

**Helpful Hints in Preparing a Corrective Action Plan (CAP):
Things the Texas Department of Insurance will be looking for**

1) Corrective Action Plan Narrative:

- Does the CAP narrative specifically address continuity of care including emergency care and pre-authorization issues?
- Does the CAP narrative address how employers, providers, or injured workers who speak a language other than English will be notified?
- Does the CAP narrative address the transfer of medical records and who will be responsible for payment of any applicable charges arising from this?
- Does the CAP narrative include the name of the certified network(s) that the carrier has contracted with?
- Is an implementation date for the CAP provided in the narrative? (The implementation date should not extend past 30-days from the date the CAP is approved.)

2) Notice to Injured Employees:

- Does the letter provide some background on the issue?
- Does the letter explain what claim it is in regards to? (It should include the date of injury.)
- Does the letter explain that injured employee can choose a non-network doctor to receive care?
- Does the letter explain a change of treating doctor may not be required and that injured employee may continue going to his or her current doctor?
- Does the letter explain the difference between network and non-network?
- Does letter explain how to find a new doctor that will treat non-network workers' compensation patients?
- The letter should not include timeframe to change treating doctor.
- Does the letter address continuity of care and emergency care?
- Does the letter address filing a complaint with TDI?
- Does the letter address contacting DWC Field Offices for assistance?
- Does the letter address contacting OIEC for assistance?
- Is the letter appropriately readable for the injured employee?

GAP Claims CAP Checklist

3) List of Affected Injured Employees – Due within 7 Days of CAP approval:

- All required elements from the March 30, 2009 letter in the list?

4) Notice to Providers:

- Does the letter explain that the provider and the injured employee are not subject to the certified network requirements?
- Does the letter address continuity of care and emergency care?

5) Notice to Policyholders:

- Does the letter identify the injured employees that are no longer required to treat within the certified network? This should include the employee's name, SSN and date of injury.

6) Verification of Data Call information:

- Is there confirmation from the carrier and network that the most recent data call submissions where the records were left blank for the date the employer elected network coverage is a factual representation that the employer did not elect network coverage?
- Is there confirmation that the data call submissions in which a date was given for an employer electing network coverage is accurate?
- In any case where the most recent data call submissions did not accurately reflect the employer's election of network coverage, was a copy of the policy declaration page and endorsement page submitted for review?