# Health Care Provider Quarterly Meeting

November 20, 2020 9:30 a.m. to 10:30 a.m.



## Agenda Items

- Welcome
- Office of Medical Advisor Update
- Compliance and Investigations Update
- Designated Doctor Update
- Telemedicine Update
- MFDR Update
- Network Report Card and Data Call Update
- Q&A
- Closing



# Welcome

Cassie Brown, Commissioner Division of Workers' Compensation



# Office of Medical Advisor Update

Mary Landrum, Director Health Care Business Management



# Medical Quality Reviews

- Calendar Year 2020
  - 4 reviews initiated
    - includes complaint, audit, or monitoring based reviews
    - assigned to MQRP members for review
  - 7 reviews concluded
    - 57% referred to Enforcement
    - 43% recommended other actions
      - (includes letters of education, referrals to medical licensing boards, and closures with no action)

Source: Texas Department of Insurance, Division of Workers' Compensation, data as of 10/8/20



# Compliance and Investigations Update

Debra Knight, Deputy Commissioner Compliance and Investigations



# CY2020 Complaints



# CY2020 - Complaints

#### 1,274 Complaints Received

- 73 Attendance
- 382 Communications
- 310 Indemnity Benefit Delivery
- 300 Medical Benefit Delivery
- 132 Other
  - 77 Quality of Care

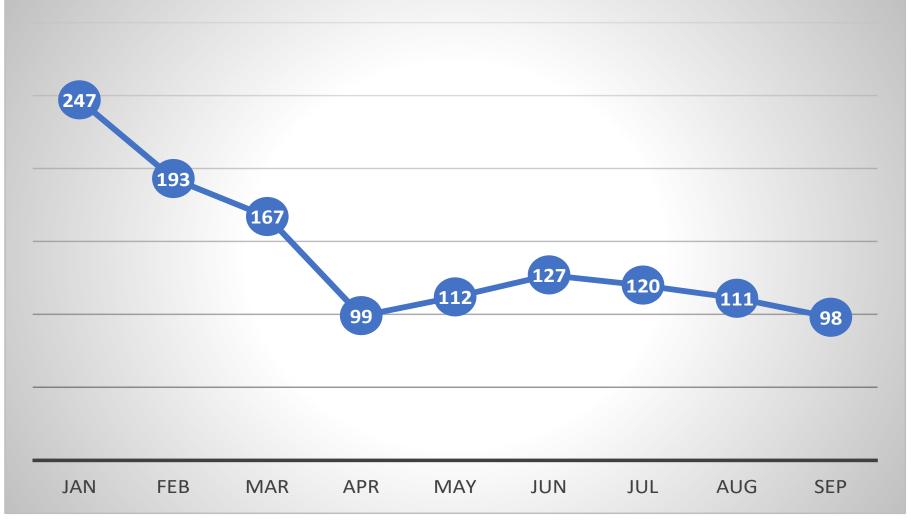
#### 1,642 Complaints Closed

- 374 Confirmed
- 518 DWC Education Complaint
- 750 Not Confirmed

\*Based on complaint data as of 10/5/2020



#### 2020 Complaint Volume by Month



\* Based on complaint data as of 10/5/2020



# Quality of Care Complaints

- Calendar Year 2020
  - 75 complaints forwarded to OMA

(includes external complaints & internal referrals)

- 110 complaints investigated by OMA
  - 54% closed with no action
  - 30% issued letters of education
  - 10% initiated a medical quality review
  - 6% referred to enforcement

Source: Texas Department of Insurance, Division of Workers' Compensation, data as of 10/26/20



# 2020 Performance Based Oversight (PBO)



## Performance Based Oversight (PBO)

#### **2020 Assessment Selection**

#### 121 insurance carriers

20+ initial payment of TIBs received between January-June of 2020

#### **Assessment Timeline**

- October 5, 2020 Management response due
- November 2020 -
  - Review management responses
- January 2021
- Distribute results



## Performance Based Oversight (PBO)

#### 2021 Methodology Changes related to HCPs

- No pre-selection selection is based on volume of assessment period data.
- **DWC Form-073 measures combined** into one category:
  - **70% weight** off work measure
  - **30% weight** completeness measure

#### 2021 PBO Methodology Paper

 Located on website (<u>https://www.tdi.texas.gov/wc/pbo/hcppbo.html</u>)



#### Performance Based Oversight (PBO)

#### **2021 HCP PBO Assessment Timeline**

April 2021 July 2021 November 2021 December 2021 Data call for DWC Form-073s Distribute initial findings for all measures DWC distributes results Publish results

#### **Assessment Period**

- **DWC Form-073's** identified through medical billing data received between June 1, 2020, and February 28, 2021.
- **DWC Form-069's** with exam dates between January 1, 2021, and April 30, 2021.



# **DWC Fraud**



## Fraud Definition

#### Per Black's Law Dictionary:

"Fraud includes any intentional or deliberate act to deprive another of property or money by guile, deception, or other unfair means."

https://www.acfe.com/fraud-101.aspx



## Fraud Schemes

Examples of fraud the DWC Fraud and Prosecution teams investigate:

- Billing for services not performed by attorneys and healthcare providers.
- Under reporting employees or misclassifying high risk employees in order to obtain lower premium rates.
- Working and drawing.
- Falsifying documents to keep from having to pay benefits.



