Government Code the individual is entitled to receive and review the information and under Section 559.004 of the Government Code the individual is entitled to have the state governmental body correct any information about the individual that is incorrect.



AUTHORIZATION FOR RELEASE OF INFORMATION

Patient: _____

TO WHOM IT MAY CONCERN:

You are hereby expressly authorized to release and furnish to the State Office of Risk Management (SORM), and/or any associate, assistant, representative, agent, or employee thereof, any and all desired information (including, but not limited to, office records, medical reports, memos, hospital records, laboratory reports, including results of any and all tests including alcohol and/or drug tests, X-rays, X-ray reports, including copies thereof) pertaining to the physical and/or mental condition which is the basis of my workers' compensation claim. This includes not only all current and/or future information but also all past medical information which is related to the injury or injuries which form the basis of my claim.

(Print name) _____

Photostatic copies of this signed authorization will be considered as valid as the original. This is not a release of claims for damages.

SIGNED: _____ DATED: _____

PLEASE SIGN THE ABOVE MEDICAL AUTHORIZATION AND RETURN IT, SO WE MAY SECURE RELEASE OF YOUR MEDICAL RECORDS.

THANK YOU.
STATE OFFICE of RISK MANAGEMENT

Instructions Authorization for Release of Information

Required:

This document is required immediately after sustaining a work-related injury. The injured employee should complete this release form. This enables SORM to obtain, from healthcare providers, copies of relevant medical documents that will assist in the handling of the claim.

Filing Deadline:

The form must be received by SORM not later than the **5th calendar day** after the first notice of injury is reported to the agency.

Completed by:

The employee must complete this form. If the employee is incapacitated the spouse, child, or legal guardian may sign the form. **THIS FORM MUST BE SIGNED AND DATED.** The Claims Coordinator should make this form available for all injuries.

Instructions:

1. The injured employee must clearly print his or her name on the patient line.
2. The injured employee must clearly print his or her name on the second line.
3. The injured employee must sign and date the form.

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Workers Compensation Network Acknowledgement

I have received information that tells 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 doctors in the network.
2. I may ask my HMO primary care physician to agree to serve as my treating doctor.
3. I must go to my 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.
4. The insurance carrier will pay the treating doctor and other network providers.
5. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.

