

Technical Advisory Committee on Claims Processing (TACCP)

February 11, 2010
10:00 a.m. to 12:00 p.m.
Hobby Building – Room 102

Dial-in Instructions:

1. Dial: 1-877-226-9790
2. Enter Passcode: 8018458#

AGENDA

Antitrust Statement Review of Ground Rules	Katrina Daniel Senior Associate Commissioner Life, Health & Licensing
ICD-10	Dianne Longley Director, Research & Analysis Life, Health & Licensing
New Health Care Delivery Models	Katrina Daniel
Report – Topics	Pat Brewer Director, Special Projects HWCN Division

TACCP Calendar of Events

Date	Event
February 11, 2010	TACCP Meeting Room 102 - Select Topics - Ask for volunteers to participate in writing the TACCP report of activities
April 22, 2010	Deadline to submit text for the first draft of the report
May 6, 2010	TACCP Meeting, Room 102 - Distribute first draft of report
July 15, 2010	TACCP Meeting, Room 102 - Review final draft of report
August 5, 2010	Comments/Edits due on final draft of report
August 12, 2010	Revisions completed/Send to the Commissioner
August 19, 2010	To the printer
September 1, 2010	TACCP report due to Legislature

Technical Advisory Committee on Claims Processing (TACCP) Meeting Notes

February 11, 2010

Welcome

Pat Brewer, Director of Special Projects, welcomed the TACCP members and observers and reminded participants of the antitrust statement and ground rules.

ICD-10:

Dianne Longley, Director of Research and Analysis, led a discussion on the transition from the ICD-9 to the ICD-10 and asked the committee whether the transitions to ICD-10 and Version 5010 should be discussed at future meetings. She advised that a recent CMS ICD-10/Version 5010 Industry Listening Session revealed that the compliance deadline for ICD-10 (October, 2013) will not be extended and that a national survey by WEDI revealed many small vendors had not started the transition process. Committee members expressed concerns that both payors and providers may not be ready by the deadline and noted that there is no phase-in period. Committee members acknowledged the importance of a continuing dialog and agreed that the topic should be included in future meetings. Ms. Longley will forward links to some of the informational materials she has received. All agreed that we will keep this topic on the agenda.

New Health Care Delivery Models:

Doug Danzeiser, Deputy Commissioner of Regulatory Matters, introduced the topic of new health care delivery models. He stated that a number of facilities have developed new health care delivery/business models and are providing services and filing claims for reimbursement with carriers. Mr. Danzeiser stated that often there is currently no licensing statute or requirement for the new type of facility, as was the case with freestanding emergency rooms prior to the 81st Legislature's enactment of HB 1357. Although some facilities are not licensed, the Department has received complaints that they want to be reimbursed directly by carriers and state that their business model saves money. Some delivery models bring their facility (e.g. mobile surgical facility) to the physicians' offices via trailer, etc. TDI has received complaints of non-payment from the unlicensed entities, but we have no record of receiving complaints from consumers or physicians. He asked if this is something the committee wants to address.

A committee member pointed out that there could be safety issues, another added that there would be contracting issues, especially if the agreement is between the unlicensed facility and the provider but not the payor.

Another committee member pointed out that the Department has already established a precedent in handling unlicensed delivery models by way of its position on the freestanding emergency room issue. Mr. Danzeiser stated that the Department was approaching the new delivery models in the same way.

Mr. Danzeiser asked if this topic needed to be addressed in some venue. Members responded that the topic did not need to be addressed by TDI on a

primary basis, but maybe on a secondary level after a licensing statute is enacted. A member pointed out that certification is not the same as licensure and stated that this is not an insurance issue. Rather, it is a scope of practice issue that infringes on the licensed entities. Members stressed the need to have other parties (professional associations, licensing entities, etc.) participate in any conversations the committee may have on this subject. Others stated that any discussions on the new delivery models should only address how the Department should handle these issues.

The committee agreed that there was a need to invite other entities to the TACCP meetings to discuss this topic in greater detail.

TACCP Report – Topics:

Ms. Brewer discussed drafting the TACCP report and asked members to volunteer to write on specific topics for the report. She specifically mentioned topics such as: the legislation discussed in the last TACCP meeting, the ICD-10 conversion, and updates to issues addressed in the 2008 report that are still unresolved. There were no volunteers.

Ms. Brewer asked if there were any issues regarding HB 2064's changes to prompt pay penalties. No issues on the subject were reported. Mr. Danzeiser pointed out that the Texas Health Insurance Pool sent out correspondence to carriers along with the form to use in transmitting penalties to THIP. The correspondence was sent after the last TACCP meeting.

New Committee Member:

Ms. Brewer welcomed the newest member of the TACCP committee – Lynette Klingeman, representing the Texas Pharmacy Association.

Other Issues:

Mr. Danzeiser asked the committee members and meeting participants if there were any other issues that needed to be addressed.

A provider representative mentioned that some workers' compensation networks are possibly double dipping. The provider's claims are being processed through multiple networks. They've had a couple of instances where two different network's discounts were taken on the same claim. The committee member asked if anyone else has seen claims handled in this manner. The members responded that they have not.

Alan McDonald, Division of Workers Compensation, asked if the networks were certified or voluntary networks. The member believes neither of the networks are certified workers compensation networks. Mr. McDonald suggested that the committee member follow up with a request for reconsideration and also file a complaint with the Division of Workers Compensation.

Mr. Danzeiser asked if this practice is limited to workers' compensation claims or is this also occurring with health claims. The response was that so far it has just been noticed on the workers' compensation side.