## CY2020 – DWC Fraud Stats

# 1,115 fraud referrals received 125 fraud cases open 1,041 fraud cases closed 6 fraud referrals for prosecution

As of 9/30/20



#### CY2020 – DWC Prosecution Stats

#### **13 Indictments**

- 8 employer
- 3 healthcare provider
- 2 injured employee

As of 9/30/20



#### CY2020 – DWC Prosecution Stats

#### **3 Convictions**

- 1 employer
- 1 injured employee
- 1 healthcare provider

As of 9/30/20



# **Enforcement Update**



# **Enforcement Key Initiatives**

Strategies to improve efficiencies in market compliance and case processing:

- Using clear, express statutory authority for all enforcement cases.
- Informing workers' compensation stakeholders about compliance goals.
- Partnering with DWC program areas to foster compliance.
- Assisting the Office of the Medical Advisor.
- Providing swift, appropriate actions for statutory and rule violations.

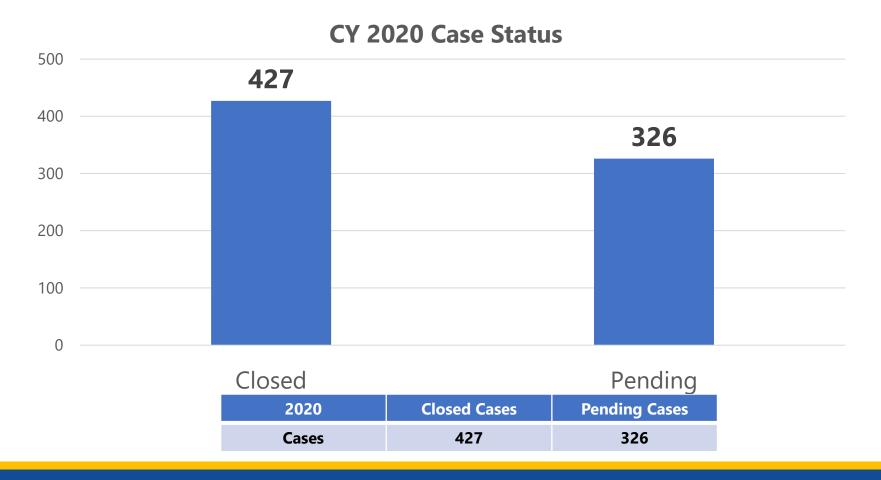


# Examples of Administrative Violations

- Billing injured employee;
- Quality of care;
- Failure to pay timely indemnity benefits;
- Failure to initiate TIBS;
- Failure to accurately pay TIBS;
- Attorney fee billing violations; and
- Failure to comply with medical fee dispute resolution or decision and order.

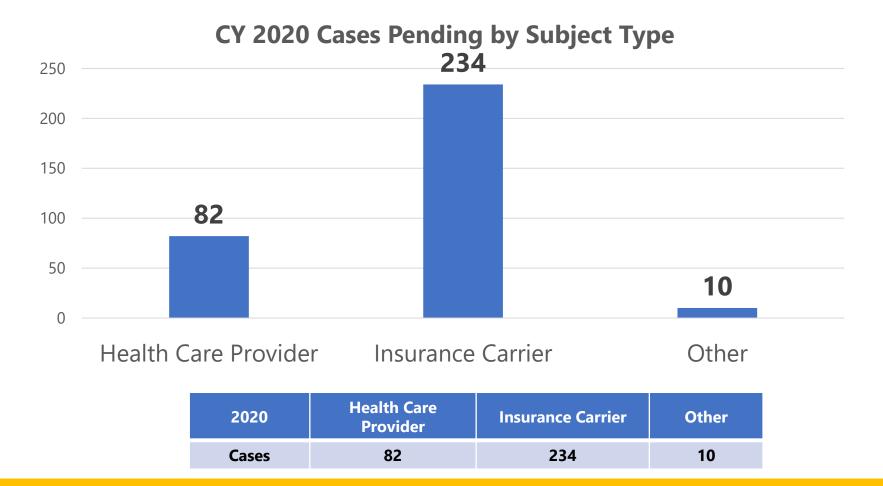


#### Enforcement Case Status for CY2020 (Closed as of 09/30/2020. Pending as of 10/20/2020.)



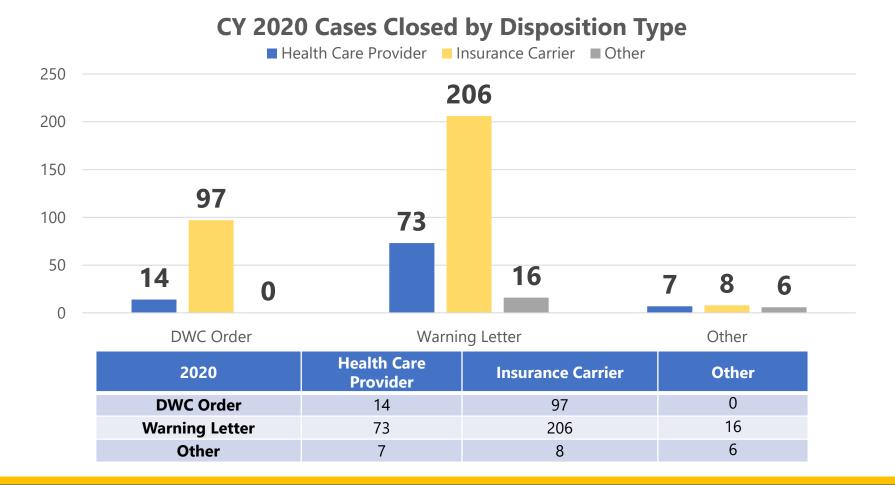


# Cases Pending by Subject Type as of October 20, 2020





# Cases Closed by Disposition Type for CY2020 as of September 30, 2020





# Cases Closed by Subject Type for CY2020 as of September 30, 2020

CY 2020 Case Status Health Care Provider Insurance Carrier Other **Health Care Insurance Carrier** Other **Provider** Cases



## OMA Enforcement Cases

- Calendar Year 2020
  - 14 OMA referrals received in Enforcement
  - 17 OMA cases concluded by Enforcement
    - 2 consent orders/final orders
    - 12 warning letters
    - 3 other action
  - 22 OMA cases pending in Enforcement
  - 2 OMA cases pending at SOAH