Signature

Date

Printed name

Street Address

City

State

Zip code

County

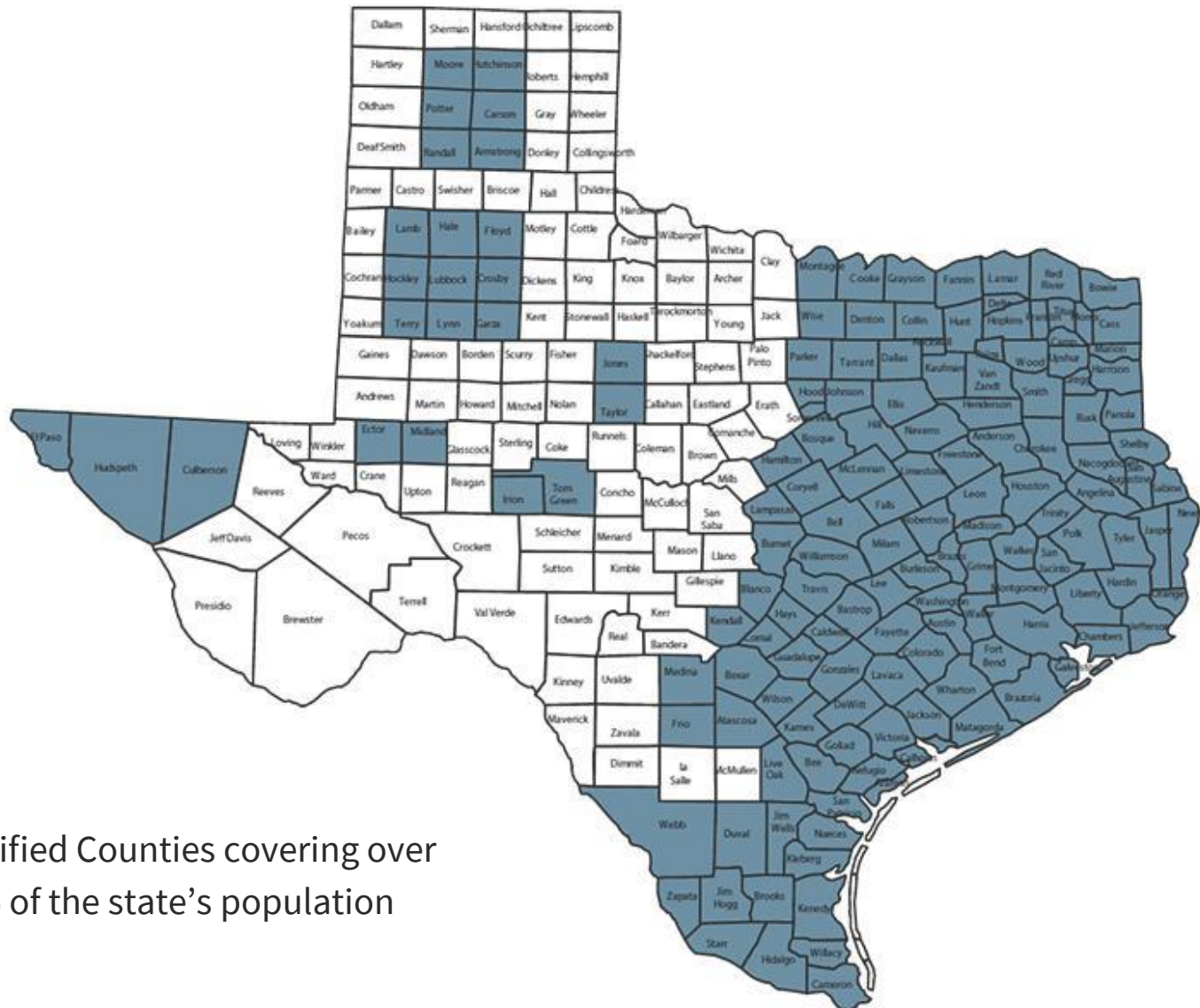
Texas Military Department

Name of employer

CAREWORKS HCN

Name of network

CompKey Plus TX HCN Network Area



CompKey Plus TX HCN Certified Counties List

Anderson	Carson	Floyd	Hockley	Lampasas	Newton	Tarrant
Angelina	Cass	Fort Bend	Hood	Lavaca	Nueces	Taylor
Aransas	Chambers	Franklin	Hopkins	Lee	Orange	Terry
Armstrong	Cherokee	Freestone	Houston	Leon	Panola	Titus
Atascosa	Collin	Frio	Hudspeth	Liberty	Parker	Tom Green
Austin	Colorado	Galveston	Hunt	Limestone	Polk	Travis
Bastrop	Comal	Garza	Hutchinson	Live Oak	Potter	Trinity
Bee	Cooke	Goliad	Irion	Lubbock	Rains	Tyler
Bell	Coryell	Gonzales	Jackson	Lynn	Randall	Upshur
Bexar	Crosby	Grayson	Jasper	Madison	Red River	Van Zandt
Blanco	Culberson	Gregg	Jeerson	Marion	Refugio	Victoria
Bosque	Dallas	Grimes	Jim Hogg	Matagorda	Robertson	Walker
Bowie	Delta	Guadalupe	Jim Wells	McLennan	Rockwall	Waller
Brazoria	Denton	Hale	Johnson	Medina	Rusk	Washington
Brazos	Dewitt	Hamilton	Jones	Midland	Sabine	Webb
Brooks	Duval	Hardin	Karnes	Milam	San Augustine	Wharton
Burleson	Ector	Harris	Kaufman	Montague	San Jacinto	Willacy
Burnet	El Paso	Harrison	Kendall	Montgomery	San Patricio	Williamson
Caldwell	Ellis	Hays	Kenedy	Moore	Shelby	Wilson
Calhoun	Falls	Henderson	Kleberg	Morris	Smith	Wise
Cameron	Fannin	Hidalgo	Lamar	Nacogdoches	Somervell	Wood
Camp	Fayette	Hill	Lamb	Navarro	Starr	Zapata



