



WORKERS' COMPENSATION HEALTH CARE NETWORK APPLICATION

INSTRUCTIONS

APPLICANTS FOR ORIGINAL CERTIFICATION AND CERTIFIED WORKERS' COMPENSATION HEALTH CARE NETWORKS (NETWORK) MUST USE THIS APPLICATION FORM FOR THE FOLLOWING TYPES OF APPLICATIONS:

- **ORIGINAL APPLICATION**
- **MODIFICATIONS TO SERVICE AREA**
- **MATERIAL MODIFICATIONS TO NETWORK CONFIGURATION**
- **CHANGES TO APPLICATION EXHIBITS (SUBSEQUENT FILINGS)**

I. ORIGINAL APPLICATION

- **Fields:** Complete **all sections and fields** in the application.
- **Exhibits:** Submit **all exhibits** listed in the section titled "**REQUIRED EXHIBITS FOR AN ORIGINAL APPLICATION.**"
- **Filing Fee:** Submit \$5,000 filing fee with the application, payable to the Texas Department of Insurance.

II. MODIFICATIONS TO SERVICE AREA (REDUCTION OR EXPANSION OF SERVICE AREA)

Modifications to the service area require the Texas Department of Insurance's (department) approval **prior to** implementing the modification. See 28 Texas Administrative Code (TAC) §10.26. Complete all fields in Sections I, II and III. **If applicable**, complete any field in the application form that is no longer current as stated in the original application or the last application that the network submitted. Submit all exhibits listed in the section titled "**REQUIRED EXHIBITS FOR MODIFICATIONS TO SERVICE AREA.**"

III. MATERIAL MODIFICATIONS TO NETWORK CONFIGURATION

Material modifications to network configuration (material changes to physician and provider network) require the department's approval **prior to** implementing the modification. See 28 TAC §10.27. Complete all fields in Sections I, II and III. **If applicable**, complete any field in the application form that is no longer current as stated in the original or the last application that the network submitted. Submit all exhibits listed in the section titled "**REQUIRED EXHIBITS FOR MATERIAL MODIFICATIONS TO NETWORK CONFIGURATION.**"

IV. CHANGES TO APPLICATION EXHIBITS (SUBSEQUENT FILINGS)

After certification, a network must file any information that amends, supplements, or replaces the items previously filed with the department. Several exhibits must be filed for approval before implementation and others are filed for information. See 28 TAC §10.25. Complete all fields in Sections I, II and III. **If applicable**, complete any field in the application form that is no longer current as stated in the original or the last application that the network submitted. If the network submits a subsequent filing, the network must fill out the exhibits list titled "**CHANGES TO APPLICATION EXHIBITS (SUBSEQUENT FILINGS)**" to identify the exhibits the network is submitting for this purpose.

V. ADDITIONAL INSTRUCTIONS FOR ALL APPLICATIONS

- **COMPLETENESS:** Do not leave blank fields and enter "NA," when appropriate.

- **FORMATTING:** (i) Use letter or legal size white paper, (ii) Type the information (iii) Do not highlight any areas, (iv) Mark all exhibits clearly by using a cover page or tab, (v) Number all pages of the documents submitted with the application, (vi) Submit only one copy of application and exhibits, and (vii) Attach the applicable exhibits list in front of the exhibits.
- To access all TDI forms referenced in this application, go to the forms page at the following links: www.tdi.texas.gov/forms/index.html and www.tdi.texas.gov/forms/form9numeric.html.

