



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

HEALTHCARE PROVIDER EXCEPTION TO THE ELECTRONIC BILLING AND REIMBURSEMENT REQUIREMENTS Texas Labor Code §408.0251 and Division Rule 133.501

HCP Unreasonable Financial Burden	INFORMATION REQUIRED
X	1. Name
X	2. FEIN (Federal Employer Identification Number)
X	3. NPI (if no FEIN available)
X	4. Address
X	5. Point of Contact Name, E-mail Address and Phone Number
X	6. Type of Practice (Individual, Group Practice, etc.)
X	7. Companies providing estimate with point of contact name, e-mail address and phone number
X	8. Number of all bills and then WC bills a month
X	9. Cost per all bills and then WC bills
X	10. All dollars and then WC charged a month
X	11. All dollars reimbursed and then WC reimbursed a month
X	12. Estimated each eBill transaction cost and then monthly eBill transaction cost
X	13. Estimated eBill implementation cost
X	14. Cost benefit analysis
X	15. Financial impact
X	16. Net Income from Prior Year

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

3.	NPI – National Provider Identifier.
4.	Address (anytime address is indicated) must be mailing address and not physical location of office.
5.	The person to contact with questions regarding the application. Ensure area code is provided with phone number.
7.	This will be the companies providing an estimate of cost to provide the billing service.
8.	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.
9.	Cost per form to generate and submit Workers Compensation and non-Workers Compensation paper medical billing forms
10.	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.
11	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.
NOTE: For items 9-11 the waiver requestor must have provided this information to the entity that prepared a cost estimate.	
12.	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)
13	Verifiable cost estimates for the implementation of or modification to existing electronic billing and reimbursement processes to support workers' compensation electronic billing
14	Estimated savings or additional costs provided by electronic billing and reimbursement as compared to paper/manual processes
NOTE: For items 12-14 this information must be provided by at least two companies providing cost estimates.	
15	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.
16	Net Income of entity seeking waiver as reflected on prior year's federal income tax filings.

UNREASONABLE FINANCIAL BURDEN

Waiver requests for unreasonable financial burden must include non-workers' compensation information when the health care provider processes both workers' compensation and non-workers' compensation billing. If the health care provider 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.