



## IMO Med-Select Network® Notice of Network Requirements

1. *The University of Texas System* is using a certified wordCkery





24. If the situation is life threatening, you do not have to go through the network reconsideration process. You, the person acting in your behalf, or the requesting provider may request a review by an IRO. IRO requests shall be made to the Texas Department of Insurance on behalf of the patient by the Utilization Review Agent (URA).
25. An IRO review may be requested for several other reasons besides a life-threatening situation. The reasons may include: i) if the network denies the health care a second time by denying your reconsideration; ii) if the network denies the referral made by your treating doctor because it is not medically necessary; or iii) if the network denies your care because it is not within treatment guidelines.
26. After the review by the IRO, they will send a letter explaining their decisions. UT System will pay the IRO fees.
27. Your treating doctor may decide to leave the network. If so, and if it may harm you to immediately stop the doctor's care, UT System must pay your treating doctor for up to 90 days of continued care.
28. If you are dissatisfied with any part of the network, you can file a complaint. Any complaint must be filed within 90 days of the event that you are dissatisfied. When a complaint is received, you will be sent a notification letter within seven days, which will describe the complaint procedures. The network will review and resolve the complaint within 30 days of receipt. *You can contact the network by:*
  - a. Calling: 877.870.0638
  - b. Writing: IMO Med-Select Network®  
**Attention : NetComplaint Dept.**  
P.O. Box 260287  
Plano, TX 75026
  - c. E-mailing: [netcomplaint@injurymanagement.com](mailto:netcomplaint@injurymanagement.com)
29. The network will not retaliate if:
  - a. An employee or employer, who files a complaint against the network or appeals a decision of the network, or
  - b. A provider who, on behalf of the employee, files a complaint against the network or appeals a decision of the network.
30. If you file a complaint with the network and are dissatisfied with the network resolution, you may file an appeal with the Texas Department of Insurance (TDI). *You can receive a complaint form from:*
  - a. The TDI website at [www.tdi.state.tx.us](http://www.tdi.state.tx.us), or
  - b. Write to TDI at the following address:  
**Texas Department of Insurance**  
HMO Division, Mail Code 103-6A  
P.O. Box 149104  
Austin, TX 78714-9104

31. Within five business days, the network will send a letter confirming they received the appeal.

32. A list of network providers will be updated every three months, including:

- a. The names and addresses of network providers grouped by specialty. Treating doctors shall be identified and listed separately from specialists; and
- b. Providers who are authorized to assess maximum medical improvement and render impairment ratings shall be clearly identified.

33. To obtain a provider directory, the network will send a letter confirming they received the appeal.

