



# TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

## **Employee Notice of Alliance Program Requirements**

### **Information, Instructions and your Rights and Obligations**

As your employer, Brazos County has elected to utilize the Political Subdivision Workers Compensation Alliance (Alliance) to provide access to contracted physicians and healthcare providers for workers compensation injuries.

If you are injured at work, tell your supervisor or manager immediately. This information will help you seek care for your injury. Also, your employer will help with any questions about how to get treatment. TAC RMP and your employer have formed a team to provide you with timely care and treatment for work related injuries. The goal is to provide quality medical care and return you to work as soon as it is safe to do so.

### **Important Contact Information**

Alliance  
866-997-7922  
[www.pswca.org](http://www.pswca.org)

TAC RMP WC Claims  
P.O. Box 160120  
Austin, TX 78716  
800-752-6301

### **Injured Employees Rights and Obligations**

#### **What to do if you are injured while on the job:**

If you are injured while on the job, tell your employer as soon as possible. A list of Alliance treating physicians may be available from your employer. A complete list is also available online at [www.pswca.org](http://www.pswca.org) or you may contact your adjuster directly: TAC RMP WC Claims 800-752-6301.



### In case of an emergency

If you are hurt at work, you should first notify your employer and they will assist you in locating a provider or emergency care provider.

After you receive emergency care or treatment, you may require ongoing care. You will need to select a treating doctor from the Alliance provider list. This list is available at [www.pswca.org](http://www.pswca.org). If you do not have internet access, please call 1-800-752-6301 or contact your employer for a complete listing. The doctor you choose will oversee the care you receive for your work-related injury. Except for emergency care, you must obtain all health care and specialist referrals through your treating doctor.

### Choosing a Treating Doctor

If you are injured at work you must choose a treating doctor from the Alliance panel of providers. This is **REQUIRED** for the cost of your medical care for your work related injury to be covered. A provider listing is available through the Alliance website at [www.pswca.org](http://www.pswca.org). It is updated weekly and identifies providers who are contracted with the Alliance and accept workers' compensation patients.

If your treating physician leaves the Alliance you will be notified and you will have the right to choose another treating doctor from the list of providers. If your doctor leaves the Alliance and you suffer a life threatening or acute condition for which a disruption of care would be harmful, your doctor will contact your adjuster to request that you treat with him/her for an additional 90 days.

### Changing Doctors

If you become dissatisfied with your initial choice of treating physician, you can complete a *Change of Treating Doctor Form* to select a new treating doctor from the list of Alliance providers. This form is available by contacting TAC RMP WC Claims at 800-752-6301 and should be completed and submitted to your adjuster for approval *prior* to changing doctors.

### Referrals

Referrals are not required for emergency care. Your treating doctor will refer you to other health care providers if necessary for your medical treatment.



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### Payments for Health Care

Alliance providers have agreed to bill TAC RMP for payment in relation to your health care. You should not be required to make payment at the time of your treatment. You may only access non-Alliance health care providers and remain eligible for coverage of your medical costs if one of the following situations occur:

- Emergency care is needed. You should go to the nearest hospital, urgent care, or emergency care facility
- You do not live within 75 miles of a contracted provider
- Your treating physician refers you to a non-Alliance provider or facility AND your adjuster has approved the referral prior to treatment.

### Non-emergency care

Once you have selected your treating physician, your adjuster will be notified and they will contact you if additional information is required.

### Complaints

You have the right to file a complaint with the Alliance. You may do this if you are dissatisfied with any aspect of the operation. This includes a complaint about the Alliance or an Alliance treating physician or facility. It may also be a general complaint about the Alliance - PSWCA Direct Contracting Program.

Complaints should be addressed to the Alliance - PSWCA Direct Contracting Program Grievance Coordinator by phone or in writing via email or fax. Complaints should be sent to:

PSWCA Direct Contracting Program  
Attention: Grievance Coordinator  
P.O. Box 203065  
Austin, TX 78720-3065  
1-866-997-7922  
[providerrelations@pswca.org](mailto:providerrelations@pswca.org)



## **Documentation**

Establish a standardized process as indicated above for delivery of notice and acknowledgement form that includes documenting:

- The method of notice delivery
- To whom the notice was delivered
- The location of the delivery
- The date delivered

Please retain copies of the signed acknowledgement form(s) in each employee's personnel file. An employee who refuses to sign is still subject to direct contracting requirements. All refusals should be documented in the employee's personnel file. *Please do not return the signed forms to The Texas Association of Counties Risk Management Pool unless it is requested by an adjuster.*

## **What to Do When an Injury Occurs**

If appropriate, provide or arrange transportation for the injured employee to a contracted Alliance provider or, if necessary, to the nearest emergency facility. As a reminder to the employee, you should provide the *Employee Notice of Political Subdivision Workers Compensation Alliance (Alliance) Program Requirements* (a copy is enclosed) to the injured employee at the time the injury is reported to you, or as soon as practical thereafter. The injured employee will need to sign the acknowledgement page. Please keep a copy of the signed form in your records. If necessary, your adjuster will request a copy from you.

Otherwise, you will continue with your usual procedure with regards to reporting work-related injuries. Remind the injured employee of the need to use Alliance providers and advise them how to locate a provider. You can search a list of the direct contract providers from the Alliance website at [www.pswca.org](http://www.pswca.org). If you do not have access to the internet, please contact your adjuster at 800-752-6301 for a list of providers in your area.



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## Employee Acknowledgement of Alliance Participation

I have received information that informs me of my employer's election to utilize the Political Subdivision Workers' Compensation Alliance (Alliance) and how to obtain health care if I should suffer a work related injury/illness.

If I am injured on the job, I understand that:

1. I must choose a treating doctor from the list of contracted providers provided by my employer or obtain the list myself from [www.pswca](http://www.pswca)
2. I must go to my treating doctor for all health care related to my injury. If I need a specialist, my treating doctor will refer me. If I require emergency care I may go anywhere.
3. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and/or imprisonment.
4. Additional information regarding the Alliance is available on TAC RMP's website at [www.county.org](http://www.county.org)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

I live at \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

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

Please indicate whether this is the:

☐ Initial Employee Notification

\_\_\_\_ Date of Injury Notification (date of injury \_\_\_\_/\_\_\_\_/\_\_\_\_)

**PLEASE RETURN THIS FORM TO YOUR EMPLOYER**