

Texas EDI Quarterly Meeting

October 23, 2014

AGENDA

- ▶ Overview of Electronic Data
- ▶ Future Meeting Topics
- ▶ Q&A
- ▶ Closing

Topics

- ▶ Overview of Electronic Data
 - Why, How, When, What
- ▶ Claims Data/Medical Data
 - Common Issues
- ▶ Accuracy
 - Monitoring Efforts
- ▶ Compliance

Electronic Reporting – Why?

Electronic Reporting – Why?

- ▶ Statute Requirements
- ▶ Improve Efficiency
- ▶ Rule Development
- ▶ Fee Guidelines
- ▶ Performance Based Oversight
- ▶ Network Report Cards
- ▶ Audit Selection
- ▶ Monitoring Compliance

Electronic Reporting– Why?

- ▶ **Texas Labor Code (TLC) §401.024**
Transmission of Information
- ▶ **TLC §406.009**
Collecting and Maintaining Information
- ▶ **TLC §408.0251**
Electronic Billing Requirements
- ▶ **TLC §413.007**
Information Maintained by Division

Electronic Reporting– Why?

- ▶ 28 Texas Administrative Code (TAC) §102.11 – Electronic Formats for Electronic Claim Data Request and Reports
- ▶ 28 TAC §110.1 – Insurance Carrier Requirements for Notifying the Division of Insurance Coverage
- ▶ 28 TAC §120.2 – Employer’s First Report of Injury and Notice of Injured Employee Rights and Responsibilities
- ▶ 28 TAC §124.2 – Carrier Reporting and Notification Requirements
- ▶ 28 TAC §133.500 – Electronic Formats for Electronic Medical Bill Processing
- ▶ 28 TAC §134.804 – Reporting Requirements

Electronic Reporting– How?

- ▶ Claims Data – SFTP (Flat file)
- ▶ Medical EDI – ASC X12 4010
- ▶ eBill –
 - ASC X12 5010 837
 - NCPDP 5.1
 - Mutually Agreed Format

Electronic Reporting- What?

Electronic Reporting- Claims Reporting

Electronic Reporting– What?

▶ EDI Claims

- Report of Injury
- Indemnity Benefit Payments

Electronic Reporting

▶ EDI Claims Issues

- Ongoing Benefits
- Illogical data
 - Benefit weeks
 - Payment Amounts
- Acquired Claims
- 148 -04 & PLN 1

Electronic Reporting– Medical Data Reporting

Medical State Reporting– What?

Paper Billing Form	Service Type	IAIABC Line Type
CMS-1500	Professional	SV1
UB-04	Institutional	SV2
2006 ADA Claim Form	Dental	SV3
DWC Form -066	Pharmacy	SV4
CMS-1500	DME	SV5 * Not used, Report in SV1

Texas
Specific

IAIABC Release 1

X12 4010

How: Texas Specific Guides

- ▶ Texas EDI Medical Data Element Requirement Table
 - <http://www.tdi.texas.gov/wc/edi/documents/edireq911.pdf>
- ▶ Texas EDI Medical Data Element Edit Table
 - <http://www.tdi.texas.gov/wc/edi/documents/ediedit911.pdf>
- ▶ Texas EDI Medical Difference Table
 - <http://www.tdi.texas.gov/wc/rules/adopted/documents/txedimeddiff20.xls>

Texas EDI Medical Data Element Requirement Table

DN	Data Element Name	Original (00)	Cancellation (01)	Replace (05)	Mandatory Trigger
DN 05	Jurisdiction Claim Number	C	C	C	Required when the insurance carrier has received the division claim number.
DN 06	Insurer FEIN	M	M	M	
DN 07	Insurer Name	M	M	M	
DN 14	Claim Administrative Code	M	M	M	
DN 15	Claim Administrative Number	M	M	M	
DN 53	Employee Gender Code	C	C	C	Required when institutional, or dental services are reported.
DN 54	Employee Marital Status Code	O	O	O	
DN 98	Sender ID	M	M	M	
DN 99	Receiver ID	M	M	M	
DN 100	Date Transmission Sent	M	M	M	
DN 101	Time Transmission Sent	M	M	M	

Usage: M – Mandatory; C – Conditional, O – Optional, N/A – Not Applicable

Texas EDI Medical Data Element Table

DN	Data Element Name	Mandatory Field Not Present 001	Must be numeric 028	Must be a valid date 029	Must be alphanumeric 030	Must be <= Date of Injury 033	Must be >= Date of Injury 034	No match on database 039	All digits cannot be the same 040	Must be <= current date 041	Code/ID Invalid 058	Other Format Requirements
DN 05	Jurisdiction Claim Number	X			X							
DN 06	Insurer FEIN	X	X					X	X			
DN 07	Insurer Name	X										
DN 14	Claim Administrator Postal Code	X									X	
DN 15	Claim Administrator Claim Number	X			X							
DN 16	Employer FEIN		X						X		X	
DN 18	Employer Name	X										
DN 19	Employer Physical Primary Address											
DN 20	Employer Physical Secondary Address											
DN 21	Employer Physical City											
DN 22	Employer Physical State Code											
DN 23	Employer Physical Postal Code											
DN 28	Policy Number											
DN 31	Date of Injury	X		X						X		
DN 42	Employee Social Security Number	X	X						X		X	
DN 43	Employee Last Name	X										
DN 44	Employee First Name	X										
DN 45	Employee Middle Name/Initial											
DN 46	Employee Mailing Primary Address	X										

