

Technical Advisory Committee on Claims Processing (TACCP)

Meeting Notes

July 30, 2008

Welcome

Katrina Daniel welcomed the TACCP members and observers and read the antitrust statement and meeting ground rules.

TACCP Report Status:

Ms. Daniel asked the committee members and meeting participants if they had any comments on the final draft of the TACCP report that was circulated. No comments were received. Ms. Daniel informed the committee that a final version will be sent out as soon as possible and that the report needs to go to the printer by August 20, 2008.

Clean Claims Reporting:

Ms. Daniel introduced the issue of carriers using different methods of calculation for reporting the number of clean claims received during a quarterly reporting period. Carriers report that providers get paid more timely, while the varying methods may affect the numbers being reported. The group discussed whether the Department should set a method, which may entail developing a rule.

The consensus was to continue allowing companies to report as they currently are.

Overpayment with Medicare:

TACCP members discussed overpayment of Medicare claims. If a provider bills a carrier for payment of a claim and the commercial carrier pays, then subsequently finds out that Medicare is primary, the carrier has 180 days to recoup the overpayment.

A member stated that it doesn't happen very often. Most providers bill both Medicare and the commercial carrier at the same time. The commercial carrier usually waits for Medicare to pay first.

Another member experiences this often. Their patients will only give them the commercial insurance information because it pays better than Medicare. Problems arise when the providers notice and get payment from Medicare. The provider will refund the overpayment to the carrier and the carrier recoups the overpayment from the provider, which creates problems because the provider can't get the money back from the carrier. It becomes a tug-of-war. This type of problem happens more with hospital-based providers.

Legislative Updates:

HB 472: Kevin Brady provided an update on the timeline of the rules. Rules were proposed for the self-insured groups. There are roughly eight self-insured groups out in the market. Rules regarding background checks on third party administrators senior officers (CEO, CFO, etc.) are being published in the Texas Register on August 8, 2008. Staff anticipates that the working draft rules for third party administrators will be posted by August.

HB 522: Doug Danzeiser provided an update on the progress of the committee. The committee continues to meet monthly. The interim report will be issued soon, and the committee recommendations will be published by December 1 along with informal draft rules. Mr. Danzeiser has noted a lot of movement around the country on electronic data exchange and anticipates talking with other states to ensure some consistency between states.

SB 1731: Susan Carr provided the committee with an update on the implementation of the requirement for a study of network adequacy and contracts of health plans under SECTION 11 of the bill. The next advisory committee meeting is scheduled for August 13, 2008. The intent is to discuss feedback from hospitals on the survey. Comments were received on the informal draft rules and the Department is in the process of incorporating recommendations. Staff anticipates the proposed rules will be issued soon.

Other Issues:

Ms. Daniel asked the committee members and meeting participants if there were any other issues that needed to be addressed. No one had any issues. Ms. Daniel reminded everyone to submit their comments on the TACCP report.