Source: Texas Department of Insurance, Division of Workers' Compensation, data as of 10/29/20



# Designated Doctor Update

Joe McElrath, Deputy Commissioner Business Process

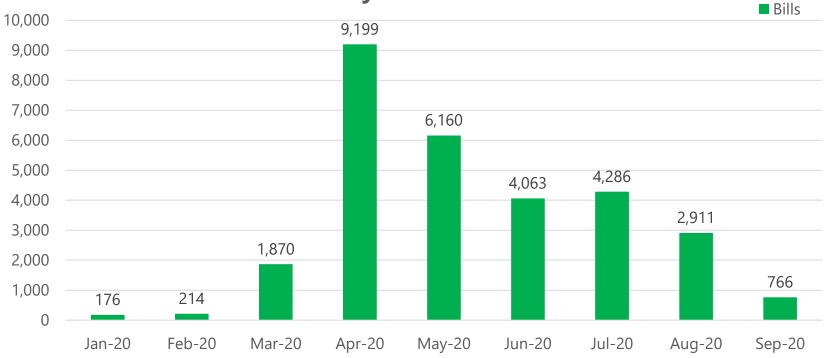


# **Telemedicine** Update

Matt Zurek, Deputy Commissioner Health and Safety

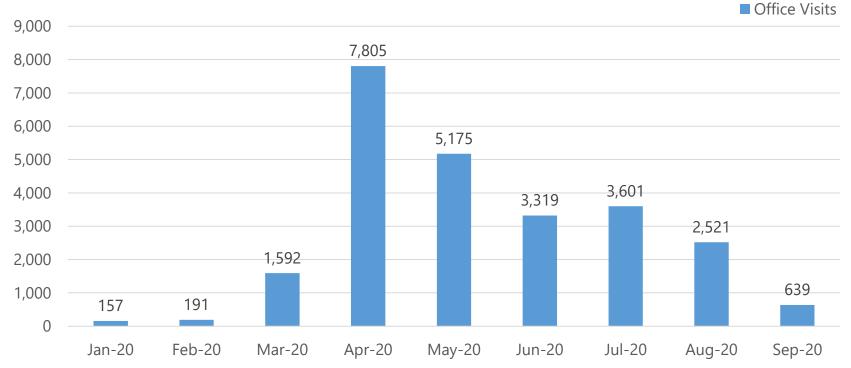


#### **Bills by Date of Service**

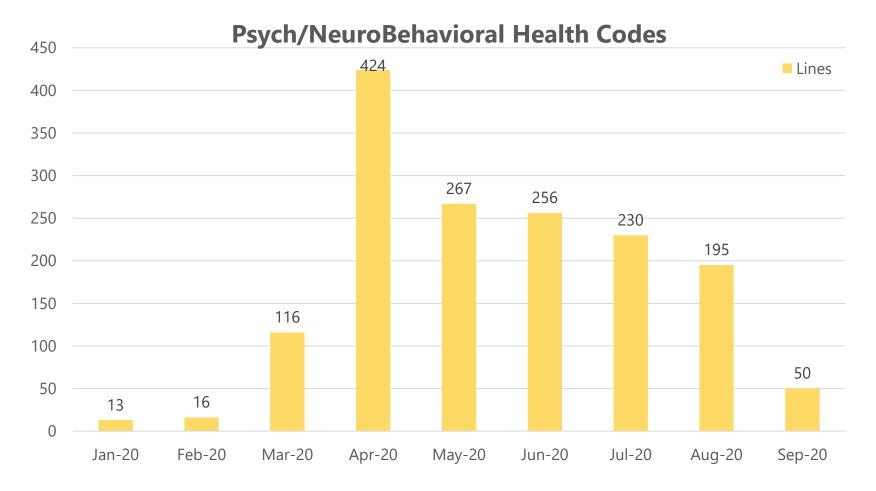




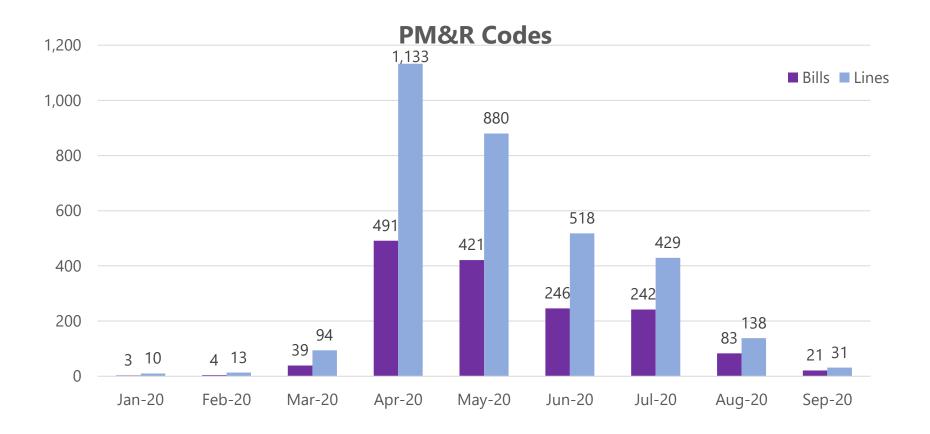
#### **Office Visits**





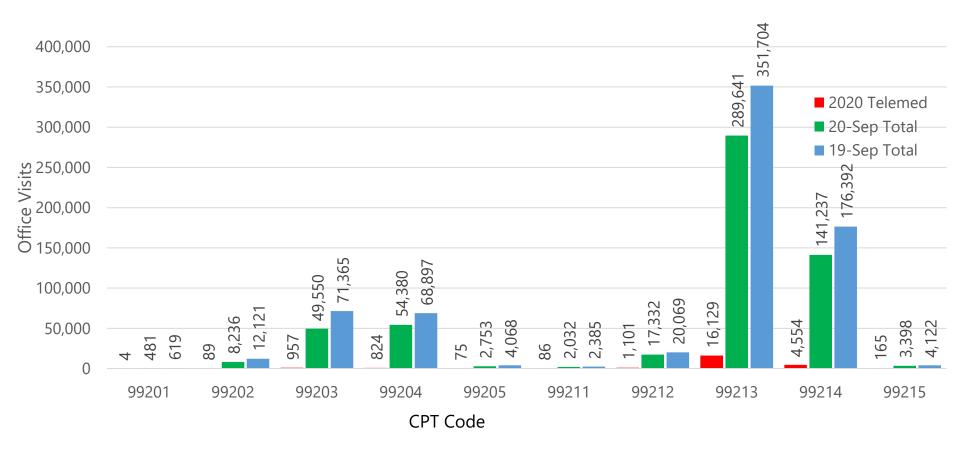








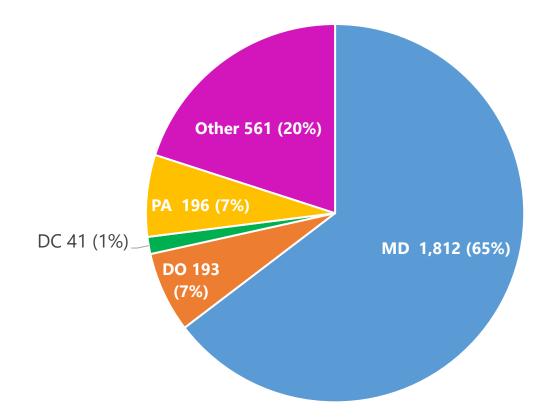
#### Selected Office Visit Activity by CPT Code





#### **Types of Telemedicine Providers**

**Provider Count** 





# MFDR Update

Greg Arendt, Director Medical Fee Dispute



### Proposed Changes to Texas Administrative Code §133.307

- Currently health care providers can only submit medical fee disputes by "any mail service or personal delivery."
- The proposed change allows health care providers to submit fee disputes by:
  - Secure File Transfer Protocol
  - Fax
  - Encrypted email
  - Any mail service
  - Personal delivery



### Proposed Changes to Texas Administrative Code §133.307

- Currently a dispute is considered received "on the date the MFDR Section receives the request."
- The proposed rule states that a dispute is considered received "on the date the division receives the request."



