

1 **CHAPTER 124: CARRIERS: REQUIRED NOTICES AND MODE OF PAYMENT**
2 **SUBCHAPTER A. INSURANCE CARRIERS: REQUIRED NOTICES AND MODES OF**
3 **PAYMENT**
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9
10 **TEXT.**

11 **CHAPTER 124. INSURANCE CARRIERS: [REQUIRED] NOTICES, [AND MODE OF**
12 **PAYMENT] PAYMENTS, AND REPORTING**

13
14 **SUBCHAPTER A. INSURANCE CARRIERS: REQUIRED NOTICES AND MODES OF**
15 **PAYMENT**

16
17 **§124.2. Insurance Carrier ~~Reporting and~~ Notification Requirements.**

18 (a) An insurance carrier must ~~shall~~ notify the division and the claimant of actions
19 taken ~~on~~ or events occurring in a claim as required by this title.

20 ~~[(b) The division shall prescribe the form, format, and manner of required electronic~~
21 ~~submissions through publications such as advisory(ies), instructions, specifications, the~~
22 ~~Texas Electronic Data Interchange Implementation Guide, and trading partner~~
23 ~~agreements. Trading partners will be responsible for obtaining a copy of the International~~
24 ~~Association of Industrial Accident Boards and Commissions (IAIABC) Electronic Data~~
25 ~~Interchange Implementation Guide.]~~

26 (b) ~~[(c)]~~ The insurance carrier must ~~shall~~ electronically file, as that term is used in
27 §102.5(e) of this title (concerning General Rules for Written Communications to and from
28 the Division) ~~[Commission,]~~ with the division, according to the requirements in Subchapter

1 B of this title (concerning Insurance Carrier Claim Electronic Data Interchange Reporting
2 to the Division): ~~[with the division:]~~

3 (1) the information from the original Employer's First Report of Injury; the
4 insurance carrier's Federal Employer's Identification Number (FEIN); and the policy
5 number, policy effective date, and policy expiration date reported under §110.1 of this
6 title (concerning Insurance Carrier Requirements for Notifying the Division of Insurance
7 Coverage) for the employer associated with the claim, not later than the seventh day after
8 the later of:

9 (A) receipt of a required report where there is lost time from work,
10 ~~[or]~~ an occupational disease,~~;~~ or a fatality; or

11 (B) notification of lost time if the employer made the Employer's First
12 Report of Injury before ~~[prior to]~~ the employee experienced ~~[experiencing]~~ absence from
13 work as a result of the injury;

14 (2) information about an acquired claim no later than the 37th day after the
15 acquiring claim administrator has knowledge of claim-specific information from the
16 previous claim administrator;

17 (3) ~~[(2)]~~ any correction of an ~~[division-identified errors in a previously~~
18 ~~accepted]~~ electronic record accepted with errors, as provided in §102.5(e) of this title
19 ~~[(Correction)]~~ (concerning General Rules for Written Communications to and from the
20 Division), within 30 days of the notification from the division detailed in §124.104(b) of
21 this title (concerning Reporting Requirements);

22 (4) ~~[(3)]~~ information about ~~[regarding]~~ a compensable death with no
23 beneficiary ~~[(Compensable Death No Beneficiaries/Payees)]~~ no ~~[not]~~ later than the 10th
24 day after determining that an employee whose injury resulted in death had no legal
25 beneficiary; and

1 (5) ~~[(4)]~~ a change in an electronic record initiated by the insurance carrier,
2 ~~[(Change);]~~ the coverage information required by paragraph (1) of this subsection if not
3 available when the First Report of Injury was submitted to the division, and any change in
4 a claimant or employer mailing address within seven days of receiving ~~[receipt of]~~ the new
5 address.

6 (c) ~~[(d)]~~ The insurance carrier must ~~[shall]~~ notify the division and the claimant of its
7 [a] denial of a claim ~~[(Denial)]~~ based on noncompensability ~~[non-compensability]~~ or lack
8 of coverage in accordance with this section and as otherwise provided by this title.

