

Workers' Compensation Health Care Network Access Plan 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 [insurance statutes and rules](#) and [DWC rules](#).

Filing Requirements

Page _____ : The network must file an access plan with the department for approval at least **30 days before implementation** of the plan if any health care service or a network physician or provider (hereinafter collectively referred to as "provider") is not available to an employee because: - [28 TAC Section 10.80\(f\)](#)

Page _____ : Providers are not located within the required distances described in - [28 TAC Section 10.80\(d\) and \(e\)](#);

Page _____ : The network is unable to obtain provider contracts after good faith attempts; or

Page _____ : Providers meeting the network's minimum quality of care and credentialing requirements are not located within the required distances.

This Access Plan Must Include the Following Information and Documentation

Page _____ : A description of the geographic area(s) in which services or providers are not available, identified by county, city, ZIP code, mileage, or other identifying data - [28 TAC Section 10.80\(g\)\(1\)](#).

Page _____ : A map, with key and scale, for each specialty which identifies the area(s) in which such health care services, or providers are not available - [28 TAC Section 10.80\(g\)\(2\)](#).

Page _____ : Documentation that demonstrates how the network determined that providers are not located within the required distances - [28 TAC Section 10.80\(g\)\(3\)](#).

Page _____ : The network's general plan for making health care services and providers available to injured employees in each geographic area identified in the access plan - [28 TAC Section 10.80\(g\)\(4\)](#).

Page _____ : The names, addresses and specialties of the network providers and a listing of the services to be provided through the network that meet the health care needs of the employees - [28 TAC Section 10.80\(g\)\(4\)\(A\)](#).

Page _____ : A network development plan through which health care services or providers will be made available and accessible to employees in these geographic areas in the future - [28 TAC Section 10.80\(g\)\(4\)\(B\)](#).

Page _____ : if a general hospital is not available in an approved nonrural county, or a general acute hospital is available in an approved nonrural area but refuses to contract with the network, lists of contracted providers who have admitting privileges in a general hospital in each approved nonrural area who may admit injured employees; and alternative but contracted nonacute care facilities that can provide required acute hospital services to injured employees - [28 TAC Section 10.80\(g\)\(5\)](#).

Page _____ : A list of the physicians, providers, and facilities within the relevant service area that the network attempted to contract with, identified by name and specialty or facility type, with a description of how and when the network last contacted each physician, provider, or facility; and a description of the reason each physician, provider, or facility gave for declining to contract with the network - [28 TAC Section 10.80\(g\)\(6\)](#).

Page _____ : Any other information which is necessary to allow the department to assess the network's access plan - [28 TAC Section 10.80\(g\)\(7\)](#).

Note: TDI asks that the network submit provider list(s), general access plan list(s), and attempt to contract provider list(s) in Excel spreadsheet format.

Questions

If you have questions or require assistance regarding the information provided in this checklist, please call 512-676-6400, select Option 3.

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, PO 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, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.