Employee Notice of Network Requirements

Important Medical Care Information for Work-Related Injuries and Illnesses

An employer that subscribes to workers' compensation must pay for medical care if you are injured at work. Your employer provides this medical care by using a certified workers' compensation health care network called CareWorks CompKey Plus HCN. This notice explains what you need to know about the CareWorks CompKey Plus HCN including how to get care if you are injured on the job. If you are injured, you will receive this information again along with a current list of providers.

If you have questions, please contact CareWorks HCN by mail, phone, fax, or email. The toll free number is available 24 hours a day. You can call the Network during regular work hours. The Network Assistant will be your contact person for questions or assistance.

CareWorks CompKey Plus HCN

10535 Boyer Blvd., Ste 100 Austin, TX 78758

p: 800.580.1314

f: 800.580.3123

e: compkey@careworksmcs.com

The following questions and answers should help you understand the Network program.

1. **What is a certified workers' compensation health care network?** It is a program certified by the state of Texas. Your employer uses the CareWorks HCN to provide medical care for work injuries. The medical providers in the Network have agreed to provide quality care according to network treatment and return-to-work guidelines. These providers have agreed to bill the insurance carrier or your employer. The provider should not ask you for payment.
2. **Do I have to receive all of my medical care for my work injury from the Network no matter where I live?** Yes, if you live within a "service area" of the Network. If a specialist is needed but not available in your area, your treating doctor will contact the Network for approval for treatment outside of the Network. Appointments with Network specialists must be arranged on a timely basis within the time appropriate to the circumstances and conditions of the injured employee, but not later than 21 days after the date of the request.
3. **What is a service area?** A service area is a geographical area. Where you live depends on what service area applies. A service area must have enough different types of medical providers in that region. Enclosed with this notice is a map showing the service area(s) by county.
4. **How do I know if I live in a service area or not?** The Network can help you. You have to receive care from a network provider if you live within a service area. Treating doctors and hospitals should be available within 30 miles if you live in a non-rural area. If you live in a rural area, the treating doctor and hospital must be within 60 miles. A specialist or specialty hospital should be available within 75 miles.
5. **What if I do not live in a network service area?** Contact your insurance carrier and explain that you do not live in a service area. If the carrier disagrees, you can ask for a review. You can send any information to support your claim. The carrier must make a decision in 7 days and provide the decision in writing. The carrier must tell you the reasons for the decision. If you disagree, you may file a complaint with the Texas Department of Insurance. Instructions for filing a complaint are included in the decision. If you choose to use an out-of-network provider while waiting for the decision, you may have to pay for the medical services received. You might want to use a network provider while you are waiting for a decision. By using the network provider, you will not be responsible for payment if it is decided that you do live in a network service area.
6. **Do I have to pay for my medical care if I don't receive care from a network provider?** Possibly. If you live in a service area, your care should come from network providers unless it is an emergency. There may be times when a certain type of specialist is not available in your service area. Your treating doctor must get approval from the network before sending you to an out-of-network provider. So, if your care is provided by network doctors or you have approval for out-of-network care, you will not be

billed. If it is an emergency, you will not be billed. But, if you decide to get treatment from an out-of-network provider without getting approval from the CareWorks HCN, except in emergencies, you may have to pay for the services.

7. **Does the certified workers' compensation health care network cover the entire state?**

Although some networks may cover the entire state, many do not. Some of the rural areas don't have enough providers. For those areas that do not have enough providers, an out-of-network provider may be approved.

