

## Workers' Compensation Health Care Network Management Contract Checklist

The reader should not rely solely on the contents of this checklist. 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 to ascertain all requirements relating to the Workers' Compensation Health Care Network (network), and to determine the accuracy and completeness of all requirements described in this checklist. The reader may access statutes and rules at the following links: [insurance statutes and rules](#) and [DWC rules](#).

### Filing Requirements

Page \_\_\_\_\_ : Filing and TDI approval - [TIC Section 1305.102](#), [28 TAC Section 10.25\(a\)](#) and [28 TAC Section 10.40\(a\)](#)

### Examples of Management Services

Page \_\_\_\_\_ : [28 TAC Section 10.40\(b\)](#)

### Holding Company Act

Page \_\_\_\_\_ : Network must determine whether it must file the management contract in accordance with the Holding Company Act. For assistance, contact Financial Analysis by telephone at 1-800-578-4677 or by email to [FinancialAnalysis@tdi.texas.gov](mailto:FinancialAnalysis@tdi.texas.gov) - [TIC Chapter 823](#).

### Required Provisions in Management Contract

Page \_\_\_\_\_ : **Cancellation of Contract:** Cancellation of the contract without cause requires 90-days prior written notice - [TIC Section 1305.102\(c\)\(1\)](#)

Page \_\_\_\_\_ : **Notice to Commissioner:** Cancellation of the contract requires notice to TDI by certified mail - [TIC Section 1305.102\(c\)\(2\)](#)

Page \_\_\_\_\_ : **Network Responsibilities:** Network is responsible for ensuring that all functions delegated by the contract are performed in accordance with applicable statutes and rules, subject to the carrier's oversight and monitoring of the network's performance - [TIC Section 1305.102\(c\)\(3\)](#)

### Fidelity Bond Required

Page \_\_\_\_\_ : **Amount of Bond:** \$250,000 or a greater amount as prescribed by the commissioner - [TIC Section 1305.102\(f\)](#)

Page \_\_\_\_\_ : **Issued by Authorized Insurer.** If the commissioner determines that a fidelity bond is not available from an authorized insurer, the management contractor may obtain a fidelity bond from a surplus lines agent under [TIC Chapter 981](#) - [TIC Section 1305.102\(g\)](#)

Page \_\_\_\_\_ : Network Must File Fidelity Bond With TDI - [TIC Section 1305.102\(g\)](#)

Page \_\_\_\_\_ : Fidelity Bond Surety Obligations - [TIC Section 1305.102\(h\)](#)

Page \_\_\_\_\_ : Deposit in Lieu of Fidelity Bond - [TIC Section 1305.102\(i\)](#)

### **Assignment of the Management Contract Prohibited**

Page \_\_\_\_\_ : [TIC Section 1305.102\(j\)](#)

### **Requirements Relating to Competence, Fitness, or Reputation of each of the Contractor's Officers and Directors or other Person Having Control of the Contractor**

Page \_\_\_\_\_ : [TIC Section 1305.102\(d\)](#) and [TIC Section 1305.102\(e\)](#)

### **Management Contractor or Delegated Third Party also Acting as The Health Care Provider's Agent**

Page \_\_\_\_\_ : Contract disclosures - [TIC Section 1305.153\(f\) – \(J\)](#)

Page \_\_\_\_\_ : Provider fees - [TIC Section 1305.153\(f\) – \(J\)](#)

Page \_\_\_\_\_ : Compliance with [TIC Chapter 1305](#) - [TIC Section 1305.153\(f\) – \(J\)](#)

Page \_\_\_\_\_ : A network, management contractor, or third party may not require a health care provider, as a condition for contracting with the certified network, to utilize as a health care provider agent the management contractor or the third party - [TIC Section 1305.153\(f\) – \(J\)](#)

### **Questions**

If you have questions or require assistance regarding the information provided in this checklist, please call 512-676-6400, select Option 5.

### **Your Rights**

You can request information we have about you by emailing [OpenRecords@tdi.texas.gov](mailto:OpenRecords@tdi.texas.gov) or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. 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](mailto:RecordCorrections@tdi.texas.gov) or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.