



Texas Department of Insurance

Health & WC Network Certification & QA, Mail Code 103-6A
 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
 512-322-4266 telephone • 490-1011 fax • www.tdi.state.tx.us

Workers' Compensation Health Care Network Application Certification Requirements

Although every effort has been made to ensure the accuracy and completeness of the information contained in this document, all parties are advised to consult the Texas Insurance Code, the Texas Administrative Code and other applicable insurance statutes to determine the extent and nature of the requirements.

The requirements are only summaries and the reader should refer to the actual cited statutes and rules in order to provide the Department with a complete application.

Name of Applicant/Network: _____
 EID Number (if available): _____
 Filing Number (if available): _____

Texas Insurance Code (TIC), Texas Administrative Code (TAC) and Labor Code Workers' Compensation Health Care Network Certification Requirements	
Exhibit 1 – Organizational Documents <input type="checkbox"/> Organizational Charts/Lists <input type="checkbox"/> Officer & Director Page TDI Form FIN306 Rev.09/04 <input type="checkbox"/> Attorney for Service Form, if applicable – TDI Form L/FC/T/1994/SP Attserv.doc; Revised 4/2000	<ul style="list-style-type: none"> • TIC §1305.053 (1) • 28 TAC §10.22 (1)
Exhibit 2 – Biographical Affidavits – TDI Form LHL 390 <input type="checkbox"/> One for each person who governs or manages the affairs of the applicant	<ul style="list-style-type: none"> • TIC §1305.053 (2) • 28 TAC §10.22 (2)
Exhibit 3 – Provider Contracts <input type="checkbox"/> Copy of the form of each contract <ul style="list-style-type: none"> • see mandatory provisions 28 TAC §10.42 	<ul style="list-style-type: none"> • TIC §1305.053(3) • TIC §1305.152 • 28 TAC §10.22 (3) • 28 TAC §10.42(b)
Exhibit 4 – Third Party Contracts <input type="checkbox"/> Copy of the form of each contract <ul style="list-style-type: none"> • see provisions 28 TAC §§10.41 & 10.42 	<ul style="list-style-type: none"> • TIC §1305.053(3) • TIC §1305.152 • 28 TAC §10.22 (4)
Exhibit 5 – Network- Carrier Contracts <input type="checkbox"/> Copy of the form of each contract <ul style="list-style-type: none"> • see mandatory provisions 28 TAC §10.41 	<ul style="list-style-type: none"> • TIC §1305.154 • 28 TAC §10.22 (5) • 28 TAC §10.41
Exhibit 6 – Management Contracts <input type="checkbox"/> Copy of each management contract <ul style="list-style-type: none"> • Fidelity bond required 	<ul style="list-style-type: none"> • TIC §1305.102 • 28 TAC §10.22 (6) • 28 TAC §10.27
Exhibit 7 – Financial Information <input type="checkbox"/> Current GAAP Financial Statement <ul style="list-style-type: none"> • Balance sheet reflecting solvency • Income statement • Cash flow statement • Sources & uses of all funds 	<ul style="list-style-type: none"> • TIC §1305.053 (5) • 28 TAC §10.22 (7)
Exhibit 8 – Acknowledgement <input type="checkbox"/> Statement regarding lawful process	<ul style="list-style-type: none"> • TIC §1305.053 (6) • 28 TAC §10.22 (8)
Exhibit 9 – Service Area <input type="checkbox"/> Narrative description <input type="checkbox"/> Map with key & scale, identifying: <ul style="list-style-type: none"> • each county & partial county • each ZIP code & partial ZIP code 	<ul style="list-style-type: none"> • TIC §1305.053 (7) • TIC §1305.301(d) • 28 TAC §10.22 (9)

