


Texas Employer Health Care Network Enrollment Checklist

The following checklist is for Travelers policy holders only. If you are a Constitution State Services customer please contact your Claim Account Executive for further assistance with HCN enrollment.

As the employer, you are required to complete all of the following steps and use the enclosed **Forms** (shown in **bold type below**) in order to enroll your current employees in our Health Care Network:

Please check off steps as you complete them.

- 1. Look at our HCN **Network Service Area** map
 - 2. If at least 80% of all your Texas employees live in our HCN **Network Service Area**,
then you may continue to the next step.
- Otherwise, stop here.  You are not eligible to enroll.

Employers eligible to enroll should continue with the following steps:

- 3. Distribute our HCN Notice of Network Requirements (NNR) consisting of our.....
Employee Notice, our **Employee Acknowledgement Form**, and our HCN **Network Service Area** map to each of your current employees. Record the date that you do this. You must provide this NNR in English and Spanish and any other language common to 10% of more of your employees.
- 4. Tell your employees that they must each read this **Employee Notice**, sign the
Employee Acknowledgement Form, and return it to you.
- 5. Get a copy of our HCN Provider directory by downloading from the Travelers website
at www.travelers.com/txhcn go to "Find a Network Medical Provider" or by calling our HCN Coordinator.
- 6. Retain the signed **Employee Acknowledgement Form** in each employee's
personnel file.
- 7. The Texas Department of Insurance requires that you document a refusal to
sign in that employee's personnel file. *Note: An employee who refuses to sign remains subject to the HCN requirements.*
- 8. Post a copy of our HCN NNR (see #3 above) at each of your business locations in our
HCN **Network Service Area** for reference by your employees.
- 9. Complete our Texas HCN **Employee Training Verification Form** and retain
a copy for your reference.
- 10. Return the completed **Employee Training Verification Form** via fax to 1-800-397-0794.....
mail, or email to: *Travelers – HCN Coordinator*
P.O. Box 660456
Dallas, TX 75266-0456
txhcn@travelers.com

Remember to keep a copy of the form and fax verification for your records

Note 1: Your enrollment in our HCN will be effective on the date that our HCN Coordinator receives your completed **Employee Training Verification Form**. Your Workers Compensation Policy will be marked and a Workers Compensation HCN Policy Endorsement will be sent to you.

Note 2: For each employee hired after the initial enrollment process, you as the employer must again complete the steps described above for that employee. However, no additional **Employee Training Verification Form** needs to be completed and returned to Travelers.

Note 3: At the time of injury, the injured employee should be provided with another copy of the Notice of Network Requirements. Failure to provide employees the Notice of Network Requirements (see #3 above) and to obtain a signed Employee Acknowledgement Form at the required times may allow the injured employee to seek treatment from a non-network treating doctor.

If you have any questions, please contact our HCN Coordinator at 1-866-245-6472.