9 (d) ~~[(e)]~~ The insurance carrier must ~~[shall]~~ notify the division and the claimant of
10 the following:

11 (1) first payment of indemnity benefits on a claim ~~[(Initial Payment)]~~ within
12 10 days of making the first payment;

13 (2) first payment of indemnity benefits on an acquired claim within 10 days
14 of making the first payment;

15 (3) ~~[(2)]~~ a change in the net benefit payment amount ~~[caused by a change~~
16 ~~in the employee's post-injury earnings (Reduced Earnings)]~~ without a change to the
17 benefit type within 10 ~~[ten]~~ days of making the first payment reflecting the change;

18 ~~[(3) change in the net benefit payment amount that was not caused by a~~
19 ~~change in employee's post-injury earnings, this includes but is not limited to subrogation,~~
20 ~~attorney fees, advances, and contribution [(Change in Benefit Amount)], and the notice~~
21 ~~must be made within 10 days of making the first payment which reflects the change;]~~

22 (4) a change from one income benefit type to another or to death benefits
23 ~~[(Change in Benefit Type)]~~ within 10 days of making the first payment reflecting the
24 change;

25 (5) resumption of payment of income or death benefits ~~[(Reinstatement of~~
26 ~~Benefits)]~~ within 10 days of making the first payment;

1 (6) termination or suspension of income or death benefits [~~(Suspension)~~
2 within 10 days of making the last payment for the benefits; or

3 (7) employer continuation of salary, as defined in §129.1(1) (concerning
4 Definitions for Temporary Income Benefits) of this title, equal to or exceeding the
5 employee's average weekly wage [~~Average Weekly Wage~~] as defined by this title [~~Full~~
6 ~~Salary~~] within:

7 (A) seven days of receiving [~~receipt of~~] the [~~Employer's First Report~~
8 ~~of Injury or a Supplemental Report of Injury (if the report included)~~] information that salary
9 would be continued in lieu of ~~[-if]~~ the insurance carrier initiating temporary income
10 benefits; [~~or~~]

11 (B) ten [40] days of making the last payment of temporary income
12 benefits due to the employer's salary continuation; or [~~of full salary.~~]

13 (C) ten days of resuming payment of the employer's salary
14 continuation.

15 (e) [~~f~~] If an insurance carrier receives a written notice of injury for a disease or
16 illness identified by Texas Government Code, Chapter 607, Subchapter B (relating to
17 Diseases or Illnesses Suffered by Firefighters, Peace Officers, and [~~or~~] Emergency Medical
18 Technicians), the insurance carrier must [~~shall~~] take one of the following actions no later
19 than the 15th day after receiving [~~following receipt of~~] the notice of injury:

20 (1) initiate benefits as required by the Texas Workers' Compensation Act and
21 the division's rules;

22 (2) file a notice of denial as described in this section; or

23 (3) provide the claimant and the division with notice as required under Labor
24 Code §409.021(a-3) (Notice of Continuing Investigation) for a claim for benefits received
25 on or after June 10, 2019.

1 (f) [~~(g)~~] When applying subsection (e) [~~(f)~~] of this section and Government Code,
2 Chapter 607, Subchapter B, a "claim for benefits" means the first written notice of injury
3 as provided in §124.1 of this title (concerning Notice of Injury).

4 (g) [~~(h)~~] The insurance carrier must [~~shall~~] issue a Notice of Continuing Investigation
5 as a plain language notice in the form and manner prescribed by the division. The
6 notification requirements of this section are not considered complete until a copy of the
7 notice provided to the claimant is received by the division.

8 (1) A Notice of Continuing Investigation must [~~shall~~] include the following:
9 (A) a statement describing all steps taken by the insurance carrier to
10 investigate the disease or illness before the notice was given;
11 (B) a list of any claim-specific evidence, releases, or documentation
12 the insurance carrier reasonably believes is both relevant and necessary to complete its
13 investigation; and
14 (C) contact information for the adjuster, including the adjuster's email
15 address, fax [~~facsimile~~] number, and telephone number.

16 (2) An insurance carrier must [~~shall~~] provide a reasonable amount of time
17 for a claimant to respond to the notice.

18 (3) The notice may not include a request for additional diagnostic testing,
19 mental health records, generic requests (such as "the claimant's medical records"), or
20 requests for records that are not directly related to either the disease or illness or eligibility
21 for application of a statutory presumption.

