



Send waiver request to:  
 Texas Department of Insurance  
 Division of Workers' Compensation  
 Healthcare Policy, MS-7  
 7551 Metro Center Drive, Suite 100, Austin, Texas 78744  
 or Fax: 512-804-5001 or bill.wells@tdi.state.tx.us

## WAIVER REQUEST CHECKLIST

### INSURANCE CARRIER EXCEPTION TO THE ELECTRONIC BILLING AND REIMBURSEMENT REQUIREMENTS Texas Labor Code §408.0251 and Division Rule 133.501

Insurance Carrier Unreasonable Financial Burden	INFORMATION REQUIRED
X	<b>1. Name</b>
X	<b>2. FEIN (Federal Employer Identification Number)</b>
X	<b>3. Address</b>
X	<b>4. Point of Contact Name, E-mail Address and Phone Number</b>
X	<b>5. Insurance Carrier Parent Co. Name, FEIN and Address</b>
X	<b>6. Companies providing estimate with point of contact name, e-mail address and phone number</b>
X	<b>7. Number of all bills and then WC bills a month</b>
X	<b>8. All dollars and then WC charged a month</b>
X	<b>9. All paper costs and then WC paper costs a month</b>
X	<b>10. All dollars reimbursed and then WC reimbursed a month</b>
X	<b>11. Estimated each eBill transaction cost and then monthly eBill transaction cost</b>
X	<b>12. Estimated eBill implementation cost</b>
X	<b>13. Cost benefit analysis</b>
X	<b>14. Financial impact</b>
X	<b>15. Surplus as regards Policyholders (licensed insurance companies only)</b>
X	<b>16. Net Worth (self-insurers only)</b>
X	<b>17. Risk Based Capital (required of licensed insurance companies only)</b>

X = required submission items by waiver category

Provide printed name and signature of submitting individual on the waiver submission.

Revision: 08-05-2008

## INSTRUCTION SHEET

<b>3.</b>	<b>Address (anytime address is indicated) must be mailing address and not physical location of office.</b>
<b>4.</b>	<b>The person to contact with questions regarding the application. Ensure area code is provided with phone number.</b>
<b>6.</b>	<b>This will be the companies providing an estimate of cost to provide the billing service.</b>
<b>7.</b>	<b>Number of all bills processed and then Workers Compensation bills processed monthly. For small practice waiver the Workers Compensation total must be 10% or less than all bills combined.</b>
<b>8.</b>	<b>Amount of all billing and then Workers Compensation billing a month. For small practice waiver the Workers Compensation total must be 10% or less than total amount of billing.</b>
<b>9.</b>	<b>Monthly costs to receive, process, and pay/deny paper Workers Compensation and non-Workers Compensation medical billing forms</b>
<b>10</b>	<b>Amount of all reimbursement and then Workers Compensation reimbursement a month. For a small practice waiver the Workers Compensation total must be 10% or less than total reimbursement.</b>
<b>NOTE:</b>	<b>For items 8-10 the waiver requestor must have provided this information to the entity that prepared a cost estimate.</b>
<b>11.</b>	<b>Verifiable cost estimates for per transaction and monthly transaction to receive and acknowledge electronic medical bills and to generate and submit electronic remittance (ANSI 835)</b>
<b>12</b>	<b>Verifiable cost estimates for the implementation of or modification to existing electronic billing and reimbursement processes to support workers' compensation electronic billing</b>
<b>13</b>	<b>Estimated savings or additional costs provided by electronic billing and reimbursement as compared to paper/manual processes</b>
<b>NOTE:</b>	<b>For items 11-13 this information must be provided by at least two companies providing cost estimates.</b>
<b>14</b>	<b>Estimated financial impact, number of bills or months the insurance carrier or parent company anticipates will be required to recover the initial implementation cost investment (Return on Investment). The estimated financial impact is provided by the waiver requestor based on information gathered from their own business information and companies providing estimates on cost.</b>
<b>15</b>	<b>Surplus as regards Policyholders (required of licensed insurance companies only) as reported in most recent year-end financial statement filed with the Texas Department of Insurance. Equal to total assets minus total liabilities. Reported on line 35 of page 3 of 2007 Annual Statement.</b>
<b>16</b>	<b>Net Worth (required of self-insurers only) as reported in most recent year-end financial statement. Equal to total assets minus total liabilities.</b>
<b>17</b>	<b>Risk Based Capital (required of licensed insurance companies only) calculated at the Authorized Control Level as reported in most recent year-end financial statement filed with the Texas Department of Insurance. Reported on line 29 of Five-Year Historical Data exhibit of 2007 Annual Statement.</b>

### UNREASONABLE FINANCIAL BURDEN

Waiver requests for unreasonable financial burden must include non-workers' compensation information when the insurance carrier processes both workers' compensation and non-workers' compensation billing. If the insurance carrier operates exclusively in workers' compensation, then those non-workers' compensation elements are omitted.

Do not submit this checklist as a waiver request. Provide the request on business letterhead or plain bond paper.