

Worker's Compensation Health Care Network Provider Contract 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 statutes and rules at the following links: [insurance statues and rules](#) and [DWC rules](#).

Filing Requirements

Page _____ : Network must file a copy of the form of any new contract or subcontracts or any changes to previously filed contracts. [28 TAC Section 10.25\(b\)](#)

Application for Network Participation Not Required

Page _____ : A network **is not** required to accept an application for participation in the network from a health care provider that otherwise meets the requirements specified in this chapter if the network determines that the network has contracted with a sufficient number of qualified health care providers, including health care providers of the same license type or specialty. [28 TAC Section 10.42\(a\)](#)

Network Contract With Providers Required

Page _____ : Network must provide or arrange for health care services **only** through providers or provider groups that **are under contract** with or are employed by the network. **Exceptions: Emergencies And Out-Of-Network Referrals** [TIC Section 1305.101](#); [TIC Section 1305.152](#)

Relevant Definitions

- Doctor;
- Health care facility;
- Health care practitioner;
- Health care provider; and
- Treating doctor.

Note: The terms listed above are hereinafter collectively referred to as "provider."

[TIC Section 1305.004](#); [Labor Code Section 401.011](#); [28 TAC Section 10.2](#)

Page _____ : Transfer of risk [TIC Section 1305.004](#); [28 TAC Section 10.2](#)

Required Provisions in Provider Contracts and Subcontracts

Page _____ : Hold-harmless clause [TIC Section 1305.152\(c\)\(1\)](#); [28 TAC Section 10.42\(b\)\(1\)](#)

Page _____ : Agreement to follow network treatment guidelines, return-to-work guidelines and individual treatment protocols [TIC Section 1305.152\(c\)\(2\)](#); [28 TAC Section 10.42\(b\)\(2\)](#)

Page _____ : Insurance carrier or network may not deny treatment solely on the basis that a treatment for a compensable injury in question is not specifically addressed by the treatment guidelines [28 TAC Section 10.42\(b\)\(3\)](#)

Page _____ : Retaliatory action [28 TAC Section 10.42\(b\)\(4\)](#)

Page _____ : Continuity of treatment [TIC Section 1305.152\(c\)\(3\)](#); [28 TAC Section 10.42\(b\)\(5\)](#)

Page _____ : Termination of provider and notice to employees [TIC Section 1305.152\(c\)\(4\)](#); [28 TAC Section 10.42\(b\)\(6\)](#)

Page _____ : Posting complaint notice in provider office [TIC Section 1305.152\(c\)\(5\)](#); [TIC Section 1305.405](#); [28 TAC Section 10.42\(b\)\(7\)](#)

Page _____ : List of treatments and services that require preauthorization [TIC Section 1305.152\(c\)\(5\)](#); [28 TAC Section 10.42\(b\)\(8\)](#)

Page _____ : Compliance with all applicable statutory and regulatory requirements under federal and state law [TIC Section 1305.152\(c\)\(5\)](#); [28 TAC Section 10.42\(b\)\(10\)](#)

Page _____ : Schedule of fees [TIC Section 1305.152\(c\)\(5\)](#); [28 TAC Section 10.42\(b\)\(11\)](#)

Page _____ : Treating doctor agreement and responsibilities [TIC Section 1305.152\(c\)\(5\)](#); [28 TAC Section 10.42\(b\)\(12\)](#)

Page _____ : Billing by and payment to the provider [TIC Section 1305.152\(c\)\(5\)](#); [Labor Code Section 408.027](#); [28 TAC Section 10.42\(b\)\(13\)](#)

Page _____ : Provider specifically agrees to provide treatment for network injured employees [TIC Section 1305.152\(c\)\(5\)](#); [28 TAC Section 10.42\(b\)\(14\)](#)

Applicable Requirements Relating to Network Providers

These are only samples of requirements relevant to providers. The reader must review all TIC and TDI rules for all requirements.

Page _____ : Selection of treating doctor [TIC Section 1305.104](#); [28 TAC Section 10.60](#)

Page _____ : **HMO PCP:** Injured employee selection as treating doctor his/her HMO primary care physician or provider [TIC Section 1305.105](#)

Page _____ : Nonprimary care physician specialist as the injured employee's treating doctor (for injured employee with a chronic, life-threatening injury or chronic pain) [TIC Section 1305.104\(f\) – \(i\)](#); [28 TAC Section 10.60](#)

Page _____ : Transfer of risk **prohibited** [TIC Section 1305.151](#); [28 TAC Section 10.42\(b\)\(9\)](#)

Page _____ : Financial incentive or inducement to limit medically necessary services **prohibited** [TIC Section 1305.152\(e\)](#); [28 TAC Section 10.42\(c\)](#)

Page _____ : Economic profiling [28 TAC Section 10.42\(d\)](#)

Page _____ : Insurance carrier liability for out-of-network health care provided by out-of-network provider [TIC Section 1305.006](#)

Page _____ : **Designated Doctor** - Network provider **may not** serve as a designated doctor or perform a required medical examination [TIC Section 1305.101](#)

Page _____ : TDI examination of providers [TIC Section 1305.252](#)

Page _____ : Credentialing of providers by network [28 TAC Section 10.82](#)

Questions

If you have questions or require assistance regarding the information contained in this checklist, please call 512-676-9400, select Option 5.

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, 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 or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.