8. **How do I find medical care if I am hurt at work?** If you have a medical emergency or need care after normal work hours, please refer to questions 12 and 13. As soon as possible, tell your employer that you have had an injury at work. If you do not have an emergency, you need to pick a treating doctor in the network. The employer or insurance carrier will give you a list of all of the treating doctors in your service area. You must pick a doctor off of the list.

You can also obtain a listing of medical providers at www.careworks.com. Select "Managed Care for TPAs" Select "Find a Provider" Select "CompKey Plus TX HCN". Select to search by Specialty, Address, County, or State.

9. **How do I pick a treating doctor?** Except for emergency care, your treating doctor will provide all of your care. The treating doctor will make referrals to specialists as needed. You may pick a treating doctor from the list of network doctors where you live. This list will be given to you by your employer or insurance carrier at the time of injury. A current list of network providers in your service area is enclosed. This list is updated quarterly.

If you need help finding a treating doctor, you may contact the CareWorks HCN at 800.580.1314 and state that you are a member of the CareWorks HCN. The network will assist with helping you pick a treating doctor and/or providing you a list of providers within your service area.

You may also use your HMO primary care doctor for your work injury. Your HMO doctor must agree to follow the network guidelines. If you decide you want to change your treating doctor, you must pick a doctor that is in the network.

If you become dissatisfied with an alternate treating doctor you must obtain authorization from the network to select any subsequent treating doctor. You may contact the network to begin this process.

10. **What if I need to get other health care services or see a specialist?** Except for emergencies, your treating doctor will provide all of your care. If needed, the treating doctor will send you for other services. The treating doctor may also send you to a specialist. Specialist referrals must be arranged on a timely basis within the time appropriate to the circumstances and conditions of the injured employee, but not later than 21 days after the date of the request.

11. **What if there are no doctors in my area?** Please see the answer to question 5. There may be times when you can get approval for care with an out-of-network doctor. The reasons out-of-network care may be approved include: an employee who needs a different medical service or specialist not currently available to the employee, or if the employee decides to temporarily live outside the network service area. If you have questions regarding provider availability in your area, contact your adjuster or contact the CareWorks HCN at 800.580.1314.
12. **How do I obtain emergency care?** If you have a medical emergency, you should call 911 or go to the closest emergency room or urgent care center, which may be a non-contracted provider/facility.
13. **How do I obtain after hours care?** If it is not an emergency, but you need after hours care, you can obtain a listing of hospitals and urgent care centers at www.careworks.com. If you do not have an emergency, but simply need care after normal work hours and you go to the nearest emergency room or urgent care center, which may be a non-contracted provider/facility, then you may be responsible for payment of services received.
14. **What medical treatment or services must be pre- approved?** The following treatment and services must be approved before the care is provided.
- All surgeries
 - All inpatient admissions to any facility
 - All psychological/psychiatric services after the initial evaluation
 - All physical and occupational therapy after the first six visits
 - All physical and occupational therapy after the first six visits of therapy following the evaluation when such treatment is rendered within the two weeks immediately following:
 - the date of injury, or
 - a surgical intervention previously pre-authorized by the carrier
 - All work hardening/conditioning regardless of CARF status
 - All chiropractic manipulations after two weeks of services
 - All chronic pain management programs
 - All services outside the ODG-TWC and/or ACOEM treatment guidelines unless a treatment plan was previously approved
 - All stimulators, including TENS, for rental or purchase
 - Any treatment for an injury or diagnosis that is not accepted by the carrier as a result of a treating doctor examination to define the compensable injury(ies)
 - Preauthorization for claims subject to the Division's closed formulary. Preauthorization is only required for:
 - drugs identified with a status of "N" in the current edition of the ODG Treatment in Workers' Comp (ODG) / Appendix A, ODG Workers' Compensation Drug Formulary, and any updates;

