



# Texas

## Certified Managed Care Program



### Fast facts

- › Voluntary
- › Effective January 1, 2006, the state of Texas implemented legislation allowing entities to become certified workers compensation health care networks
- › Employers/insurers may contract with one or more plans
- › Employee/provider choice preserved
- › Defined treating doctors
- › Pre-implementation injured employees must select in-network doctor within 14 days of implementation
- › Pre-authorization of health care network-designated non-emergency procedures
- › Non-network providers must comply with all of the rules, terms, and conditions of the health care network plan

Certified managed care helps bring a cooperative team approach to health care delivery in the workers' compensation environment. The Genex Certified Health Care Network (HCN) Program allows you to leverage the benefits of a certified HCN program while utilizing our proven expertise in disability management. This program was designed to meet all of the criteria of Administrative Rules. Let us work with you to enhance your current program – and realize the many benefits to employees, employers and payers:

### Employee benefits

- › Immediate, toll-free access
- › Choice of occupationally focused physicians
- › Case managers who provide understanding of treatment and recovery options
- › Internal dispute resolution
- › Goal of return to work

### Employer benefits

- › Immediate notification of injury or case/claim
- › Occupationally focused network
- › Highly skilled case managers who continually monitor cases and provide ongoing communication
- › Internal dispute resolution with a goal of increased employee satisfaction
- › Structured return-to-work programs

### Payer benefits

- › Timely reporting
- › Early case intervention when needed
- › Internally developed guidelines to assure that the right resources are deployed at the right time
- › Proactive communication between the Genex team of clinical experts and payer's staff



### Fast facts, cont.

- › Must arrange for services, including referrals to specialists, within the time appropriate to the circumstances and conditions that do not exceed 21 calendar days from the date of the original request

### Plan administrator

- › Kimberly Hudson  
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### Legislation

28 Chapter 10 of the Texas Administrative Code and Texas Insurance Code, Chapter 1305.

Effective January 1, 2011, all informal or voluntary PPO networks will be prohibited in Texas. The only available network option for Texas employers that subscribe to the WC Act will be “workers’ compensation health care networks” certified by the Texas Department of Insurance, per Texas Labor Code Sec. 413.0115 added by HB 473 in 2007.

### Required components of Health Care Network Plans

- › Organizational documents, including Biographical Affidavits of Officers and Directors
- › Descriptions of the times, places, and manner for providing plan services, including evidence of an adequate number of health care providers in each category to give employers and employees convenient geographic accessibility and flexible choices
- › All required health care services and providers, as specified, unless there is evidence that a service is not available in a community
- › Copies of all types of standard contracts and agreements with providers, including the corresponding directory and licensing information for each provider
- › Descriptions of programs, as specified, for peer review, utilization review, internal dispute resolution, return to work, workplace safety and health, and aggressive medical case management
- › A plan to inform employees about provider choices and access to those providers, dispute resolution, and a copy of the health care network notice provided to employees
- › Plans must include a program to educate participating providers on required treatment parameters, MMI, PPD management, and special obligations under the workers compensation system
- › Plans must identify any medical treatment standards developed for services not covered by department standards and must make them available for review by the Commissioner upon request.



Carrier (Insurer or Self-Insured Employer) responsibilities

- › Execute HCN agreement between Genex and carrier
- › HCN Endorsement to Employer Contract

Employer responsibilities

- › Distribute information about the Genex HCN upon implementation of the program, upon hire, upon transfer into the HCN and at the time of injury
- › Obtain a signed Acknowledgement Form, written in English or Spanish as applicable, from each employee verifying that the employee has received information concerning the HCN
- › Post the notice of the HCN requirements at each place of employment
- › Provide a notice to new hire no later than three days after date of hire
- › Work with Claims Examiner on Continuity of Care should a provider terminate from the HCN

Employee responsibilities

- › Employees who live within a network service area are required to choose their treating doctor from the list of network providers
- › If an injured worker does not select a treating doctor within 14 days, the network will assign a treating doctor
- › An injured worker may retain their treating doctor if they are in a HMO plan and if they agree to abide by the network requirements

For more than 35 years, Genex has helped customers manage disability and lost productivity costs through a full portfolio of consumer-focused managed care services. Our expertise is the result of a unique blend of clinical, informational, and technological knowledge that helps us optimize the outcome of each case – outcomes that are further enhanced by managing work site injuries in a certified managed care environment.