### §133.307 Update Timeline

- The proposed rule was published in the October 9, 2020, issue of the *Texas Register* and is available at <u>www.sos.state.tx.us/texreg/index.shtml</u> and on the TDI website at <u>www.tdi.texas.gov/wc/rules/2020rules.html</u>.
- Comments were accepted until November 9, 2020.
- Planning to adopt the rule in early 2021.



## Data Call and Network Report Card Update

Amy Lee, Special Advisor | Director Research and Evaluation Group



### **COVID-19 Data Call Results**



#### COVID-19 Workers' Compensation Claims in Texas

- Analysis timeframe: COVID-19 claims reported to an insurer as of September 27, 2020
- Approximately 25,571 claims identified, including 103 fatalities and 5 disputes
- Data sources:
  - claim and medical EDI for workers' compensation claims
  - COVID-19 case data collected by Texas Department of State Health Services
- Workers' compensation claims identified by:
  - injury nature = 83 (COVID-19); or
  - key words in the incident description field in first report of injury

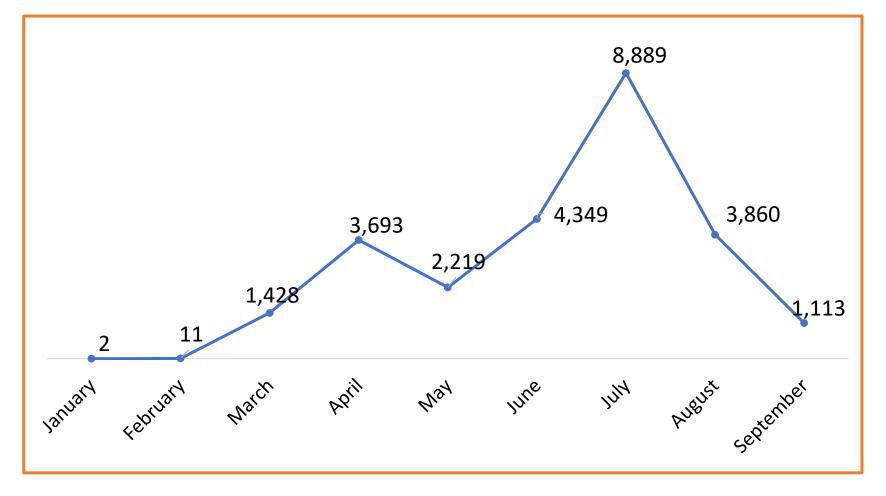


#### COVID-19 Workers' Compensation Claims in Texas

- **Issue:** Many initial claims were filed for exposure-only no confirmed positive test or diagnosis
- Concern: Need to differentiate claims filed on exposures vs. positive test or diagnosis to provide accurate picture of claims handling to policymakers
- **Solution:** Analyze administrative data for overall trends, but issue data call to selected insurers to gather more detailed information on claims with positive tests or diagnoses