<p>Exhibit 10– Programs & Procedures</p> <p><input type="checkbox"/> Program descriptions and/or policies/procedures for</p> <ul style="list-style-type: none"> • complaints • quality improvement • credentialing • utilization review, if applicable • treating doctor selection/changes • emergency care & referrals to out of network providers 	<ul style="list-style-type: none"> • TIC §§21.58A, 1305.053 (8) , 1305.006, 1305.104, 1305.105, 1305.107, 1305.301, 1305.303, 1305.351- 1305.355, 1305.401-1305.405 • 28 TAC §§10.22 (10), 10.81, 10.82, 10.84-10.86, 10.101-10.104, 10.120 and 10.121
<p>Exhibit 11– Network Configuration & Providers</p> <p><input type="checkbox"/> Description of network configuration that demonstrates network adequacy</p> <p><input type="checkbox"/> Maps that demonstrate compliance with access & availability standards</p>	<ul style="list-style-type: none"> • TIC §1305.053 (9) • 28 TAC §10.22 (11) • 28 TAC §10.80
<p>Exhibit 12 – Physical Location of Books & Records</p> <p><input type="checkbox"/> Including:</p> <ul style="list-style-type: none"> • financial & accounting records • investment records • organizational documents of the applicant • meeting minutes for governing body & executive or management committees 	<ul style="list-style-type: none"> • TIC §1305.053 (10) • 28 TAC §10.22 (12)
<p>Exhibit 13– Business Plan</p> <p><input type="checkbox"/> Narrative description of intended operations in this State</p> <p><input type="checkbox"/> Financial projections for the first two years of operation after certification</p>	<ul style="list-style-type: none"> • TIC §1305.053 (10) • 28 TAC §10.22 (13)
<p>Exhibit 14- Financial Authorization Form</p> <p><input type="checkbox"/> Form with sufficient information to verify applicant's assets unless the entity is already licensed by the Department</p> <p><input type="checkbox"/> Financial Authorization Form – TDI Form FIN141 Rev. 09/04</p>	<ul style="list-style-type: none"> • TIC §1305.053 (10) • 28 TAC §10.22 (14)
<p>Exhibit 15 – Outside the Service Area, if applicable</p> <p><input type="checkbox"/> Policies & procedures for providing services to employees who live temporarily outside of the network service area</p>	<ul style="list-style-type: none"> • TIC §1305.053 (10) • 28 TAC §10.22 (15)
<p>Exhibit 16 – Maximum Medical Improvement (MMI) & Impairment Rating Services</p> <p><input type="checkbox"/> Policies & procedures for MMI determinations & impairment rating services</p> <p><input type="checkbox"/> Policies & procedures for verifying network providers' compliance with the Labor Code training requirements</p>	<ul style="list-style-type: none"> • TIC §1305.053 (10) • 28 TAC §10.22 (16) • Labor Code §408.023
<p>Exhibit 17 – Doctor & Health Care Practitioner Financial Disclosure</p> <p><input type="checkbox"/> Plan for obtaining certification by doctors and health care practitioners of filing the required financial disclosure with the Division of Workers' Compensation</p>	<ul style="list-style-type: none"> • TIC §1305.053 (10) • 28 TAC §10.22 (17) • Labor Code §408.023 & §413.041
<p>Exhibit 18– Notice of Network Requirements, Employee Information, Responsibilities</p> <p><input type="checkbox"/> Copy of form of notice of network requirements & employee information</p> <p><input type="checkbox"/> Copy of Acknowledgement Form</p>	<ul style="list-style-type: none"> • TIC §§1305.005 & 1305.451 • 28 TAC §§10.22 (18) & 10.60-10.63

<p>Exhibit 19 – Monitoring Plan for Providers</p> <ul style="list-style-type: none"> <input type="checkbox"/> Policies & procedures for ensuring network providers have all of the network’s guidelines <input type="checkbox"/> Policies & procedures for monitoring network providers’ compliance with all guidelines 	<ul style="list-style-type: none"> • TIC §§1305.053 (10) & 1305.304 • 28 TAC §§10.22 (19) & 10.83
<p>Exhibit 20 – Treatment & Return to Work Guidelines</p> <ul style="list-style-type: none"> <input type="checkbox"/> Description of all Guidelines & Protocols <input type="checkbox"/> Medical Director Certification 	<ul style="list-style-type: none"> • TIC §§1305.053 (10) & 1305.304 • 28 TAC §§10.22 (20) & 10.83
<p>Exhibit 21 – Medical Director Certification</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical Director must be Occupational Medicine Specialist or Network must employ/contract with an Occupational Medicine Specialist 	<ul style="list-style-type: none"> • TIC §1305.301(c) • 28 TAC §10.22 (21)