22 (4) Notwithstanding the issuance of a Notice of Continuing Investigation, an
23 insurance carrier must continue taking reasonable steps to acquire claim-specific
24 information necessary to complete its investigation of the claim.

25 (h) [~~(i)~~] Notification to the claimant as required by subsections (c)-(g) [~~(d)-(h)~~] of
26 this section requires the insurance carrier to use plain language notices in the form and

1 manner prescribed by the division. These notices must ~~[shall]~~ provide a full and complete
2 statement describing the insurance carrier's action and rationale. The statement must
3 contain sufficient claim-specific substantive information to enable the claimant to
4 understand the insurance carrier's position or action taken on the claim. A generic
5 statement that simply states the insurance carrier's position with phrases such as
6 "employee returned to work," "adjusted for light duty," "liability is in question,"
7 "compensability in dispute," "under investigation," or other similar phrases with no further
8 description of the factual basis for the action taken does not satisfy the requirements of
9 this section.

10 (i) ~~[(f)]~~ In addition to the denial notice requirements in subsection (h), ~~[(f)]~~ if the
11 insurance carrier receives a written notice of injury for a disease or illness identified by
12 Texas Government Code, Chapter 607, Subchapter B (relating to Diseases or Illnesses
13 Suffered by Firefighters, Peace Officers, and ~~[or]~~ Emergency Medical Technicians), the
14 denial must also include the following:

15 (1) if ~~[(f)]~~ the insurance carrier asserts that a statutory presumption does not
16 apply, a statement explaining why and describing the claim-specific information that the
17 insurance carrier reviewed;~~[-]~~

18 (2) alternatively, ~~[Alternatively,]~~ based on ~~[upon]~~ its investigation, if the
19 insurance carrier concludes that a statutory presumption applies, but ~~[that]~~ a notice of
20 denial will be issued, a statement explaining why and describing the claim-specific
21 information reviewed before issuing ~~[prior to issuance of]~~ the notice~~[-]~~ that supports a
22 reasonable belief that risk factors, accidents, hazards, or other causes not associated with
23 their employment were a substantial factor in bringing about the injured employee's
24 disease or illness, without which the disease or illness would not have occurred;~~[-]~~ and ~~[or]~~

1 (3) if ~~[#]~~ the insurance carrier provided a timely Notice of Continuing
2 Investigation as permitted by law, the denial notice must also include a statement
3 describing whether the claimant provided a timely response to the notice.

4 (j) ~~[(k)]~~ Notification to the division as required by subsections (b)-(i) ~~[(e)-(h)]~~ of this
5 section requires the insurance carrier to use electronic filing, as that term is used in
6 §102.5(e) of this title (concerning General Rules for Written Communications to and from
7 the Division). ~~[Commission].]~~

8 (1) In addition to the electronic filing requirements of this subsection, when
9 an insurance carrier notifies the division of a denial as required by this section, it must
10 provide the division a written copy of the notice provided to the claimant as described
11 under subsections (h)-(i) ~~[(j)-(j)]~~ of this section, as applicable.

12 (2) The notification requirements of this section are not considered
13 completed until the copy of the notice provided to the claimant is received by the division.

14 (k) ~~[(h)]~~ Notification to the division and the claimant of a dispute of disability, extent
15 of injury, or eligibility of a claimant to receive death benefits must ~~[shall]~~ be made as
16 otherwise prescribed by this title and requires the insurance carrier to use plain language
17 notices in the form and manner prescribed by the division. These notices must ~~[shall]~~
18 provide a full and complete statement describing the insurance carrier's action and its
19 reasons ~~[reason(s)]~~ for such action. The statement must contain sufficient claim-specific
20 substantive information to enable the claimant to understand the insurance carrier's
21 position or action taken on the claim. A generic statement that simply states the insurance
22 carrier's position with phrases such as "no medical evidence to support disability," "not
23 part of compensable injury," "liability is in question," "under investigation," "eligibility
24 questioned," or other similar phrases with no further description of the factual basis for
25 the action taken does not satisfy the requirements of this section.

