

HMO/WORKERS' COMPENSATION HEALTH CARE NETWORK (WCN) DELEGATION DATA FORM

NAME OF HMO OR WCN (Name currently listed on TDI License/COA)	
DBA(s) (if any)	
TDI COA/LICENSE NUMBER(s)	
EIN	

DELEGATION DATA

Function Delegated by HMO/WCN (See small table)	Delegate Information (Entity Name, Address, & Telephone No.) ¹	Delegate Contact Information (Contact Name & Telephone No.)	Delegate's TDI COA/License Type & TDI Number (if any) ²	Contract Date (Enter NA if parties do not have a contract)	Function Start Date

¹ IF SAME DELEGATE PERFORMS MORE THAN ONE FUNCTION ON BEHALF OF HMO/WCN, ENTER EACH FUNCTION IN A SEPARATE ROW.

² EXAMPLES: CLAIMS ADMINISTRATION (TPA), UTILIZATION REVIEW (URA), HMO, AND INSURANCE COMPANY/CARRIER

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FUNCTION	DESCRIPTION
Claim	Delegate administers/pays claims (claim administrator)
Complaint	Delegate processes complaints on behalf of the HMO/WCN
Contract	Delegate contracts with physicians and providers on behalf of the HMO/WCN
Cred	Delegate credentials physicians and providers on behalf of the HMO/WCN
Network	Delegate develops and offers physician and provider network to the HMO/WCN (delegate contracts with the physicians/providers)
QI/QM	Delegate develops and manages quality improvement program on behalf of the HMO/WCN
UR	Delegate performs utilization review for HMOs/WCNs enrollees/employees
Other	Describe function in specified column