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To: Workers' Compensation Health Care Networks

From: Botao Shi, Director, Workers' Compensation Research and Evaluation Group

Date: October 20, 2021

RE: Workers' Compensation Network Data Call

To produce the network report card required under Texas Insurance Code §1305.502, the Workers' Compensation Research and Evaluation Group (REG) requests certain information from each workers' compensation network certified under Insurance Code Chapter 1305 and political subdivision network authorized under Texas Labor Code §504.053. The due date to submit the requested data is February 4, 2022.

This information request has three parts:

- Part A. A list of every injured employee treated in your network or with approved out-of-network services with an injury date from June 1, 2020, through May 31, 2021. This list must also include any claims transferred into or transferred out of your network since the previous data call, regardless of injury dates.
- Part B. A list of all insurance carriers (including political subdivisions) your network has contracted with as of May 31, 2021.
- Part C. An attestation signed by an authorized network representative.

Each part is fully described in the attachments. Please submit your responses electronically through your Division of Workers' Compensation Secured File Transfer Protocol (SFTP) box. If you need help setting up an SFTP box with DWC, contact eFiling-Help@tdi.texas.gov.

Each network must provide one data submission per network. To ensure we can identify and accept your data submission as timely, please label your submission as:

Datacall_NETWORK_[insert network name]_date (mm-dd-yyyy)

Information about the identity of an injured employee (Part A) is confidential under Labor Code §402.083 and accessible to the REG under Labor Code §405.004(c). Information collected in Part B is confidential under Labor Code §405.004(d) and will be aggregated and not reported at an individual network level. Part A and Part B will not be accepted as a complete submission unless Part C is completed and signed by an authorized representative. Electronic signatures are acceptable.

If you have any questions about any portion of this information request, please contact the REG at WCResearch@tdi.texas.gov.

Attachments:

Part A (Excel spreadsheet and instructions)

Part B (List of insurance carriers)

Part C (Attestation)