

Workers' Compensation Health Care Network Access Plan Checklist

We have made every effort to ensure the completeness of the information contained in this document. However, the reader must consult the Texas Insurance Code (TIC), Texas Labor Code, and Title 28 of the Texas Administrative Code (28 TAC) and other applicable laws relating to the Workers' Compensation Health Care Network (network) to determine the accuracy and completeness of all requirements. The reader may access insurance statutes and rules and DWC rules.

Page ______: The network must file an access plan with the department for approval at least 30 days

Filing Requirements

-	lementation of the plan if any health care service or a network physician or provider (hereinafter referred to as "provider") is not available to an employee because: - 28 TAC Section 10.80(f)
Page and (e);	: Providers are not located within the required distances described in - 28 TAC Section 10.80(d)
Page	: The network is unable to obtain provider contracts after good faith attempts; or
•	: Providers meeting the network's minimum quality of care and credentialing requirements sted within the required distances.
This Access P	lan Must Include the Following Information and Documentation
-	: A description of the geographic area(s) in which services or providers lable, identified by county, city, ZIP code, mileage, or other identifying data - 28 TAC Section
-	: A map, with key and scale, for each specialty which identifies the area(s) in which such services, or providers are not available - <u>28 TAC Section 10.80(g)(2)</u> .
•	: Documentation that demonstrates how the network determined that providers are not nin the required distances - 28 TAC Section 10.80(g)(3).
-	: The network's general plan for making health care services and providers available to ployees in each geographic area identified in the access plan - 28 TAC Section 10.80(g)(4).
to be provid	: The names, addresses and specialties of the network providers and a listing of the services ded through the network that meet the health care needs of the employees ction 10.80(g)(4)(A).

•	: A network development plan through which health care services or providers will be and accessible to employees in these geographic areas in the future - <u>28 TAC Section</u>
hospital is avail contracted pro- who may admi-	: if a general hospital is not available in an approved nonrural county, or a general acute able in an approved nonrural area but refuses to contract with the network, lists of viders who have admitting privileges in a general hospital in each approved nonrural area injured employees; and alternative but contracted nonacute care facilities that can provide hospital services to injured employees - 28 TAC Section 10.80(g)(5)
network attemples how and when	: A list of the physicians, providers, and facilities within the relevant service area that the oted to contract with, identified by name and specialty or facility type, with a description of the network last contacted each physician, provider, or facility; and a description of the ysician, provider, or facility gave for declining to contract with the network - 28 TAC Section
•	: Any other information which is necessary to allow the department to assess the ss plan - 28 TAC Section $10.80(g)(7)$

Note: TDI asks that the network submit provider list(s), general access plan list(s), and attempt to contract provider list(s) in Excel spreadsheet format.

Questions

If you have questions or require assistance regarding the information provided in this checklist, please call 512-676-6400, select Option 3.

Your Rights

You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.