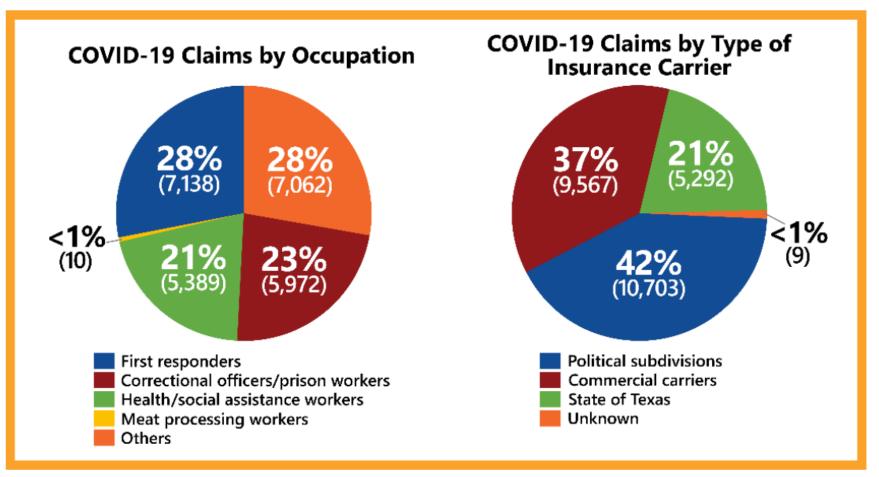


#### Number of COVID-19 Claims by Month Insurance Carrier Received Claim Notice





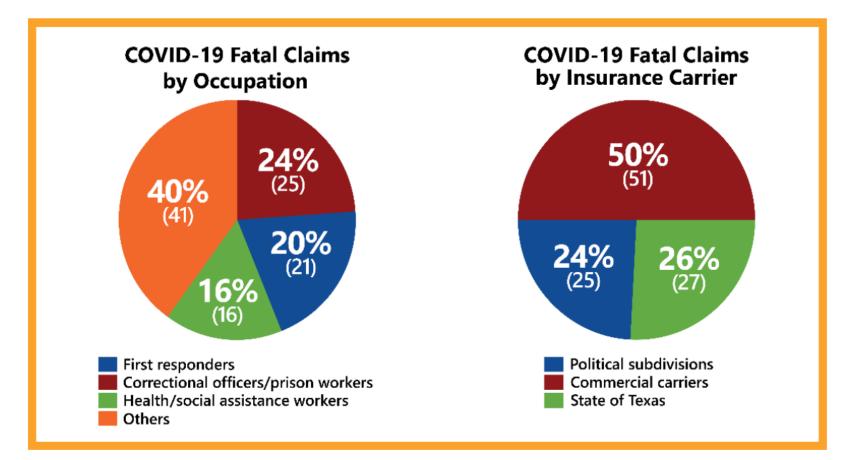
## COVID-19 Claims by Occupation and Type of Insurance Carrier



Note: "State of Texas" includes the State Office of Risk Management, the University of Texas System, the Texas A&M University System, and the Texas Department of Transportation. "Commercial carriers" includes licensed insurance companies and certified self-insured employers.



## Fatal COVID-19 Claims by Occupation and Type of Insurance Carrier



Note: "State of Texas" includes the State Office of Risk Management, the University of Texas System, the Texas A&M University System, and the Texas Department of Transportation. "Commercial carriers" includes licensed insurance companies and certified self-insured employers.



#### COVID-19 Data Call Results, 1st Submission

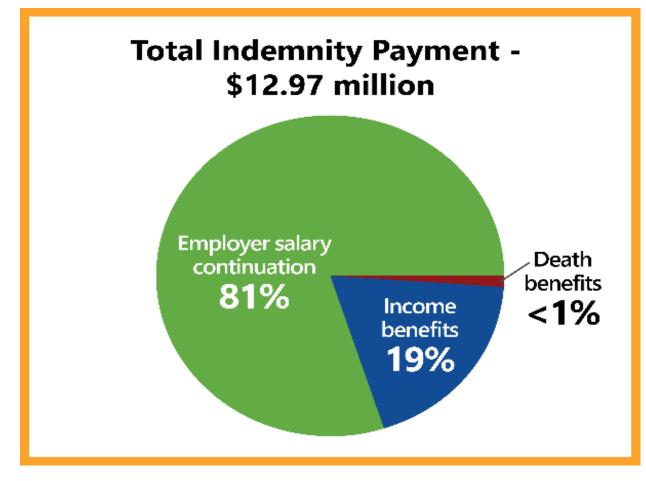
Insurance Carriers	# of Claims Reported to Insurance Carriers	# and % of Claims with a Positive Test or Diagnosis	# and % of Positive Claims Accepted by Insurance Carriers	# and % of Positive Claims Denied by Insurance Carriers	# and % of Positive Claims Still Under Investigation
Commercial carriers	3,719	2,406 (65%)	826 (34%)	1,077 (45%)	503 (21%)
Political subdivisions	6,138	1,421 (23%)	1,102 (78%)	198 (14%)	121 (9%)
State of Texas	2,448	495 (20%)	137 (28%)	358 (72%)	0
All carriers total	12,305	4,322 (35%)	2,065 (48%)	1,633 (38%)	624 (14%)

Note: "State of Texas" includes the State Office of Risk Management, the University of Texas System, the Texas A&M University System, and the Texas Department of Transportation. "Commercial carriers" includes licensed insurance companies and certified self-insured employers.

Source: Data call data as of June 30, 2020.



