

Liberty Health Care Network

Employer Implementation Checklist

This information is for EMPLOYER USE ONLY and should not be distributed to employees

Liberty Mutual Insurance strongly encourages the use of the Liberty Health Care Network (HCN) in Texas. We believe that it provides one of the most effective ways to control workers compensation costs.

To participate in the Liberty HCN, you must complete the following Employee Notification of Network Requirements:

<p>1. Confirm with your agent, broker, or your Liberty Mutual Insurance service representative that the Liberty HCN endorsement has been added to your company's workers compensation policy.</p> <p>Note: The endorsement must be added to your policy prior to rolling out the program</p>	<input type="checkbox"/>
<p>2. Distribute the following documents in electronic or print format to all Texas employees at all Texas locations after the endorsement is added to your workers compensation policy or your service contract.</p> <ul style="list-style-type: none">– Employee Notification of Network Requirements– Employee Acknowledgment form– Map of Service Areas– Injured Worker Survey <p><i>Notice must be given in English. If 10 percent or more of your employees speak another language, documents must also be provided in that language. The English and Spanish versions can be downloaded from the Texas section of the Liberty Mutual-Business Insurance Provider Networks web page at https://business.libertymutualgroup.com/business-insurance/claims-process/provider-networks. If this document is needed in any other languages, please e-mail TexasNetwork@LibertyMutual.com.</i></p>	<input type="checkbox"/>
<p>3. Collect signed Employee Acknowledgment forms from your employees and retain as part of their personnel files.</p> <p><i>An employee who receives all four documents but refuses to sign the Employee Acknowledgment form remains subject to the Liberty HCN as long as the employer has documented the method of delivery, to whom the documents were delivered, the location of the delivery, and the date(s) of delivery. You must retain all records.</i></p>	<input type="checkbox"/>
<p>4. Post the Employee Notification of Network Requirements and the Map of Service Areas in a conspicuous location at each of your Texas locations.</p> <p><i>If 10 percent or more of your employees speak another language, documents must also be posted in that language.</i></p>	<input type="checkbox"/>
<p>5. Confirm that your organization has completed the Employee Notification of Network Requirements (Steps 1 – 4):</p> <p>Send an email to texashcn@libertymutual.com and include the following information:</p> <ul style="list-style-type: none">– Company name– Workers compensation policy number– Your name, title, and contact information– The date you completed the Employee Notification of Network Requirements	<input type="checkbox"/>
<p>6. Provide the required Liberty HCN documents (see Step 2.) to all new employees hired after your initial enrollment period.</p> <p><i>Consider including these documents as part of your new hire packet. Be sure to collect signed Employee Acknowledgment forms from new employees and retain as part of their personnel file. Notification must be completed within three (3) business days of hire.</i></p>	<input type="checkbox"/>
<p>7. Provide the required Liberty HCN documents (see Step 2.) in print to an injured or ill worker at the time an occupational injury or illness is reported.</p>	<input type="checkbox"/>

libertymutualgroup.com/business



@LibertyB2B



This brochure is a general description of coverage and/or services offered. See your policy or service contract for actual terms and conditions. Insurance underwritten by Liberty Mutual Insurance Co. or its affiliates or subsidiaries.

© 2014 Liberty Mutual Insurance, 175 Berkeley Street, Boston, MA 02116. 10/14

TEXAS