- any compound that contains a drug identified with a status of “N” in the current edition of ODG Treatment in Workers’ Comp (ODG) / Appendix A, ODG Workers’ Compensation Drug Formulary, and any updates; and
- any investigational or experimental drug for which there is early, developing scientific or clinical evidence demonstrating the potential efficacy of the treatment, but which is not yet broadly accepted as the prevailing standard of care

15. **What happens if the services above are not pre- approved?** You and your doctor will receive a letter telling you why it was denied. The letter will give you specific instructions on how to file a reconsideration. You, a person acting on your behalf, or your doctor may file a request for reconsideration. A reconsideration request must be made within 30 days of the denial. To request a reconsideration, you, the person acting on your behalf, or your doctor can contact CareWorks HCN.

CareWorks CompKey Plus HCN
10535 Boyer Blvd., Ste 100
Austin, TX 78758

p: 800.580.1314

f: 800.580.3123

e: compkey@careworksmcs.com

attn: Reconsiderations

A different doctor will review the reconsideration than did the first review. The network will send the requestor a letter confirming the date the reconsideration request was received. The letter will be sent within 5 calendar days of receiving the request. It will include a list of the documents that must be submitted to complete the review.

The review will be completed within 30 days of the request. The network will send you or a person acting on your behalf, and your doctor a letter telling you the outcome of the review. It will list the specific medical reasons and basis for the decision. Any provider who was contacted during the review, their specialty and the state where they are licensed will be given.

You have the right to an expedited reconsideration of an adverse determination for post-stabilization, continued in- patient hospital stays, or a life-threatening condition. The expedited review shall be completed and the requestor notified within 1 calendar day of the decision. You are entitled to an immediate review of an adverse determination if you have a life-threatening condition. In this case, you are not required to comply with the procedures for a reconsideration. You may request an independent review organization review directly.

You have the right to request an independent review of a reconsideration determination by an independent review organization. A request for an independent review must be made within 45 days of the reconsideration being denied. You may get an independent review form from the Texas Department of Insurance website at www.tdi.state.tx.us. You may also mail a request to the Managed Care Quality Assurance Office, MC 111-1A, Texas Department of Insurance, PO Box 149104, Austin, TX 78714-9104.

16. **What happens if my doctor leaves the Network?** The Network has a “Continuity of Care” plan to make sure you receive the necessary care if your provider leaves the network. There are two main reasons for providers leaving.

- At the doctor’s request.
- At the network’s request because of quality concerns or criminal activity that could cause harm to you.

If your doctor is terminated, you will be contacted to discuss your options. If a condition exists in which changing doctors could harm you, the network will let you continue treatment with the terminated doctor for 90 days. The Network will assist you in this process.

17. **If I am not satisfied with the Network or a Network decision, how do I file a complaint?** If you have a complaint about any network services or providers, you can file a complaint by calling, writing, or emailing the CareWorks HCN. The network cannot retaliate against you, your employer, doctor, or any person filing for you regarding a complaint or appeal a decision of the network.

To file a complaint, you must contact the CareWorks HCN within 90 days after the event.

CareWorks CompKey Plus HCN
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e: compkey@careworksmcs.com

When a complaint is received, you will be sent an acknowledgement letter within 7 days. The letter will describe the complaint procedures and deadlines. The CareWorks HCN will review and resolve the complaint within 30 days of receipt. You will receive a letter explaining the outcome.

If you disagree with the network’s resolution of your complaint, you may file a complaint with the Texas Department of Insurance (TDI). You can obtain a copy of the complaint form at www.tdi.state.tx.us. You

can also request the form from the TDI at Managed Care Quality Assurance Office, MC 111-1A, Texas Department of Insurance, PO Box 149104, Austin, TX 78714-9104.

The Texas legislature has made workers' compensation health care networks available to you and your employer. These networks should increase the quality of care provided to injured workers. This will help injured workers recover and return to work as soon as medically approved. If you have any questions, complaints' or suggestions about this program, please contact the CareWorks HCN at 800.580.1314.