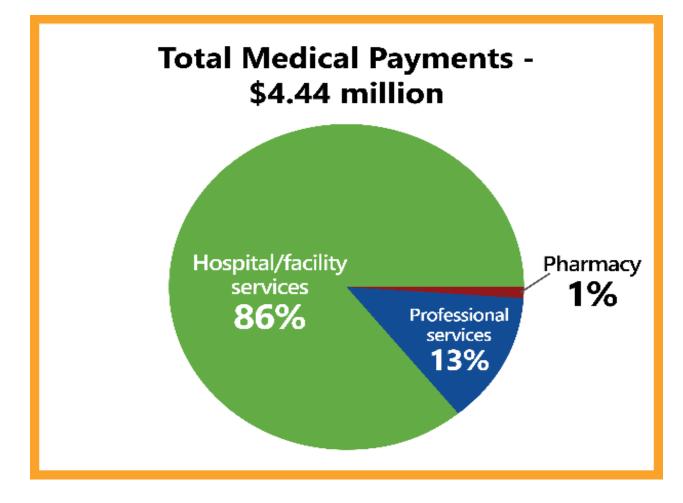
#### **COVID-19 Indemnity Benefits Paid**



Source: DWC administrative data as of October 8, 2020, for claims reported to insurance carriers as of June 30, 2020.



#### **COVID-19 Medical Benefits Paid**



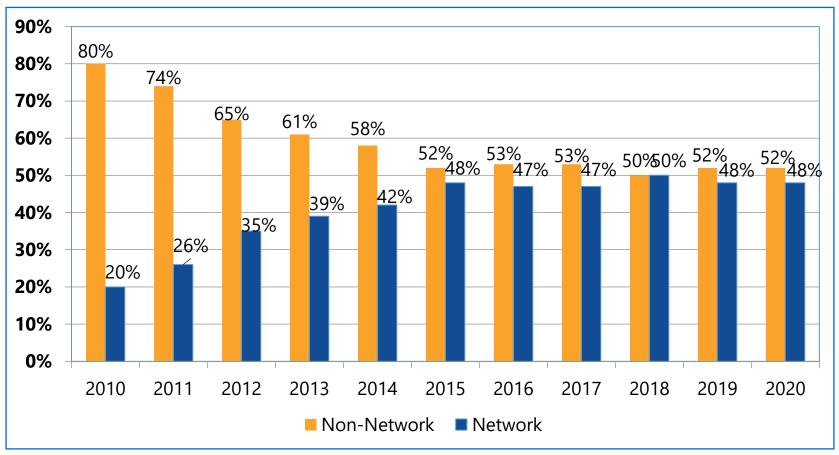
Source: DWC administrative data as of October 8, 2020, for claims reported to insurance carriers as of June 30, 2020.