1 ~~[(m) The division shall send an acknowledgment to the transmitting trading partner~~
2 ~~detailing whether an electronically submitted record was accepted, accepted with errors,~~
3 ~~or rejected. The acknowledgment shall be provided directly to the trading partner~~
4 ~~submitting the transmission, not through the Austin representative box identified in~~
5 ~~§102.5 of this title. If the record was accepted with errors in conditional elements, the~~
6 ~~insurance carrier must correct the errors in accordance with §102.5 of this title.]~~

7 [(l) [(n)] Except as otherwise provided by this title, insurance carriers must ~~[shall]~~ not
8 provide notices to the division that explain that:

9 (1) benefits will be paid as they accrue;

10 (2) a wage statement has been requested;

11 (3) temporary income benefits are not due because there is no lost time;

12 (4) the insurance carrier is disputing some or all medical treatment as not
13 reasonable or necessary;

14 (5) compensability is not denied, but the insurance carrier disputes the
15 existence of disability (if there are no indications of lost time or disability and the
16 employee is not claiming disability); or

17 (6) future medical benefits are disputed (notices of which must ~~[shall]~~ not
18 be provided to anyone in the system).

19 ~~[(e) Written requests for a waiver of the electronic filing requirement for the~~
20 ~~Employer's First Report of Injury may be submitted to the commissioner or their designee~~
21 ~~for consideration. Waivers must be requested at least annually, and the requests must~~
22 ~~include a justification for the waiver, the volume of the insurance carrier's claims and total~~
23 ~~premium amounts, current automation capabilities, Electronic Data Interchange (EDI)~~
24 ~~programming status, and a specific target date to implement EDI. Waivers require written~~
25 ~~approval and shall be granted at the discretion of and for the time frame noted by the~~
26 ~~commissioner or their designee.~~

1 ~~(p) If specifically directed by the division, such as through division advisory or the~~
2 ~~Texas Electronic Data Interchange Guide, the insurance carrier may provide the~~
3 ~~information required in subsections (c)–(g) of this section to the division in hardcopy or~~
4 ~~paper format.]~~

5 (m) ~~[(q)]~~ Notifications to the claimant and the claimant's representative must ~~[shall]~~
6 be filed by fax ~~[facsimile]~~ or electronic transmission unless the recipient does not have the
7 means to receive such a transmission, in which case, the notifications must ~~[shall]~~ be
8 personally delivered or sent by mail.

9 (n) ~~[(r)]~~ Each insurance carrier must ~~[shall]~~ provide to the division, through its Austin
10 representative in the form and manner prescribed by the division, the contact information
11 for all workers' compensation claim service administration functions performed by the
12 insurance carrier either directly or through third parties.

13 (1) The contact information for each function must ~~[shall]~~ include mailing
14 address, telephone number, fax ~~[facsimile]~~ number, and email address, as appropriate.
15 This contact information may be provided either in the form of a single Uniform Resource
16 Locator (URL) for a web page created and maintained by the insurance carrier that
17 contains the required information or through an online submission to the division. The
18 claim service administration functions requiring contact information to be reported are:

19 (A) coverage ~~[Coverage]~~ verification (policy issuance and effective
20 dates of the policy);

21 (B) claim ~~[Claim]~~ adjustment;

22 (C) medical ~~[Medical]~~ billing;

23 (D) pharmacy ~~[Pharmacy]~~ billing (if different from medical billing);

24 [and]

25 (E) preauthorization ~~[Preauthorization]~~; and

26 (F) workers' compensation health care network.

1 (2) If the web page option is used, the page must ~~[shall]~~ contain the date
2 ~~[on which]~~ it was last updated and an email address or other contact information ~~[to~~
3 ~~which]~~ a user may report problems or inaccuracies to.

4 (3) The insurance carrier must ~~[shall]~~ update the contact information or URL
5 within 10 working days after any such change is made.

6 (o) ~~[(s)]~~ All notices to a claimant required under this section must be stated in plain
7 language and in no less than 12-point font. This subsection applies to notices sent on or
8 after April 1, 2020.

9 (p) The section is effective <<TBD>>.

10

11 **CHAPTER 124. INSURANCE CARRIERS: [REQUIRED] NOTICES, [AND MODE OF**
12 **PAYMENT] PAYMENTS, AND REPORTING**

13

14 **SUBCHAPTER B. INSURANCE CARRIER CLAIM ELECTRONIC DATA INTERCHANGE**
15 **REPORTING TO THE DIVISION**

16

17 **§124.100. Applicability.**

18 (a) This subchapter applies to any claim transactions required to be reported to the
19 division under Section 124.105 on or after <<<effective date of the subchapter>>>.

