

Zenith Health Care Network

Employee Notice of Network Requirements

Your employer has picked a network of Doctors and hospitals to give you health c are for work injuries. The network is Zenith Health Care Network (ZHCN). This n etwork is a certified workers' compensation health care network.

If you are injured at work you m ust check to see if you live in a ZHCN Service Area. If you do live in a ZHCN Servic e Area, you must receive all health care for your injury through ZHCN.

The information in this notice will explain the Service Area and will help you get medic al care through ZHCN. If you have any questions, you can ask your employer, or call 1-800-841-3987.

Access to Health Care Services

When requested, ZHCN must arrange for medical services in a timely manner. This includes referrals to specia lists. Services must be arranged in an appropriate time, taking into consideration your circumstances and medical condition. In any c ircumstance, services must be arranged no later than 21 days after the date of the request.

ZHCN Service Area

A map of the Service Area is att ached. It is also available at www. TheZenith.com or by calling 1-800-841-3987.

If you live in a Servic e Area, you must pic k your Treating Doctor from the ZHCN Provider Directory. Your Treating Doctor will treat you. Your Treating Doctor may refer you to another health care provider. If you think you do not live in a Service Ar ea you may contact Zenith Insurance Company (Zenith). You have to request a review in writing. If you request a review, you have to provide proof to show that you do not live in the Service Area. Call 1-800-8 41-3987 with questions.

Your request for review shou Id be s ent to:

Zenith Insurance Company Attention: ZHCN P.O. Box 1558 Sarasota, FL 34230-1558 Email: txnetwork@thezenith.com

Zenith will review y our request and within seven (7) days of receipt of your request will make a decision and give you written notice. If you do not agree with Zenith's decision, you may file a complaint. Complaints should be filed with the Department of Insurance (See Complaints section for more information).

While your request is under review, you may seek all medical care within the network. To do this, you should s elect a ZHCN Treatin g Doctor. All health care for your work injury will be set up with your Treating Doctor.

If ZHCN decides that you do live in a Service Area, you may have to pay for health care if it is from a provider that is not in the ZHCN.

How to Get Health Care through ZHCN

Tell your supervisor or manager immediately if you are injured at work.

You should pick y our Treating Doctor from the ZHCN Provider Directory. You may need

a referral to a specialist or other health car e provider. Your ZHCN Treating Doctor must make all referrals. If you need emergenc y care, you do not have to go through your ZHCN Treating Doctor.

ZHCN Providers have agreed to only bill Zenith for services related to a compensable work injury. You may want to get health care from providers who are not in the ZHCN. To do this, you must first get approval from Zenith. If you do not get approval to use providers who are not in the Network, you may have to pay for those services yourself. The exceptions to this rule are:

- Emergency Care
- If you do not live within the ZHCN Servic e Area
- Out-of-network care that Zenith preauthorized
- Your PPO Primary Treating Physician is your Treating Doctor

Emergency Care

If you are injured at any time - and you think it is a medical or mental health emergency call 911 or go to the nearest medical facility offering emergency care services.

You may be injured while y ou are outside of the Service Area. If this happens and y ou think it is a medica I or mental health emergency, go to the nearest medical fac ility offering emergency care services or call 911.

You should contact Zenith as soon as possible at 1-800-440-5020 to report your injury.

Texas Law defines the term "medical emergency" as an acut e medical condition that occurs suddenly. Symptoms are severe and include severe pain. A patient's health, bodily function or function of any organ or body part could be in s erious jeopardy without immediate medical care. The Texas Law also defines the term "mental healt h emergency". It is a condition that could reasonably be expected to present danger to the person experienc ing the mental healt h condition or another person.

Non-Emergency Care

If you are hurt at work, and it is not an emergency, pick a Treating Doc tor from the Provider Directory.

The Provider Directory is available:

- Online at www.TheZenith.com
- From your employer
- By calling Zenith at 1-800-841-3988

You should call your Treating Doctor to set up an appointment. You may also call Zenith for help picking a Treating Doc tor. Zenith can help you set up an appointment.

You may be injured while you are outside the Service Area. If this happens and you need non-emergency health care please call Zenith at 1-800-440-5020. Zenith will help you locate a medical provider.

After-Hours Care

You may need after-hours medical c are. If this happens, call ZHCN at 1-800-440-5020. Zenith will help you find a provider or facility. You may also vis it www.TheZenith.com to select a provider. You should c ontact your employer to report your injury as soon as possible.

If you have a medical emergency, call 911 o r go to the nearest emergency room. After you get treated for your em ergency, all follow-up and non-emergency care must be set up through your Treating Doctor.

Selecting a Treating Doctor

You must pick a Treating Doctor from the Provider Directory. Y our Treating Doctor must be located in y our Service Area. The Provider Directory will show which provider s are taking new patients. If you would like help picking a Treating Doctor, please call Zenith at 1-800-841-3988.

If you are a member of a PPO you may pick your Primary Care Physician as your Treating Doctor. You must have chosen this doctor as your primary care physician through your PPO before your work related injury occurred and your PPO Primary Care Physician has to agree to treat your workers compensation injury. To do this, complete the attached "Physician pre-designation form". Return the completed form to your employer. If you would lik e your PPO Primary Care Physician to treat you for a work injury, please contact Zenith at 1-800-841-3987. Zenith will review your request and notify y ou of their decision within 72 hours. Your PPO Primary Care Ph ysician will not be considered as an initial choic e of a Treating Doctor unless this process is followed.

