

**Employee Notice of Political Subdivision Workers' Compensation Alliance  
(Alliance) Program Requirements**

**Important Contact Information**

- Alliance website is [www.pswca.org](http://www.pswca.org)
- Alliance phone number is 1-866-99-PSWCA (1-866-997-7922)
- To contact your adjuster call 1-800-752-6301

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

Your employer has chosen the Political Subdivision Workers' Compensation Alliance (Alliance) to manage the health care and treatment you may receive if you are injured at work. The Alliance includes a panel of health care providers who are trained in treating work related injuries. They are also trained in getting people back to work safely.

If you are injured at work, tell your supervisor or employer immediately. The enclosed information will help you to seek care for your injury. Also, your employer will help with any questions about how to get treatment. You may also contact Texas Association of Counties via JI Specialty Service for any questions about your care and treatment for a work related injury. The Fund and your employer have formed a team to provide timely health care for injured workers. The goal is to provide quality medical care and return you to work as soon as it is safe to do so.

***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 doctors may be available from your employer. A complete list is also available online at <http://www.pswca.org> or, you may contact your adjuster directly at the following address and/or toll-free telephone number:

**JI Specialty Services  
P.O. Box 160120 Austin, TX 78716  
800-752-6301**

**In case of an emergency...**

If you are hurt at work and it is a life-threatening emergency, you should go to the nearest emergency room. If you are injured at work after normal business hours, you should go to the nearest care facility.

Emergency care does not need to be approved in advance. "Medical emergency" is defined in Texas laws. It is a medical condition that comes up suddenly. There are acute symptoms that are severe enough that a reasonable person would believe that you need immediate care or you would be harmed. That harm would include your health or bodily functions being in danger or a loss of function of any body organ or part.

After you receive emergency care, you may need ongoing care. You will need to select a treating doctor from the provider list. This list is available online at [www.pswca.org](http://www.pswca.org). If you do not have Internet access call 800-752-6301 or contact your employer for a list. 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** in order 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 taking new patients.

If you were injured before your insurer contracted with the Alliance, and continue to receive treatment, you must choose a treating doctor on the provider list.

If your treating doctor leaves the Alliance, we will inform you in writing. You will have the right to choose another treating doctor from the list of providers. If your doctor leaves the Alliance and you experience a life threatening or acute condition for which a disruption of care would be harmful to you, your doctor may contact your adjuster to request that you treat with him or her for an extra 90 days.

### **Changing Doctors**

If you become dissatisfied with your initial choice of your treating doctor, you can complete the Pool JI-2, "Change of Treating Doctor Form" to select an alternate treating doctor from the list of Alliance doctors. This form is available at [www.county.org](http://www.county.org) and should be completed and submitted to your adjuster for approval **prior** to changing treating doctors.

### **Referrals**

Health care services that you request will be made available on a timely basis as required by your medical condition. This includes referrals. Referrals will be made no more than 21 days after you make a request. You do not have to get a referral if you are in need of emergency care.

### **Payment for Health Care**

Alliance doctors have agreed to look to the Fund for payments related to your health care. They will not look to you for payment. If you obtain health care from a doctor who is not on the list of Alliance doctors, without prior approval, you will be responsible for the cost of that care. You may only access non-Alliance health care providers and remain eligible for coverage of your medical costs if one of the following situations occurs:

- Emergency care is needed. You should go to the nearest hospital or emergency care facility.
- You do not live within a direct contracting program service area.
- Your treating doctor 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 doctor, you will need to notify your adjuster of your selection by calling and advising them or you can complete the "Treating Doctor Selection Form" pool JI2 form and submit to your adjuster.

**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 doctor. It may also be a general complaint about the PSWCA Direct Contracting Program.

A complainant can notify the PSWCA Direct Contracting Program Grievance Coordinator of a complaint by phone or in writing via mail or fax. Complaints should be forwarded to:

PSWCA Direct Contracting Program  
Attention: Grievance Coordinator  
P.O. Box 763 Austin, TX 78767  
1-866-99-PSWCA (1-866-997-7922)

E-mail: [customerservice@pswca.org](mailto:customerservice@pswca.org)

## Employee Acknowledgment of PSWCA Direct Contracting Program

I have received information that informs me of my employer's relationship with the Alliance and how to get health care if I 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 doctors provided by my employer or obtain the list myself which is located at [www.pswca.org](http://www.pswca.org)
2. 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.
3. JI Specialty Services for Texas Association of Counties will pay the treating doctor and other referral providers.
4. I may be required to pay for health care received from a provider if that provider is not on the approved list.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.
6. Additional information regarding the PSWCA is available on my pool's website at [www.county.org](http://www.county.org)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

Street Address

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

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

Call 1-800-752-6301 if you need assistance locating a treating provider.

Please indicate whether this is the:

Initial Employee Notification

Injury Notification (Date of Injury: \_\_\_/\_\_\_/\_\_\_)

PLEASE RETURN THIS FORM TO YOUR EMPLOYER

DO NOT RETURN THIS FORM TO JI SPECIALTY SERVICE UNLESS REQUESTED

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