### 2020 Network Report Card

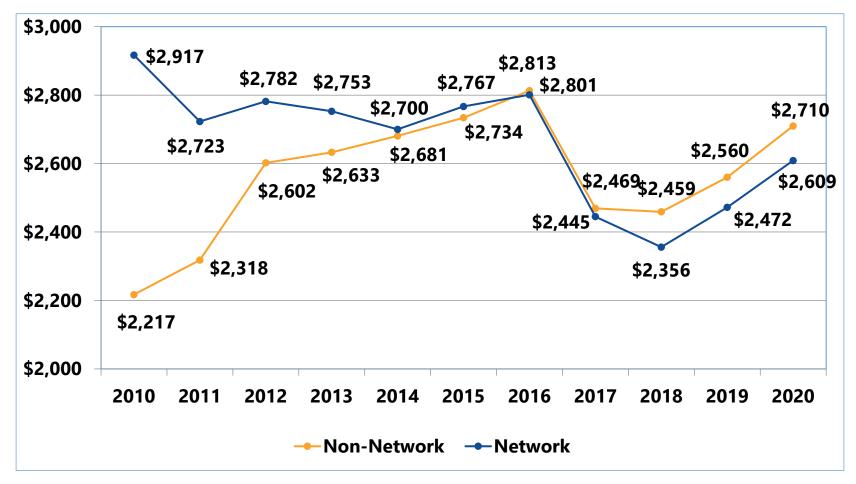


#### Percentage of New Claims in Workers' Compensation Networks 2010-2020



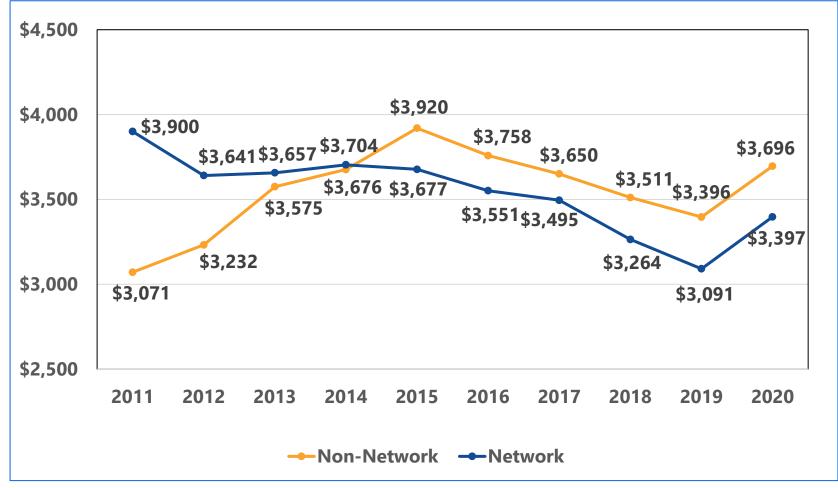


#### Average Medical Costs, Six Months Post-Injury

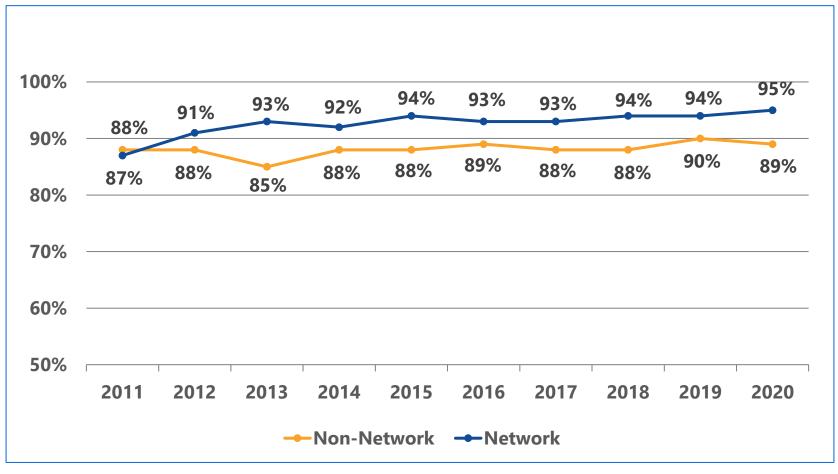




#### Average Medical Costs, 18 Months Post-Injury

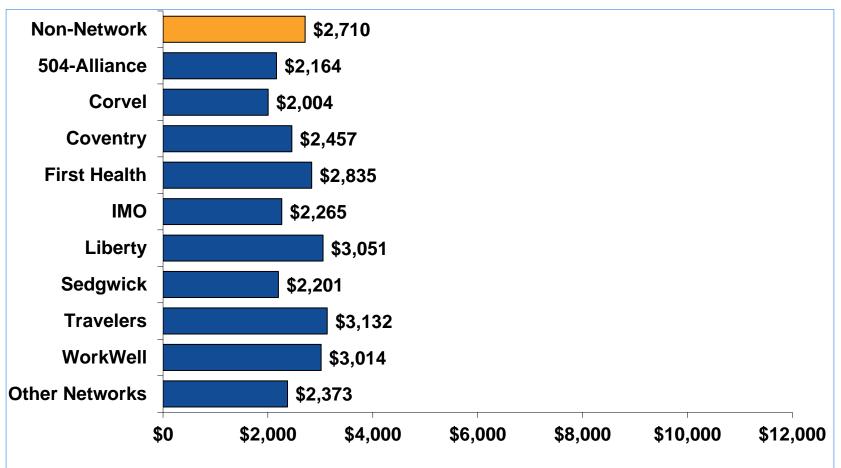


#### Percentage of Injured Employees Who Reported That They Went Back to Work





#### Average Overall Medical Cost per Claim, Six Months Post-Injury – All Claims





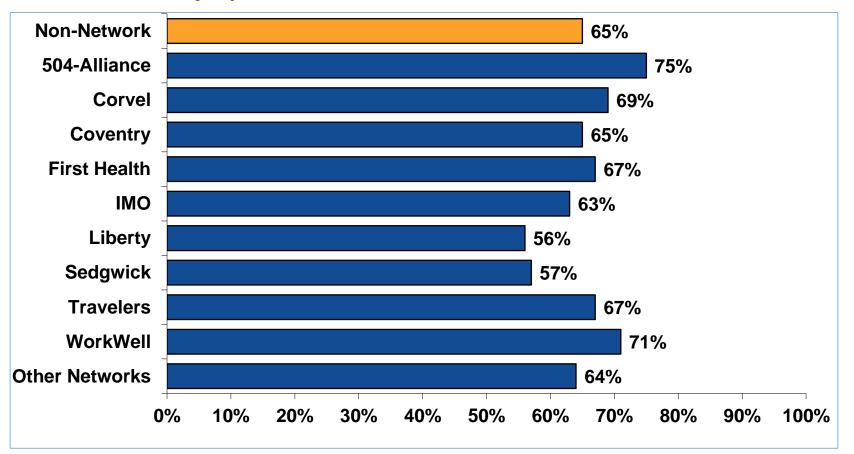
#### **Utilization of Care**

- Professional Services
  - More network claims receive physical medicine services, but fewer services per claim
  - Fewer network claims receive CT scans, MRI use mixed
- Hospital Services
  - Fewer network claims receive these services
  - Networks tend to have fewer inpatient hospital claims than non-network
- Pharmacy Services
  - More network claims receive these services
  - # of prescriptions/claim lower for many networks
  - Fewer network claims receive opioids, but more antiinflammatory drugs



#### **Overall Satisfaction with Medical Care**

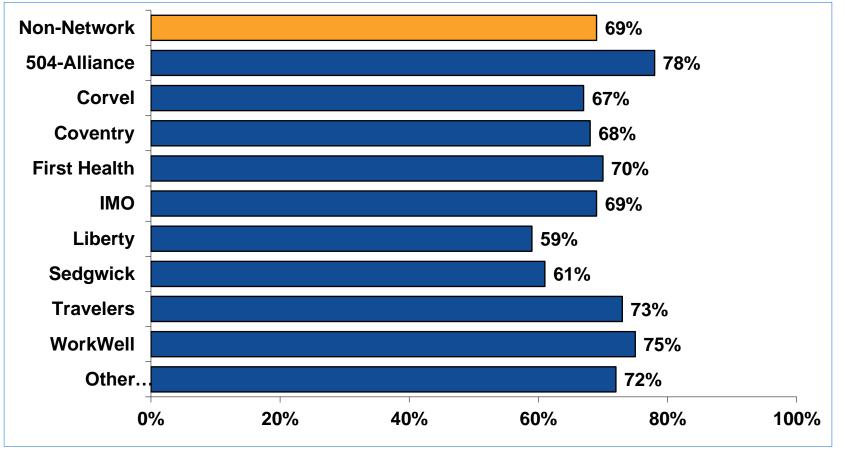
Percent of injured employees who indicated that they were "satisfied" with the quality of the medical care received for their work-related injury.





