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Instruction Sheet for DWC COVID-19 Data Call

Use the attached Excel spreadsheet and submit the information to the Division of Workers' Compensation (DWC) through your Austin representative Secure File Transfer Protocol box by **the data call deadline** (see Section 3 below). The Workers' Compensation Research and Evaluation Group (REG) will accept only one data call submission per insurance carrier or insurance carrier group. All data fields listed on the spreadsheet are mandatory unless otherwise marked.

To ensure that the REG can easily identify your data call submission and the date you submit it, please label your submission as:

Datacall_COVID19_[insert insurance carrier or group name]_[date]

If you would like to encrypt this information, email us at WCResearch@tdi.texas.gov before you send the encrypted file to ensure that our system can accommodate it.

Labor Code §405.004 exempts from public disclosure under the Open Records Act, Government Code §552.021, all working papers the REG prepares or maintains to conduct an evaluation and prepare a report.

However, if you believe any of the requested data is privileged or confidential, you must label the data call submission document before you submit it to DWC. You should include a cover letter identifying the statutory citation or common law privilege that you believe supports your legal argument. A generalized assertion of confidentiality or privilege is insufficient. If a third party makes an open records request, DWC will refer the requested documents to the Office of the Attorney General to determine whether the requested information may be withheld from public disclosure.

For questions about the data call, please contact WCResearch@tdi.state.tx.us.

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Definition of Data Elements

Section 1: Data Call Contact Information and Certification

- **Name of data call contact:** The name of the person who is the insurance carrier's main contact for the data call. This person should be knowledgeable about and responsible for the insurance carrier's data call responses.
- **Data call contact email:** The email for the insurance carrier's data call contact person.
- **Data call contact phone number:** The phone number for the insurance carrier's data call contact person.
- **Data call certification:** The insurance carrier's certification that the information submitted to DWC is complete and accurate.
- **Reporting issues:** An **optional** field where the insurance carrier can describe any issues it would like DWC to know about the information it submits on the data call.

Section 2: Insurance Carrier Information

- **Insurance carrier group name (if reporting for a group):** This field only applies to commercial insurance carrier groups. Only one data call submission is required for the entire group.
- **Name of insurance carrier:** The insurance carrier's name.

For commercial insurance carrier group submissions, please list all of the group's member companies, regardless of whether that member company has any data to report.

For intergovernmental risk pools, please list the risk pool only and do not list all of the member political subdivisions separately.

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Section 3: Data Submission Timeframe

There are five data call submission timeframes, and all data call submissions are **cumulative**. Mark the appropriate timeframe for each data call submission:

- First submission – data from December 1, 2019, through June 30, 2020 (deadline is **August 17, 2020**)
- Second submission – data from December 1, 2019, through September 30, 2020 (deadline is **October 30, 2020**)
- Third submission – data from December 1, 2019, through December 31, 2020 (deadline is **January 29, 2021**)
- Fourth submission – data from December 1, 2019, through March 31, 2021 (deadline is **April 30, 2021**)
- Fifth submission - data from December 1, 2019, through June 30, 2021 (deadline is **July 30, 2021**)
- Sixth submission - data from December 1, 2019, through September 30, 2021 (deadline is **October 29, 2021**)
- Seventh submission - data from December 1, 2019, through December 31, 2021 (deadline is **January 31, 2022**)
- Eighth submission – data from December 1, 2019, through March 31, 2022 (deadline is **April 29, 2022**)
- Ninth submission – data from December 1, 2019, through June 30, 2022 (deadline is **July 29, 2022**)
- Tenth submission - data from December 1, 2019, through September 30, 2022 (deadline is **October 31, 2022**)
- Eleventh submission - data from December 1, 2019, through December 31, 2022 (deadline is **January 31, 2023**)

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Section 4: COVID-19 Claim Information

- **Number of COVID-19 exposures reported to the insurance carrier as work-related:** The number of COVID-19 exposures involving covered employees that were reported as work-related to the insurance carrier.

This includes exposure reports derived from a DWC Form-01, *Employer's First Report of Injury or Illness*, medical bills, or other correspondence received by the insurance carrier that describe a possible work-related exposure to COVID-19 for a covered employee, regardless of whether a covered employee has received a positive test or diagnosis of COVID-19.

- **Number of COVID-19 claims with a confirmed positive test or diagnosis:** The number of workers' compensation claims where the injured employee has a confirmed positive test or diagnosis of COVID-19, regardless of whether the insurance carrier has accepted or denied the claim. Insurance carriers should derive this information from the claim file.

This number should be smaller than the number of exposures reported and not include claims where the injured employee tested negative, or there is no documentation of a positive test or diagnosis.

- **Number of accepted COVID-19 claims with a confirmed positive test or diagnosis:** The number of COVID-19 claims with a confirmed positive test or diagnosis where the insurance carrier has accepted liability.
- **Number of denied COVID-19 claims with a confirmed positive test or diagnosis:** The number of COVID-19 claims with a confirmed positive test or diagnosis where the insurance carrier has denied either compensability, liability, or both.
- **Number of COVID-19 claims with a confirmed positive test or diagnosis still under investigation:** The number of COVID-19 claims with a confirmed positive test or diagnosis where the insurance carrier is still investigating compensability or liability.

Note: The total number of claims accepted, denied, or under investigation should be equal to the number of COVID-19 claims with a confirmed positive test or diagnosis.

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- **Total amount paid in medical benefits for all COVID-19 claims:** The total amount paid in medical benefits since December 1, 2019, for all COVID-19 claims. This should include medical benefits, like testing, that were paid regardless of whether the insurance carrier accepted the claim.
- **Total amount paid in income benefits (TIBs, IIBs, SIBs, or LIBs) and salary continuation paid instead of income benefits for COVID-19 claims:** The total amount paid in income benefits since December 1, 2019, for all COVID-19 claims. This should include income benefits and any salary continuation paid instead of (not in addition to) income benefits regardless of whether the insurance carrier accepted the claim.
- **Total amount paid in death benefits for COVID-19 claims:** The total amount paid in workers' compensation death benefits since December 1, 2019, for all COVID-19 claims. This includes death benefits paid to DWC's Subsequent Injury Fund.

This should not include any other types of death benefits that were paid to the injured employee's beneficiaries outside of workers' compensation (for example, public safety officer benefits or Government Code death benefits).

- **Total amount paid in burial benefits for COVID-19 claims:** The total amount paid in workers' compensation burial benefits since December 1, 2019, for all COVID-19 claims.

This should not include any other types of burial benefits that were paid to the injured employee's beneficiaries outside of workers' compensation.