The following also will not be c onsidered an initial choice of Treating Doctor:

- A Doctor who works for your employer;
- A Doctor providing emergency care; or
- Any doctor who provided care before the employee was enrolled in the ZHCN, unless it was your PPO Primary Care Physician which you pre-designated using the process set forth above.

You may not be happy with the first Treating Doctor you picked. If this happens, you can pick an alternate Treating Doctor. Contact Zenith for help pick ing an alternate Treating Doctor. When you pic k an alternate Treating Doctor, you must provide the name of the Doctor to Zenith:

Zenith Insurance Company Attention: ZHCN P.O. Box 1558 Sarasota, FL 34230-1558 1-800-841-3987

If you are not happy with the alternate Treating Doctor, you must contact Zenith t o submit a request for additional changes. Contact Zenith at 1-800-841-3987 to submit your request. Zenith will review your request and give you written notice of their decis ion within seven (7) days.

Continuing your treatment if your Treating Doctor is terminated from the Network

If your Treating Doct or leaves the Networ k, Zenith will notify you in writing. If this happens, and y ou need to continue treatment, you must pick anot her Treating Doctor. To do this, pick a new Treating Doctor from the Provider Directory. If y ou would like help with this, call Zenith at 1-800-841-3988.

You may continue treatment with your original Treating Doctor under certain circumstances:

- If you have a life-threatening medical condition
- Your medical condition is acute and a disruption in care could harm you

If one of these conditions applies to you, your Treating Doctor has to contact Zenith and request a review. Zeni th will review t he Treating Doctor's request then give you a nd your Doctor written notice of their decision. If you or your Doctor di sagrees with Zenith's decision, you may file a complaint (See Complaints section for more information).

Services Requiring Pre-Authorization

All health care must be set up t hrough your Treating Doctor. Your Treating Doctor will treat you. Your Treating Doctor may refer you for treatment for yo ur work injury. Certain services must be approved by Zenith in advance.

Those services are:

- All Hospitalizations
- All outpatient surgeries including: epidural steroid injections, facet injections, trigger point injections, sacroiliac joint injections, prolotherapy injections, radiological cryotherapy, and manipulations under anesthesia, and including the specific site or facility where the service will be performed;
- All Surgeries
- Psychological or Psychiatric Testing, and evaluations
- All Bone Growth stimulators
- All chemonucleolysis, vertebral axial decompressions (Vax-D), radio frequency thermocoagulation of facet joints (RFTC), and IDET procedures;

- All myelograms, discograms, venograms, surface electromyograms, EMGs, and nerve conduction studies;
- Repeat diagnostic studies
- Work Hardening and Work conditioning
- Rehabilitation programs
- All Durable Medical Equipment
- All nursing home, convalescent, residential, and all home health care services and treatments;
- Chemical dependence, weight loss programs, and gym memberships;
- Any investigational or experimental service or device
- All physical therapy, occupational therapy, chiropractic therapy, and chiropractic manipulations
- Drugs not included on the Texas Department of Insurance, Division of Workers' Compensation (DWC) Pharmacy Closed Formulary including but not limited to:
 - 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 the 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 as defined in Labor Code §413.014(a).
 - Intrathecal drug delivery systems

give you written notice of the decision. You have a right to request a reconsideration of an adverse determination (an adver se determination is when the proposed medic al care is determined not medically necessary). You will receive information with the adverse determination notice about how to submit a reconsideration. You also have a right to request a review by an Independent Review Organization if the reconsideration decision on an adverse determination is upheld. Zenith will give you information about these rights as well. The review will be randomly assigned to an Independent Revie W Organization by the Texas De partment of Insurance. An employee with a lifethreatening condition is allowe d an immediate review by an independent review organization and is not required to comply with the procedures f or a reconsideration of an adverse determination.

Complaints

If you are unhappy with ZHCN, you may file a complaint. You may complain ab out any part of the ZHCN op eration. Verbal complaints and written complaints are accepted.

You have 90 days to submit a complaint. The 90 day period starts on the date when t he problem or issue first came up. When your complaint has been received, Zenith will review it. Zenith will send you a written notice explaining the review a nd decision. The notice will be s ent within 30 calendar days from the date your c omplaint is received.

Complaints should be directed to:

Zenith Insurance Company ATTN: Provider Group 21255 Califa Street Woodland Hills, CA 91367

Phone: 1-800-841-3988 Email: txnetwork@thezenith.com

You may not be satisfied with how you r complaint was handled. If this happens, y ou have a right to complain . There is a form to

use for your complaint. Your completed form should be sent to the Texas Department of Insurance's Health & Workers' Compensation Network (HWCN) Division.

The Department's complaint form can be obtained from <u>www.tdi.texas.gov</u> or:

The HMO Division Mail 103-6A Texas Department of Insurance P.O. Box 149104 Austin, TX 78714-9104

It is not legal for a network to retaliate against an employee, employer, or medical provide r for filing a complaint. It is not legal for a network to retaliate against an employee or medical provider who ap peals a decision of the network.

Zenith Health Care Network (ZHCN)



The Network's service area consists of 231 counties. The counties in bold and with the * below were originally effective February 16, 2010. Please also refer to the accompanying map.

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