#### **Satisfaction with Treating Doctor**

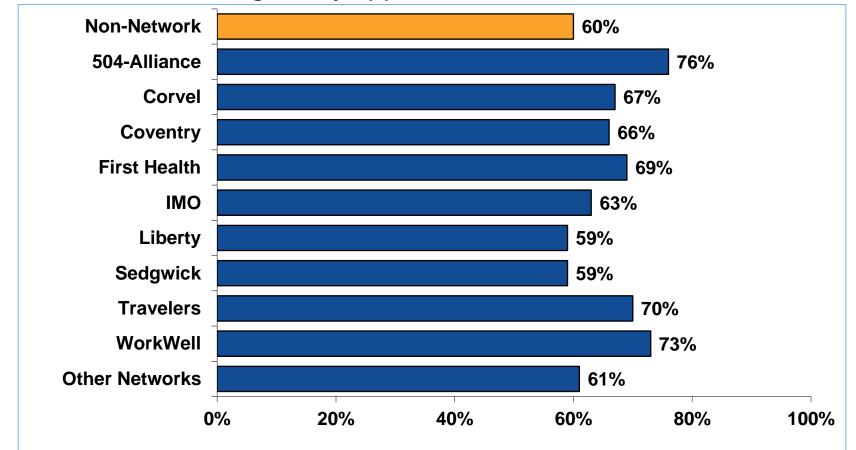
Percentage of injured employees who indicated that they were "satisfied" with the quality of the medical care received from their treating doctor.





#### **Getting Needed Care**

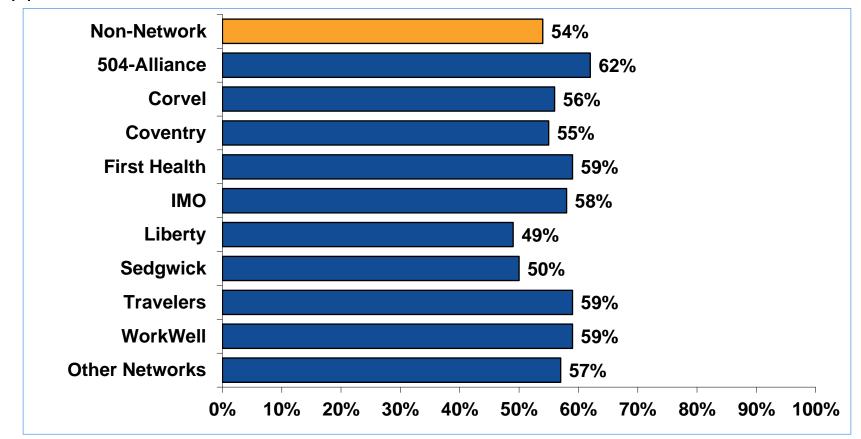
Percentage of injured employees who reported no problem: getting a personal doctor they like, seeing a specialist, getting necessary tests or treatment, and receiving timely approvals for care.





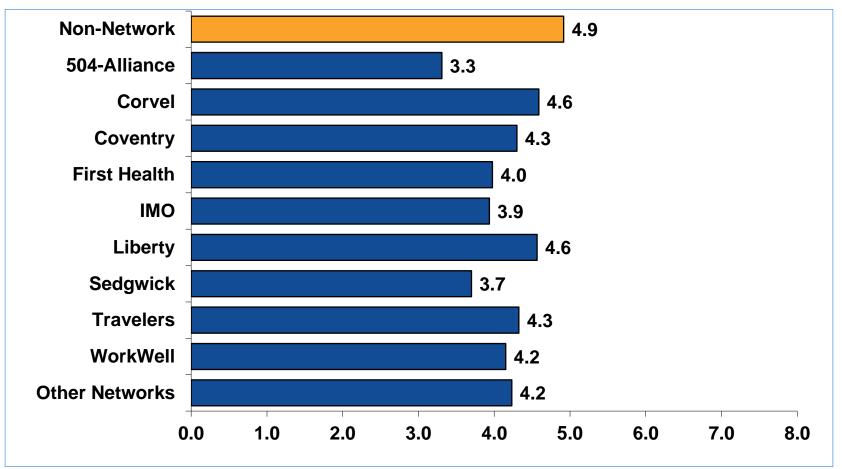
#### **Getting Care Quickly**

Percentage of injured employees who reported always: receiving care as soon as they wanted, getting an appointment as soon as they wanted, and being taken to the exam room within reasonable time of their appointment.



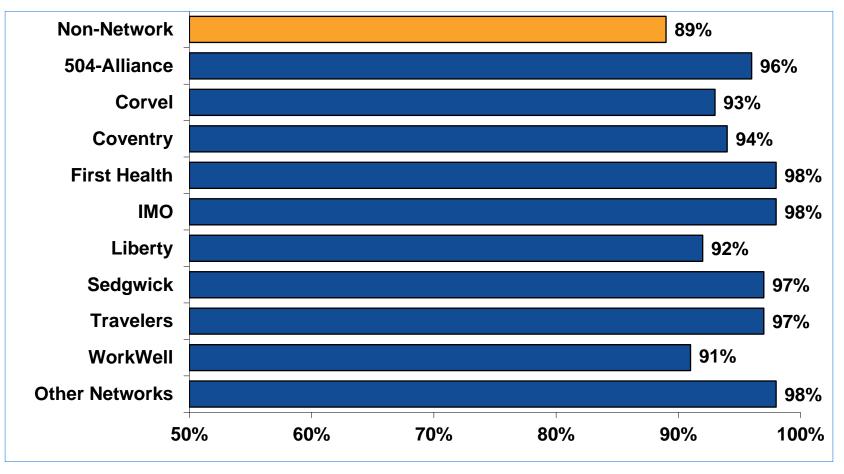


Average Number of Days from Date of Injury to Date of First Non-Emergency Treatment (derived from administrative medical data)





Percentage of Injured Employees Who Indicated That They Went Back to Work at Some Point After Their Injury





# Q&A



# Closing

#### Cassie Brown, Commissioner Division of Workers' Compensation