20 (b) This subchapter applies to all insurance carriers as defined in Labor Code
21 §401.011(27). All insurance carriers are required to report information prescribed by the
22 commissioner under Labor Code §§401.024, 402.082, 411.012, 411.031, 411.032, and
23 411.033 for each workers' compensation claim. All insurance carriers are required to notify
24 injured employees and the division about claim actions as provided in §124.2 of this title
25 (concerning Insurance Carrier Notification Requirements).

1 (c) This subchapter is effective <<<one year after adoption.>>> Insurance carriers
2 and trading partners must continue to submit claim EDI records to the division in the
3 International Association of Industrial Accident Boards and Commissions (IAIABC) Claims
4 Electronic Data Interchange (EDI) Release 1.0 standard before this effective date.

5
6 **§124.101. Purpose.** The purpose of this subchapter is to prescribe the reporting
7 requirements for information and data submitted to the division and adopt by reference
8 the implementation guide and specifications necessary for successful EDI transaction
9 processing. The reporting of information and data is necessary to maintain information
10 on every compensable injury; maintain a repository for statistical information on workers'
11 health and safety; and compile, maintain, and use statistical data to detect practices or
12 patterns of misconduct by system participants as required by Labor Code §§402.082,
13 411.033, and 414.003.

14
15 **§124.102. Definitions.** The following words and terms when used in this subchapter will
16 have the following meanings, unless the context clearly indicates otherwise:

17 (1) Application acknowledgment code--A code used to identify the accepted or
18 rejected status of the transaction being acknowledged.

19 (2) Claim EDI record--The accurate data associated with a single claim reported in
20 a claim EDI transaction (first report of injury or subsequent report of injury) obtained from
21 all sources, including the report of incident or injury and the insurance carrier's claim file.

22 (3) Claim EDI transmission--The data that is contained within the interchange
23 envelope.

24 (4) Division--The Texas Department of Insurance, Division of Workers'
25 Compensation or its data collection agent.

26 (5) EDI--Electronic data interchange.

1 (6) Edits table--A table containing the edits applied to Texas' first report of injury
2 and subsequent report of injury records.

3 (7) Element requirement table--A table containing data elements used in Texas'
4 first report of injury and subsequent report of injury record layouts defining required and
5 conditional data elements and how data edits apply to the elements.

6 (8) Event table--A table containing the reportable claim events for Texas' first
7 report of injury and subsequent report of injury records and timeframes for reporting
8 the information.

9 (9) Insurance carrier claim number--An identifier that distinguishes a specific
10 claim within an insurance carrier's claim processing system and is used throughout the
11 life of the claim.

12 (10) IAIABC--The International Association of Industrial Accident Boards and
13 Commissions.

14 (11) Person--A person, partnership, corporation, hospital district, insurance carrier,
15 organization, business trust, estate trust, association, limited liability company, limited
16 liability partnership, or other entity. This term does not include an injured employee.

17 (12) Trading partner--A person entering into an agreement with the insurance
18 carrier to format electronic data for transmission to the division, transmit electronic data
19 to the division, and respond to any technical issues related to the contents or structure of
20 an EDI file.

21
22 **§124.103. Reporting Standards.**

23 (a) Except as provided in this subchapter, the commissioner adopts by reference
24 the IAIABC EDI Implementation Guide for Claims, Release 3.1.X, dated <<<TBD>>>,
25 published by the IAIABC.

26 (b) The commissioner adopts by reference the:

1 (1) Texas Claim EDI Release 3.1.X Implementation Guide, Version 1.0, dated
2 <<<TBD>>>;

3 (2) Texas Claim EDI Release 3.1.X Data Element Requirement Table, Version
4 1.0, dated <<<TBD>>>;

5 (3) Texas Claim EDI Release 3.1.X Data Element Edits Table, Version 1.0,
6 dated <<<TBD>>>; and

7 (4) Texas Claim EDI Release 3.1.X Event Table, Version 1.0, dated
8 <<<TBD>>>. The Texas Claim EDI Release 3.1.X Implementation Guide and the tables are
9 published by the division.

