

# FAQs on Direct Contracting and the Alliance

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## 1. What is the Alliance?

The Alliance is the Political Subdivision Workers' Compensation Alliance, a joint contracting partnership of five risk pools: Texas Association of Counties Workers' Compensation Self-Insurance Fund (TAC), Texas Association of School Boards Risk Management Fund (TASB RMF), Texas Municipal League Intergovernmental Risk Pool (TML IRP), Texas Council Risk Management Fund (TCRMF), Texas Water Conservation Association Risk Management Fund (TWCARMF).

## 2. Why was the Alliance formed?

The Alliance was formed to exercise the option to directly contract with health care providers in order to provide workers' compensation medical benefits to injured employees of each of the pools and to encourage better return to work outcomes.

## 3. What should we expect from the Alliance?

Through direct contracting, the members of risk pools that are participating should see more stability and continuity of care for injured employees; greater access to commonly needed specialists; and reductions in the controversy over payment of care compared with the current system.

## 4. Can anyone join the Alliance?

No. The Alliance was formed solely as a benefit for members of TASB RMF, TML IRP, TAC, TWCARMF, and TCRMF.

## 5. Are we required to notify our employees about the Alliance contracted provider panel?

Political subdivisions, as defined in Chapter 504 of the Texas Labor Code, are not required to send notices of use of a provider panel to injured employees. However, injured employees should be notified of the requirements and consequences of not treating with one of these providers. Each pool has developed recommendations for these notifications. Please contact your adjuster for further assistance with this.

## 6. As an employer, do I have to do anything different when filing a First Report of Injury?

The procedures for administering workers' compensation medical benefits will operate much as they did before with a few minor changes. Instead of employees selecting a provider from the Approved Doctors' List (ADL), employees will instead be directed to seek treatment from one of the treating doctors contracted with the Alliance. This physician will be the "primary care" physician for all treatment and will direct, or refer, the employee to any specialists as needed. Of course, persons living outside the service



area may be exempt from this requirement, and the adjuster for the participating Pool may be able to assist in locating a more accessible provider.

**7. How do I know which doctors have been contracted by the Alliance to treat injured employees?**

A provider search can be performed by name, specialty or location on the Alliance website, [www.pswca.org](http://www.pswca.org). If you encounter any problems, a representative of the Alliance can be reached at 866-99-PSWCA to assist you.

**8. Can an employee see any contracted provider listed with the Alliance?**

Yes, it is important that the employee seek treatment with a provider contracted with the Alliance and listed as a Treating Doctor. These providers have received instruction and are very familiar with the disability management and return-to-work guidelines that are utilized nationally for treatment of workers' compensation injuries.

**9. How does an injured worker change treating doctors within the Alliance?**

An injured worker is allowed an initial choice of treating physician and one change without approval within the first 60 days of treatment. After the second choice, approval must be sought from the adjuster.

**10. What happens if an employee does not want to see a provider that is listed on the Alliance website?**

If an injured employee chooses to seek treatment outside the panel of providers contracted with the Alliance, he or she runs the risk of being responsible for payment to that provider. There are some very specific case-by-case exceptions that could only be arranged with the individual respective pool. To discuss the possibility of an exception, please contact your adjuster.

**11. What should an injured employee do in an emergency situation?**

If an injured employee experiences a medical emergency, the injured employee is not required to seek treatment with a contracted provider. He or she may go to the nearest emergency facility. Following emergency treatment, the injured employee will be required to seek treatment with an Alliance contracted provider.

**12. What should an injured employee do if an Alliance contracted provider is not available to treat that employee?**

Aside from emergency situations, the injured employee should contact his or her employer or the claims adjuster for further assistance. The Alliance is designed to promote open communication between the provider, the injured worker, employer and adjusters.



**13. How do I get a provider on the contracted provider panel who is currently not on the list?**

Visit the Alliance website at [www.pswca.org](http://www.pswca.org) or call 1-866-99-PSWCA to nominate a provider for the Alliance contracted provider panel. A nomination will not necessarily guarantee the provider will be contracted with the Alliance.

**14. Can an injured worker treat with a provider in another service area, city, or county?**

Unlike a Chapter 1305 certified network, the direct contracting provision allows an injured worker to choose any doctor from the panel as his or her treating doctor as long as the doctor chosen is designated as “treating” on the PSWCA list. If an injured worker chooses a doctor in a county that is more than 30 miles away and treatment is reasonably available within 30 miles, the adjuster may dispute mileage requests.

**15. What is the process if there is a dispute regarding compensability issues?**

Once the use of the Alliance contracted provider panel is in place, there will be no change to the dispute resolution process of compensability issues. The injured employee’s adjuster will continue to coordinate the resolution of these issues.

**16. Will a provider be able to refer to any facility for PT in the Alliance?**

As outlined in the provider manual, doctors will have to refer within panel if required services are available in network. Absent availability, the treating doctor will need to request the assistance of the adjuster.

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**For additional questions concerning procedures related to medical care delivery and the Alliance, contact your adjuster at 800-482-7276.**

