



PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Request for standard detailed data reports

Part 1. Insurance carrier information

Identify the insurance carrier that submitted the claim data (including certified self-insurers, certified self-insurer groups, and governmental entities)..			
1. Insurance carrier name			
2. Insurance carrier Federal Employer ID Number (FEIN)		3. Insurance carrier group affiliation (if applicable)	
4. Insurance carrier primary mailing address (street or PO box, city, state, ZIP code)			
Identify the insurance carrier's authorized representative who can confirm that the company (listed in Part 2) is authorized to receive the insurance carrier's standard detailed data reports.			
5. Insurance carrier authorized representative name (first, middle, last)			
6. Authorized representative phone		7. Authorized representative fax	
8. Authorized representative email			
9. Action:	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	10. Effective Date (mm-dd-yyyy)

Part 2. Company authorized to receive reports

Identify the company authorized to receive the standard detailed data reports for the insurance carrier listed above.	
11. <input type="checkbox"/> Insurance carrier (includes certified self-insurers, certified self-insurer groups, and governmental entities) <input type="checkbox"/> Third-party administrator <input type="checkbox"/> Electronic data interchange (EDI) trading partner	
12. Company name	13. Company FEIN
14. Company contact name (first, middle, last)	15. Company contact title
16. Company mailing address	17. Company contact email
18. Company contact phone	19. Company contact fax

Part 3. Standard detailed data reports

	One time (specify period)	Monthly	Action
20. Monthly performance scorecard detail: <ul style="list-style-type: none"> Initial temporary income benefits (TIBs) payment and EDI reporting Medical bill processing and EDI reporting Request for reconsideration medical bill processing and EDI reporting 		<input type="checkbox"/>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
21. Other (specify)		<input type="checkbox"/>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
22. Other (specify)		<input type="checkbox"/>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

Part 4. Insurance carrier affirmation

I authorize DWC to release previously submitted claim data to the company authorized to receive the data reports listed in Part 3. I affirm that:

- I have specific authority to complete this form on behalf of the insurance carrier;
- the contract between the above-named authorized company and the insurance carrier requires that the workers' compensation information requested remains subject to the confidentiality requirements of the Texas Labor Code, Title 5, Subtitle A, (Texas Workers' Compensation Act), if applicable; and
- the authorized company will store all workers' compensation claim information in a secure environment with all appropriate security and privacy safeguards to prevent unauthorized access to or disclosure of the information.

23. Signature of insurance carrier's authorized representative

24. Insurance carrier authorized representative's printed name

25. Date of signature (mm-dd-yyyy)

FAQ

Request for standard detailed data reports

Who may use this form?

Insurance carriers, including certified self-insurers, certified self-insurer groups, and governmental entities, and companies authorized to receive standard detail data reports on the insurance carrier's behalf may use this form to request the reports.

What types of reports are available?

Reports available contain claim-level data already submitted to DWC by an insurance carrier. Some standard detail data reports are related to claims EDI data. Other reports provide the detail for monthly performance scorecards for individual insurance carriers on:

- timely payment of TIBs and EDI reporting;
- timely processing of medical bills and EDI reporting; and
- timely processing of reconsideration medical bills and EDI reporting.

How do I change who is authorized to receive the standard reports or other information?

File a new DWC Form-029 within five working days if any information changes, including the authorization status of the company receiving information on behalf of the insurance carrier.

How do I get my reports?

DWC will provide a secure file transfer protocol box to give you the reports.

Where do I send this form?

- **Email:** edisupport@tdi.texas.gov
- **Mail:** Texas Department of Insurance
Division of Workers' Compensation
EDI Support, MC BP-OPS
PO Box 12050
Austin, TX 78711-2050

Questions?

Email questions to edisupport@tdi.texas.gov.

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or go to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html.