

No. **2024-8568**

**Official Order
of the
Texas Commissioner of Workers' Compensation**

Date: 3/11/2024

Subject Considered:

Texas Mutual Insurance Company
2200 Aldrich Street
Austin, Texas 78723-3474

Consent Order
DWC Enforcement File Nos. 32634, 32635, 32636, 32637, and 32638

General remarks and official action taken:

This is a consent order with Texas Mutual Insurance Company (Respondent). The commissioner of the Texas Department of Insurance, Division of Workers' Compensation (DWC) considers whether DWC should take disciplinary action against Respondent.

Waiver

Respondent acknowledges that the Texas Labor Code and other applicable laws provide certain rights. Respondent waives all of these rights, and any other procedural rights that apply, in consideration of the entry of this consent order.

Findings of Fact

1. Respondent holds a certificate of authority issued by the Texas Department of Insurance to transact the business of insurance pursuant to Tex. Ins. Code §§ 801.051-801.053 and is licensed to write workers' compensation/employers' liability insurance in Texas.
2. Respondent was classified as "high" tier in the 2018, 2020, and 2022 PBO assessments.

Failure to Timely Act on a Medical Bill

File No. 32634

3. On [REDACTED], a designated doctor (DD) provided medical services to an injured employee. On [REDACTED], Respondent received a completed medical bill for \$ [REDACTED] from the DD.
4. Respondent was required to act on the bill within 45 days of receiving it. The deadline to act was [REDACTED].
5. On [REDACTED], Respondent paid \$ [REDACTED] to the DD, which was 115 days late.
6. On [REDACTED], Respondent paid interest, which was 314 days late.

File No. 32635

7. On [REDACTED], a health care provider (HCP) provided medical services to the injured employee in connection with a DD exam. On [REDACTED], Respondent received a completed medical bill for \$ [REDACTED] from the HCP.
8. Respondent was required to act on the bill within 45 days of receiving it. The deadline to act was [REDACTED].
9. On [REDACTED], Respondent received a Request for Reconsideration/Appeal from the HCP when the HCP did not receive notice of action on the bill.
10. On [REDACTED], Respondent denied the bill alleging incorrectly that the HCP sent a completed medical bill more than 95 days after services were rendered. The denial was 107 days late.
11. On [REDACTED], Respondent paid the health care provider \$ [REDACTED].
12. On [REDACTED], Respondent paid interest, which was 301 days late.

File No. 32636

13. On [REDACTED], a DD provided medical services to an injured employee. On [REDACTED], Respondent received a completed \$ [REDACTED] medical bill from the DD.
14. Respondent was required to act on the bill within 45 days of receiving it. The deadline to act was [REDACTED].
15. On [REDACTED], Respondent received a Request for Reconsideration/Appeal from the DD when the DD did not receive notice of action on the bill.
16. On [REDACTED], Respondent denied the bill alleging incorrectly that the bill was submitted more than 95 days after services were rendered. The denial was 88 days late.
17. On [REDACTED], Respondent paid the \$ [REDACTED] to the DD.
18. On [REDACTED], Respondent paid interest, which was 267 days late.

File No. 32637

19. On [REDACTED], a DD provided medical services to an injured employee. On [REDACTED], Respondent received a completed \$ [REDACTED] medical bill from the DD.
20. Respondent was required to act on the bill within 45 days of receiving it. The deadline to act was [REDACTED].
21. On [REDACTED], Respondent received a Request for Reconsideration/Appeal from the DD when the DD did not receive notice of action on the bill.
22. On [REDACTED], Respondent denied the bill alleging incorrectly that the DD sent the completed medical bill more than 95 days after services were rendered. The denial was 85 days late.
23. On [REDACTED], Respondent paid \$ [REDACTED] to the DD.
24. On [REDACTED], Respondent paid interest, which was 251 days late.

File No. 32638

25. On [REDACTED], a DD provided medical services to an injured employee. On [REDACTED], Respondent received a completed \$ [REDACTED] medical bill from the DD.
26. Respondent was required to act on the bill within 45 days of receiving it. The deadline to act was [REDACTED].
27. On [REDACTED], Respondent received a Request for Reconsideration/Appeal from the DD when the DD did not receive notice of action on the bill.
28. On [REDACTED], Respondent denied the bill alleging incorrectly that the DD sent completed medical bill more than 95 days after services were rendered. The EOB was issued 87 days late.
29. On [REDACTED], Respondent paid the \$ [REDACTED] bill and paid interest.

Assessment of Sanction

1. Prompt payment of medical bills is imperative to DWC's goal of ensuring that injured employees have access to prompt, high-quality medical care. Failure to promptly pay medical bills harms medical providers economically, increases disputes and exhausts administrative resources in the workers' compensation system. It is a serious violation to fail to timely act on a medical bill involving DD services, which do not require preauthorization and which serve an essential function in the Texas workers' compensation system. Untimely payment can have a chilling effect on a DD's participation in the system.
2. In assessing the sanction for this case, DWC fully considered the following factors in Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e):
 - the seriousness of the violation, including the nature, circumstances, consequences, extent, and gravity of the prohibited act;
 - the history and extent of previous administrative violations;
 - the violator's demonstration of good faith, including actions it took to rectify the consequences of the prohibited act;
 - the penalty necessary to deter future violations;
 - whether the administrative violation had a negative impact on the delivery of benefits to an injured employee;