10 (c) The adopted division tables are on the division's website at
11 www.tdi.texas.gov/wc/edi/index.html.

12 (d) In the event of a conflict between the IAIABC Guide and the Labor Code or
13 division rules, the Labor Code or division rules will prevail.

14

15 **§124.104. Reporting Requirements.**

16 (a) Insurance carriers must submit timely and accurate claim EDI records to the
17 division. For the purpose of this section, a claim EDI record is considered accurately
18 submitted when the record:

19 (1) receives an accepted application acknowledgment code;

20 (2) contains accurate claim EDI data, which may be obtained from all
21 sources, including the report of incident or injury and the insurance carrier's claim file; and

22 (3) to the extent supported by the format, contains all data elements
23 necessary to identify activity on a claim.

24 (b) Insurance carriers are responsible for correcting and resubmitting claim EDI
25 records accepted with errors within 30 days of the acknowledgement or other the action

1 that required reporting. The resubmitted claim EDI record must contain the same
2 insurance carrier claim number as the previously accepted claim EDI record.

3 (c) The insurance carrier's receipt of a rejection does not modify, extend, or
4 otherwise change the date the transaction is required to be reported to the division. The
5 resubmitted rejected claim EDI record must contain the same insurance carrier claim
6 number as the previously rejected claim EDI record.

7

8 **§124.105. Records Required to be Reported.**

9 (a) Insurance carriers must submit claim EDI records when the insurance carrier:

10 (1) takes action on or events occur in a claim as described in §124.2 of this
11 title (concerning Insurance Carrier Notification Requirements);

12 (2) corrects division-identified errors in a previously accepted electronic
13 record as provided in §124.104(b) of this title (concerning Reporting Requirements);

14 (3) corrects insurance carrier-identified errors in a previously accepted
15 electronic record as provided in §124.2(b)(4) of this title;

16 (4) cancels a claim that should not have been submitted to the division, and
17 the division had previously accepted an initial report; or

18 (5) receives a request from the division for claim EDI records.

19 (b) Regardless of the application acknowledgment code returned in an
20 acknowledgment, claim EDI records are not considered received by the division if the
21 claim EDI record:

22 (1) contains data, which does not accurately reflect the code value or actions
23 taken when the insurance carrier processed information or acted on the claim; or

24 (2) fails to contain a conditional data element, and the mandatory trigger
25 condition existed at the time the insurance carrier acted on the claim.

1 (c) Claim EDI records submitted in the test environment are not considered
2 received and do not comply with the reporting requirements of this section.

3 (d) Claims with a date of injury on or after January 1, 1991, must be reported in
4 accordance with the requirements of this chapter (concerning Insurance Carriers: Notices,
5 Payments, and Reporting).

6
7 **§124.106. Records Excluded from Reporting.** Insurance carriers must not report claim
8 EDI records for:

9 (1) claims where the jurisdiction state is not Texas;

10 (2) claims that do not meet the requirements of §124.2(b);

11 (3) claims involving benefits payable under federal workers' compensation laws;

12 and

13 (4) claims with dates of injury before January 1, 1991.

14
15 **§124.107. State Specific Requirements.**

16 (a) Insurance carriers must submit claim EDI transactions according to the:

17 (1) IAIABC EDI Implementation Guide for Claims, Release 3.1.X, dated
18 <<<TBD>>>;

19 (2) Texas Claim EDI Release 3.1.X Implementation Guide, Version 1.0, dated
20 <<<TBD>>>;

21 (3) Texas Claim EDI Release 3.1.X Data Element Requirement Table, Version
22 1.0, dated <<<TBD>>>;

23 (4) Texas Claim EDI Release 3.1.X Data Element Edits Table, Version 1.0,
24 dated <<<TBD>>>; and

25 (5) Texas Claim EDI Release 3.1.X Event Table, Version 1.0, dated
26 <<<TBD>>>.

1 (b) In addition to the requirements adopted under §124.103 of this subchapter
2 (concerning Reporting Standards), when the injured employee's Social Security number is
3 unknown for reporting claim EDI transactions, it must be reported in accordance with
4 Texas Claim EDI Release 3.1.X Data Element Requirement Table, Version 1.0, dated
5 <<<TBD>>, as adopted in §124.103 of this title (concerning Reporting Standards).

