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Present: Debra Diaz-Lara, Olga Escobedo, Marty Coleman and Dina Bonugli represented HWCN Division; Justin Beane represented

TOPIC	DISCUSSION/ACTION	FOLLOW-UP
Antitrust Statement	Charles Reyna read the antitrust plan.	
IRO Requests	Dina Bonugli was presenter.	
	We are not seeing a whole lot of requests coming in from networks. We want to make sure that networks are aware that IRO requests are supposed to be sent to TDI and not to DWC.	
	We have a patient form out on our web page that you use to send to the injured workers when you send them an adverse determination or a denial of a reconsideration. There is also a form out there for the URA network, or whoever is doing the utilization review, to fill out, and send those two forms in to us to make the assignment.	
	If there are any questions about IRO, or the process, I would be happy to answer your questions.	
	Q: What is the name and number of those forms? A: We do not "name" our forms as DWC does. We don't have a "DWC 60" or anything like that.	

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	It is our Patient Request and the URA Request for an IRO. If you go out to our web page, under Industry there is a URA/IRO button. When you click, you go to URA first. Under the URA section, it has Independent Review forms. You can find the forms there. Any other questions regarding IRO or URA	
	forms? We will be having some upcoming, and what we consider to be very exciting, changes in the IRO system. We are working on that right now, to	
	make this an "on line" form so that you can do the data entry right on line. That form will be up and available fairly soon, and we will make sure everyone has access to that, and the instructions on how to use it. We are looking at making this a better system for anyone to submit an IRO request, and a quicker system for us to get them out, get them assigned so that we have a smooth transition. We will have more information about that this month, as soon as we have some new rules adopted. Stay tuned for that.	
	Any other questions about IRO's or IRO requests?	
Identification of Network Patients for Providers	Olga Escobedo was presenter.	
	During conference calls with providers and office managers, we have consistently heard that	

Date: 11.02.06 Page 3 of 4 providers are not finding an easy way to find out whether the patients that are coming in are enrolled in a network or network participants. We ask that the networks have a good process on hand for the providers so that the providers can easily determine whether the employee is a network employee. For example, that can be phone numbers made available to network providers. I would like to find out from those of you participating today, what you are doing currently so that providers know that their patients are in the network. Can someone speak up about that, please? Q: My understanding was that the carriers had ultimate responsibility for determining whether a patient was in-network or out-of-network. If there were a dispute, under the rule they are the ones that are supposed to decide. So I thought the carriers were supposed to be telling people who is in the network and who is not. A: In order for an injured employee to be in a network, they have to have received the notice of network requirements and the acknowledgement letter. We would anticipate that would be sent out by the network and/or the employer together. We have to have a method to track that so you can verify, yes that was actually accomplished. Q: But I thought the law made that the responsibility of the employer and the carrier, not

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	the network.	
	A: It says under 28 TAC 10.60(a) an insurance	
	carrier that establishes a contract with a network	
	shall deliver to the employer, and the employer	
	shall deliver to the employer's employees in the	
	manner and time prescribed by	