WHERE TO SEND THE APPLICATION:

Texas Department of Insurance
MCQA Office, MC 103-6A
333 Guadalupe
Austin, Texas 78701

WORKERS' COMPENSATION HEALTH CARE NETWORK APPLICATION

I. TYPE OF APPLICATION (check the box that applies)

- Original Application, with \$5000 Filing Fee
- Modifications to Service Area (No Fee)
- Material Modifications to Network Configuration (No Fee)
- Changes to Application Exhibits (No Fee)

II. ORGANIZATIONAL INFORMATION

Type of entity and name, and, if applicable, department license or certificate number¹

Workers' Compensation Carrier _____
 HMO _____
 PPO _____
 Physician/Provider Group _____
 Utilization Review Agent _____
 Other: _____

 Name of Applicant²

 DBA Name (if applicable)³

 Mailing Address

 Telephone Number and Fax Number

 Physical Address (if different from mailing address)

 Telephone Number and Fax Number (if different from numbers entered for mailing address)

Applicant/network's Federal Employer Identification Number: _____

Date and State of Incorporation: _____

Type of Organization (Corporation, Partnership, LLC, etc.): _____

If the applicant/network currently holds a certificate of authority in Texas, provide company no. and, if applicable, NAIC No: _____

Has your company ever been denied certification or licensure in this or any other state prior to the date of this application?

No Yes If yes, provide explanation in a separate page and attach it to the application.

¹ This number is not applicable to the original application filing.

² A network is not an insurer and may not use in the network's name or informational literature the word "insurance," "casualty," "surety," or "mutual" or any other word that is descriptive of the insurance, casualty, or surety business; or deceptively similar to the name or description of an insurer or surety corporation engaging in the business of insurance in this state.

³ If applicant intends to use a DBA, then the applicant must submit evidence of DBA filing.

Are you currently licensed as a Workers' Compensation Health Care Network in another state?

No Yes If yes, State _____ License No. _____

Date of Licensure _____

List all other applications filed by the applicant which are pending before the department (if applicable).

Name	Type

III. CONTACT INFORMATION

Company contact for application (answers questions about the information in the application)

Name and Title: _____

Mailing Address: _____

E-Mail Address: _____ Phone: _____ Fax: _____

Company contact for financial information:

Name and Title: _____

Mailing Address: _____

E-Mail Address: _____ Phone: _____ Fax: _____

Company contact for complaints:

Name and Title: _____

Mailing Address: _____

E-Mail Address: _____ Phone: _____ Fax: _____

IV. SERVICE ARRANGEMENTS (Delegation): List the name(s) of the third party (ies) that will perform any of the following services or functions on behalf of the network. If more than one third party performs the same function, list all names. If necessary, please use a separate page and attach it to the application.

Function	Name of Third Party	Business Address	Primary Contact Name and Telephone No.
Credentialing			
Contracting			
Quality Improvement			
Network Management			
Complaints			

If a workers' compensation carrier delegates any of the functions listed below **to the applicant**, enter name of carrier in the table below. If more than one carrier, list all carriers. If necessary, please use a separate page and attach it to the application.

Function	Carrier Name	Business Address	Primary Contact Name and Telephone No.
Utilization Review			
Claims (TPA Functions)			
Bill Review			
Other			

V. OFFICERS' CERTIFICATION AND ATTESTATION: The authorized representative of the Applicant must read the following statements and sign where indicated:

I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me, the Applicant, or both, to civil or criminal penalties.

1. I acknowledge that I am familiar with the insurance and workers' compensation laws and regulations of the jurisdictions in which the Applicant is certified or to which the Applicant is applying for certification.
2. I acknowledge that I am authorized to execute and am executing this document on behalf of the Applicant.
3. Applicant acknowledges that lawful process in a legal action or proceeding against the network on a cause of action assigned in this state is valid if served in the manner provided by Texas Insurance Code Ch. 804 for a domestic company.
4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the foregoing is true and correct.