6
7 **§124.108. Insurance Carrier EDI Compliance Coordinator and Trading Partners.**

8 (a) Insurance carriers may submit claim EDI records directly to the division or
9 contract with an external trading partner to submit the records on the insurance carrier's
10 behalf.

11 (b) Each insurance carrier, including those using external trading partners, must
12 designate one person as the EDI compliance coordinator and provide the person's name,
13 working title, mailing address, fax number, email address, and telephone number in the
14 form and manner prescribed by the division. The EDI compliance coordinator must:

15 (1) be an employee of the insurance carrier with knowledge and experience
16 in EDI reporting, who is responsible for EDI reporting;

17 (2) receive and appropriately disperse data reporting information received
18 from the division; and

19 (3) serve as the central compliance control for data reporting under this
20 subchapter.

21 (c) At least five working days before sending its first transaction to the division
22 under this subchapter, the insurance carrier must send a notice to the division. The notice
23 must be in the form and manner prescribed by the division. The notice must include the
24 name of the insurance carrier, the insurance carrier's FEIN, the insurance carrier's TXCOMP
25 customer number, the names of the trading partners authorized to conduct claim EDI

1 transactions on behalf of the insurance carrier, the FEIN of the trading partners, and the
2 EDI compliance coordinator's signature.

3 (d) The insurance carrier must report changes required under sections (b) and (c)
4 within five working days of any amendment to data sharing agreements, including adding
5 or removing any trading partners or changing the EDI compliance coordinator. Failure to
6 timely submit updated information may result in the rejection of claim EDI records.

7 (e) At least five working days before sending its first test transaction to the division
8 under this subchapter, the insurance carrier or trading partner sending the claim EDI
9 transmission must send a notice to the division. The notice must be in the form and
10 manner prescribed by the division. The notice must include the entity's name; FEIN; nine-
11 digit postal code; address; and the technical contact's name, address, phone number, and
12 email address. The insurance carrier or trading partner must report changes within five
13 working days of any amendment to the information required to be reported.

14 (f) Insurance carriers and trading partners must successfully complete claim EDI
15 Release 3.1.X testing before transmitting any production claim EDI Release 3.1.X data to
16 the division. Trading partners must receive approval to submit data for at least one
17 insurance carrier before initiating the testing process. Insurance carriers and trading
18 partners must submit each transaction type during the testing process to ensure that it
19 can be successfully processed by the division. The division will not approve an insurance
20 carrier or trading partner for production submissions until the insurance carrier or trading
21 partner has met the requirements for testing as described in the Texas Claim EDI Release
22 3.1.X Implementation Guide.

23 (g) Once an insurance carrier or trading partner has met the requirements of
24 subsection (f), the insurance carrier or trading partner is approved to report claim EDI data
25 to the division. Only approved insurance carriers or trading partners may report claim EDI
26 data to the division.

1 (h) The division may suspend the ability for an insurance carrier or trading partner
2 to report claim EDI if it does not meet the requirements for an approved trading partner
3 as described in the Texas Claim EDI Release 3.1.X Implementation Guide.

4 (i) Loss of approval to report claim EDI does not relieve an insurance carrier of the
5 duty to report claim information or notices to the division under §124.2 of this title
6 (concerning Insurance Carrier Notification Requirements).

7 (j) Insurance carriers are responsible for the acts or omissions of their trading
8 partners. The insurance carrier commits an administrative violation if the insurance carrier
9 or its trading partner fails to timely or accurately submit claim EDI records.

10 (k) An insurance carrier must provide to the division the EDI compliance
11 coordinator's contact information required by this subsection no later than <<<TBD>>.
12 Except as otherwise provided by this subsection, an insurance company that obtains a
13 certificate of authority to write workers' compensation insurance in Texas after
14 <<<TBD>>, or an employer or group of employers who are authorized to self-insure by
15 DWC or TDI after <<<TBD>>, must provide the EDI compliance coordinator's contact
16 information required by subsection (b) to the division no later than the 30th day after the
17 insurance company's certificate of authority or authorization to self-insure becomes
18 effective.

19
20