Part A. Workers' Compensation
Network Data Call Instructions

The following data elements should be collected on each workers' compensation patient who was treated within a network certified under Texas Insurance Code Chapter 1305 or a political subdivision health plan under Texas Labor Code §504.053(b)(2).

Please submit the requested data on all injured employees who have injury dates from **June 1, 2021, through May 31, 2023**. This list must also include any claims **transferred into** your network from another, and claims **transferred out** of your network to another since the 2021 data call, **regardless of injury dates**.

Important: REG will no longer accept submissions that do not follow the format guidelines and instructions provided on the following pages and in the spreadsheet. Data call submissions will be considered incomplete and late if not corrected and resubmitted by **December 4, 2023**.

Use the attached Excel spreadsheet and submit the information electronically to REG by **December 4, 2023**, 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)

Definitions of Data Elements

A. Name of Workers' Compensation Network: The name of the TDI-certified network or political subdivision health plan as submitted to the Division of Workers' Compensation (DWC) in Box 16 on DWC Form-20SI, *Self-Insured Governmental Entity Coverage Information*.

B. TDI Network Certification Number (if network is certified): The number assigned by TDI to a workers' compensation health care network certified under Insurance Code Chapter 1305.

C. **Network Patient Social Security Number (SSN):** The SSN of each injured employee treated by the network with injury dates from **June 1, 2021, through May 31, 2023**. Please **include** leading zeroes and **exclude** dashes.

D. **Network Patient Last Name:** The last name of the injured employee treated by your network.

E. **Network Patient First Name:** The first name of the injured employee treated by your network.

F. **Network Patient Street Address (primary):** The injured employee's primary residential street address.

G. **Network Patient Street Address (secondary, if available):** The injured employee's secondary residential street address.

H. **Network Patient City of Residence (primary):** The injured employee's primary city of residence.

I. **Network Patient City of Residence (secondary, if available):** The injured employee's secondary city of residence.

J. **Network Patient State of Residence (primary):** The injured employee's state of residence.

K. **Network Patient ZIP Code (primary):** The injured employee's primary residential ZIP code.

L. **Network Patient ZIP Code (secondary, if available):** The injured employee's secondary residential ZIP code.

M. **Network Patient Phone Number (primary):** The injured employee's primary phone number. Please use (area code) XXX-XXXX format.

N. **Network Patient Phone Number (secondary, if available):** The injured employee's secondary phone number. Please use (area code) XXX-XXXX format.

O. **Network Patient Date of Injury:** Date the employee was injured, or onset of illness occurred. Please use MM/DD/YYYY format.

P. Date Patient was First Treated in Network: Date the injured employee was first provided medical care for the injury by your network, including approved out-of-network services. Please use MM/DD/YYYY format.

Q. Insurance Carrier Federal Employer Identification Number (FEIN): The FEIN of the insurance carrier, including insurance company, certified self-insured employer, group self-insured, or governmental entity (not the third-party administrator) who is administering the injured employee's workers' compensation claim. **Please exclude all dashes from this number.**

R. Insurance Carrier Claim Number: The claim number assigned by the insurance carrier who is administering the injured employee's workers' compensation claim. **Please exclude all dashes from this number.**