 Authorized Representative Signature

 Authorized Representative Printed Name

 Title

Date

The State of _____
County of _____

BEFORE ME, _____, a notary public in and for the State of _____, on this day personally appeared _____, known to me (or proved to me on the oath of _____, or through _____ to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that (s)he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____ 20____

Notary Public Signature

Notary Public Printed Name

AFFIX SEAL HERE

WORKERS' COMPENSATION HEALTH CARE NETWORK REQUIRED EXHIBITS FOR AN ORIGINAL APPLICATION

Complete the exhibits list by marking the boxes on the left side of the page prior to submitting your application for review. Place the completed exhibits list as the first page of your application package. For a complete description of all network requirements, see Texas Insurance Code Chapter 1305 and department rule in 28 TAC Chapter 10. The applicant may find all statutes and rules at www.tdi.texas.gov/rules/index.html.

- Exhibit 1 [28 TAC §10.22(1)]:
Organizational Documents
Attorney for Service Form NAIC Form 12. If the applicant is not incorporated in the State of Texas, the applicant must submit TDI Attorney for Service form (TDI Form FIN312)
- Exhibit 2 [28 TAC §10.22(2)]:
Officers and Directors Page (TDI Form FIN306)
Biographical Affidavits (TDI Form FIN311)
Fingerprints: See www.tdi.texas.gov/agent/fingerprint-instructions.html
- Exhibit 3: Form of the Provider Contract [28 TAC §§10.22(3) and 10.42; TIC Ch. 1305, Subch. D]
- Exhibit 4: Third Party Contract (**must submit the executed delegation contract**) [28 TAC §§10.22(4), 10.41 and 10.42; TIC Ch. 1305, Subch. D]
- Exhibit 5: Form of the Network and Insurance Carrier Contract [28 TAC §§10.22(5) and 10.41; TIC Ch. 1305, Subch. D]
- Exhibit 6: Management Contract [28 TAC §§10.22(6) and 10.40; TIC §1305.102]
- Exhibit 7: Financial Information [28 TAC §10.22(7)]
- Exhibit 8: Acknowledgment of Lawful Process [28 TAC §§10.22(8)]
- Exhibit 9: Map and Description of the Service Area [28 TAC §§10.22(9)]
- Exhibit 10: Programs and Procedures [28 TAC §§10.22(10)]
Complaint System [TIC §§1305.401 - 1305.404; 28 TAC §§10.120 – 10.122]
Quality Improvement Program [TIC §§1305.301 - 1305.304; 28 TAC §10.81]
Credentialing [28 TAC §10.81]
Utilization Review [TIC §§1305.351 - 1305.355; 28 TAC Chapter 10, Subch. F]
Selection of Treating Doctor [TIC §§1305.104 - 1305.105; 28 TAC §10.60]
- Exhibit 11: Network Configuration (provider maps) [28 TAC §10.22(11); TIC §§1305.301 - 1305.304; 28 TAC §10.80]
- Exhibit 12: Physical Location of Applicant's Books and Records [28 TAC §10.22(12)]
- Exhibit 13: Business Plan [28 TAC §10.22(13)]
- Exhibit 14: Financial Authorization Statement [28 TAC §10.22(14)]
- Exhibit 15: Plan for Provision of Care to Injured Employees Who Live Temporarily Outside the Service Area [28 TAC §10.22(15)]
- Exhibit 16: Plan for Provision of MMI/IR Services [28 TAC §10.22(16); Labor Code §408.023]
- Exhibit 17: Doctors' Financial Disclosures [28 TAC §10.22(17); Labor Code §408.023 and §413.041]
- Exhibit 18: Notice to Employees of Network Requirements and Acknowledgement Form [28 TAC §10.22(18); TIC §1305.451; 28 TAC §10.60]

- Exhibit 19: Monitoring Plan for Providers [28 TAC §10.22(19); TIC §1305.304; 28 TAC §10.83]
- Exhibit 20: Treatment Guidelines and Return to Work Guidelines [28 TAC §10.22(20); TIC §1305.304; 28 TAC §10.83(a)]
- Exhibit 21: Medical Director Certification [28 TAC §10.22(21)]