- the history of compliance with electronic data interchange requirements;
 - to the extent reasonable, the economic benefit resulting from the prohibited act; and
 - other matters that justice may require, including, but not limited to:
 - PBO assessments;
 - prompt and earnest actions to prevent future violations;
 - self-report of the violation;
 - the size of the company or practice;
 - the effect of a sanction on the availability of health care; and
 - evidence of heightened awareness of the legal duty to comply with the Texas Workers' Compensation Act and DWC rules.
3. DWC found the following factors in Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e) to be aggravating: the seriousness of the violation, including the nature, circumstances, consequences, extent, and gravity of the prohibited act; the history and extent of previous administrative violations; the penalty necessary to deter future violations; and whether the administrative violation had a negative impact on the delivery of benefits to an injured employee. One of the medical bills, submitted by a DD referral doctor, was for \$4,082.67. Further, the late medical bill payments in these five cases were between 85 and 115 days late and involved DD services, which do not require preauthorization and are essential to the Texas workers' compensation system.
4. DWC considered as mitigating Respondent's PBO status pursuant to Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e). DWC also considered that the medical bills were submitted attached to DD reports, which confused the purpose of the communication to the insurance carrier.
5. Respondent acknowledges communicating with DWC about the relevant statute and rule violations alleged; that the facts establish that the administrative violation(s) occurred; and that the proposed sanction is appropriate, including the factors DWC considered under Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e).
6. Respondent acknowledges that, in assessing the sanction, DWC considered the factors in Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e).

Conclusions of Law

1. The commissioner has jurisdiction over this matter pursuant to Tex. Lab. Code §§ 402.001, 402.00111, 402.00114, 402.00116, 402.00128, 414.002, and 414.003.
2. The commissioner has the authority to dispose of this case informally pursuant to Tex. Gov't Code § 2001.056, Tex. Lab. Code §§ 401.021 and 402.00128(b)(6)-(7), and 28 Tex. Admin. Code § 180.26(h) and (i).
3. Respondent has knowingly and voluntarily waived all procedural rights to which it may have been entitled regarding the entry of this order, including, but not limited to, issuance and service of notice of intent to institute disciplinary action, notice of hearing, a public hearing, a proposal for decision, a rehearing by the commissioner, and judicial review.
4. Pursuant to Tex. Lab. Code § 415.021, the commissioner may assess an administrative penalty against a person who commits an administrative violation.
5. Pursuant to Tex. Lab. Code § 415.002(a)(20), an insurance carrier or its representative commits an administrative violation each time it violates a DWC rule.
6. Pursuant to Tex. Lab. Code § 415.002(a)(22), an insurance carrier or its representative commits an administrative violation each time it fails to comply with a provision of the Texas Workers' Compensation Act.

Failure to Timely Act on a Medical Bill

7. Pursuant to Tex. Lab. Code § 408.027 and 28 Tex. Admin. Code § 133.240, an insurance carrier is required to timely process and take final action on a completed medical bill within 45 days of receiving the bill.
8. Respondent violated Tex. Lab. Code §§ 408.027; 415.002(a)(20) and (22); and 28 Tex. Admin. Code § 133.240 each time Respondent failed to pay, reduce, deny, or determine to audit a completed medical bill within 45 days of receiving the bill.

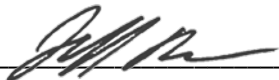
Failure to Timely Pay Interest for Medical Benefits

9. Pursuant to Tex. Lab. Code § 413.019(a) and 28 Tex. Admin. Code §§ 133.240(l) and 134.130(a), an insurance carrier must pay interest on medical bills paid on or after the 60th day after the insurance carrier originally received the complete medical bill. The interest payment shall be paid at the same time as the medical bill payment.
10. Respondent violated Tex. Lab. Code §§ 413.019(a) and 415.002(a)(20) and (22) and 28 Tex. Admin. Code §§ 133.240(l) and 134.130(a) by failing to pay interest on medical bills paid on or after the 60th day after the insurance carrier originally received the complete medical bill.

Order


It is ordered that Texas Mutual Insurance Company must pay an administrative penalty of \$5,000 within 30 days from the date the Commissioner signs the order.

After receiving an invoice, Texas Mutual Insurance Company must pay the administrative penalty by electronic transfer using the State Invoice Payment Service, company check, cashier's check, or money order and make it payable to the "State of Texas." Mail the administrative penalty to the Texas Department of Insurance, Attn: DWC Enforcement Section, MC AO-9999, PO Box 12030, Austin, Texas 78711-2030.



Jeff Nelson
Commissioner
TDI, Division of Workers' Compensation

Approved Form and Content:



Tyrus Housh
Staff Attorney, Enforcement
Compliance and Investigations
TDI, Division of Workers' Compensation

Unsworn Declaration

STATE OF Texas §
§
COUNTY OF Travis §

Pursuant to the Tex. Civ. Prac. and Rem. Code § 132.001(a), (b), and (d), my name is Peppia Sherrouse. I hold the position of VP, Claim Operations and am the authorized representative of Texas Mutual Insurance Company. My business address is: 2200 Aldrich Street, Austin, Travis, TX, 78723.
(Street) (City) (County) (State) (ZIP Code)

I am executing this declaration as part of my assigned duties and responsibilities. I declare under penalty of perjury that the facts stated in this document are true and correct.

Peppia Sherrouse
Declarant

Executed on February 23, 2024.