**WORKERS' COMPENSATION HEALTH CARE NETWORK
REQUIRED EXHIBITS FOR MODIFICATIONS TO SERVICE AREA**

- Exhibit 9: Map and Description of the Service Area [28 TAC §§10.22(9) and 10.26(b) (1)]
- Exhibit 11: Network Configuration (provider maps) [28 TAC §§10.22(11), 10.26(b) (2), and 10.80]
- Exhibit 13: Business Plan [28 TAC §10.22(13) and 10.26(b) (3)]
- Exhibit 18: Notice to Employees of Network Requirements and Acknowledgement Form [28 TAC §10.22(18); TIC §1305.451; 28 TAC §10.60]

**WORKERS' COMPENSATION HEALTH CARE NETWORK
REQUIRED EXHIBITS FOR MATERIAL MODIFICATIONS TO NETWORK CONFIGURATION**

- Exhibit 9: Map and Description of the Service Area [28 TAC §§10.22(9) and 10.26(b) (1)]
- Exhibit 11: Network Configuration (provider maps) [28 TAC §§10.22(11), 10.26(b) (2), and 10.80]
- Exhibit 18: Notice to Employees of Network Requirements and Acknowledgement Form [28 TAC §10.22(18); TIC §1305.304; 28 TAC §10.83]

**WORKERS' COMPENSATION HEALTH CARE NETWORK
CHANGES TO APPLICATION EXHIBITS (SUBSEQUENT FILINGS)**

CHECK ALL EXHIBITS THAT APPLY TO THIS APPLICATION

EXHIBITS FILED FOR APPROVAL [28 TAC §10.25(a)]*

- Management Contracts and information regarding fidelity bonds (Exhibit 6)
- Material Modification of Network Configuration (Exhibit 11) [***Must be filed as an application for modifications to network configuration, not as a subsequent filing***]
- Physical Location of Applicant's Books and Records (Exhibit 12)
- Expansion, Elimination, or Reduction of an Existing Service Area [***Must be filed as an application for modifications to service area, not as a subsequent filing***]

* The network must file the information 30 days **prior to** implementation.

EXHIBITS FILED FOR INFORMATION ONLY [28 TAC §10.25(b)] **

- Exhibit 1 [28 TAC §10.22(1)]:
 - Organizational Documents
 - Attorney for Service Form NAIC Form 12. If the applicant is not incorporated in the State of Texas, the applicant must submit TDI Attorney for Service form (TDI Form FIN312)
- Exhibit 2 [28 TAC §10.22(2)]:
 - Officers and Directors Page (TDI Form FIN306)
 - Biographical Affidavits (TDI Form FIN311)
 - Fingerprints: See www.tdi.texas.gov/agent/fingerprint-instructions.html
- Exhibit 3: Form of the Provider Contract
- Exhibit 4: Third Party Contract (**must file the executed delegation contract**)
- Exhibit 5: Form of the Network and Insurance Carrier Contract
- Exhibit 7: Financial Information
- Exhibit 8: Acknowledgement of Lawful Process
- Exhibit 9: Map of the Service Area
- Exhibit 10: Programs and Procedures
 - Complaint System
 - Quality Improvement Program
 - Credentialing
 - Utilization Review
 - Selection of Treating Doctor
- Exhibit 11: Network Configuration (**non-material**)
- Exhibit 13: Business Plan
- Exhibit 14: Financial Authorization Statement
- Exhibit 15: Plan for Provision of Care to Injured Employees Who Live Temporarily Outside the Service Area
- Exhibit 16: Plan for Provision of MMI/IR Services
- Exhibit 17: Doctors' Financial Disclosures
- Exhibit 18: Notice to Employees of Network Requirements and Acknowledgement Form
- Exhibit 19: Monitoring Plan for Providers
- Exhibit 20: Treatment and Return to Work Guidelines
- Exhibit 21: Medical Director Certification

** The network must file the information no later than 30 days **AFTER** implementation of any change.

**If you have questions or require assistance regarding completion of this form,
please call 512-676-6400, select Option 7.**

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.