Texas EDI Medical Difference Table
Version 2.0 January 2013

Row Type	Loop Identifier	Segment / Element	Value	Description	IAIABC Usage	Texas Usage	DN	Comments
Segment		ISA		Interchange Control Header				
Data Element		ISA05	ZZ	Interchange ID Qualifier	Mandatory	Mandatory		
Data Element		ISA06		Interchange Sender ID	Mandatory	Mandatory		Nine digit Trading Partner FEIN plus spaces
Data Element		ISA07	ZZ	Interchange ID Qualifier	Mandatory	Mandatory		
Data Element		ISA08		Interchange Receiver ID	Mandatory	Mandatory		746000119 plus spaces
Data Element		ISA11	U	Interchange Control Standards Identifier	Mandatory	Mandatory		
Data Element		ISA12	00401	Interchange Control Version Number	Mandatory	Mandatory		
Data Element		ISA14	0	Acknowledgment Requested	Mandatory	Mandatory		
Data Element		ISA16	:	Component Element Separator	Mandatory	Mandatory		
Segment		GS		Functional Group Header				
Data Element		GS01	HC	Functional Identifier Code	Mandatory	Mandatory		
Data Element		GS02		Application Sender's Code	Mandatory	Mandatory		Nine digit Trading Partner FEIN
Data Element		GS03		Application Receiver's Code	Mandatory	Mandatory		746000119
Data Element		GS07	X	Responsible Agency Code	Mandatory	Mandatory		
Data Element		GS08	004010	Version / Release / Industry Identifier Code	Mandatory	Mandatory		
Segment		BHT		Beginning of Hierarchical Transaction	Required	Required		
Data Element		BHT03		Originator Transaction Identifier	Situational	Required	532	
Data Element		BHT04		Transaction Set Creation Date	Situational	Required	100	
Data Element		BHT05		Transaction Set Creation Time	Situational	Required	101	
Loop	1000B			Receiver Information				
Segment	1000B	NM1		Receiver Name	Required	Required		
Data Element		NM109	746000119	Identification Code	Required	Required	99	
Segment	1000B	N4		City State Zip	Required	Required		
Data Element		N403	787441609	Postal Code	Required	Required	99	
Loop	2000A			Source of Hierarchical Level Information (Repeat >1)				
Segment	2000A	HL		Insurer Hierarchical Level	Required	Required		
Data Element		HL04	1	Hierarchical Child Code	Situational	Required		
Segment	2000A	DTP		Date or Time Period (Reporting Period)	Situational	Required		
Loop	2010AA			Insurer/Self-Insured				
Segment	2010AA	NM1		Individual or Organization Name	Situational	Required		

Medical Reporting Issues

- ▶ Missing Data
- ▶ NPI
- ▶ Referring Provider
- ▶ DN 507
- ▶ CARC codes

Electronic Reporting- Accuracy

Electronic Reporting- Accuracy

- ▶ **DWC Efforts**
 - Monitoring
 - Audits

Sample File

ISA*00* *00* *ZZ*765332244 *ZZ*746000119
*030923*1900*U*00401*123456789*1*T*:~GS*HC*765332244*746000119*20030923*1900*00000
0001*X*004010~ST*837*92341~BHT*0080*00*54321*19980823*1900NM1*10*2*****FI*7653322
44~N4***752341234~NM1*40*2*****FI*251234567~N4***787441609~HL*1**20*1~DTP*582*RD8
*20030802-20030915~NM1*CA*2*Texas Insurance Company*****FI*765332244~N4***75234123
4~NM1*CX*2*Texas Insurance Company*****FI*765332244~N4***752341234~HL*2*1*EM*1~NM1
*36*2*Bagels Etc.~N3*234 Main Street~N4*Dallas*TX*72314*USA~REF*IG*147643A472~PER*
IC**WP*2144721462~HL*3*2*CL*0~DTP*558*D8*20020918~NM1*CC*1*Davidson*Darlene****34
*224173272~N3*5720 Green Dr.~N4*Dallas*TX*72309*USA~DMG*D8*19690604*F*I~REF*Y1*140
00714D~PER*CT**TE*2148365527~CLM*99999*8310***22:B*Y*****Y***00~DTP*050*D8*20
030906~DTP*434*D8*20030903~DTP*666*D8*20030910~AMT*TP*7310~REF*DD*123456~REF*EJ*47
0077~REF*2I*10000001~HI*BK:814.2~NM1*85*2*Gonzo's ASC*****FI*345678912~N3*16 Butte
rfly Lane~N4*El Paso*TX*77702*USA~REF*G1*0011~NM1*61*2*Gonzo's ASC~N3*16 Butterfly
Lane~N4*El Paso*TX*77702*USA~NM1*DN*1*Brown*Lance****34*GP~REF*0B*DOG1023TX~LX*1~
SV1*HC:64721*3250*UN*2*22**1~DTP*472*RD8*20030827-20030827~SVD*XX*2550~LX*2~SV1*H
C:01810*5025*UN*4*22**1~DTP*472*RD8*20030827-20030827~SVD*XX*5025~LX*3~SV1*HC:9479
9*35*UN*1*22**1~DTP*472*RD8*20030827-~0030827~SVD*XX*35~CAS*C0*45*1000*0~SE*58*923
41~GE*1*000000001~IEA*1*123456789~

NM1*CA*2*Texas Insurance Company*****FI*765332244~
N4***752341234~
NM1*CX*2*Texas Insurance Company*****FI*765332244~
N4***752341234~
HL*2*1*EM*1~
NM1*36*2*Bagels Etc.~
N3*234 Main Street~
N4*Dallas*TX*72314*USA~
REF*IG*147643A472~
PER*IC**WP*2144721462~
HL*3*2*CL*0 DTP*558*D8*20020918~
NM1*CC*1*Davidson*Darlene*****34*224173272 ~
N3*5720 Green Dr.~
N4*Dallas*TX*72309*USA~
DMG*D8*19690604*F*I~
REF*Y1*14000714D~
PER*CT**TE*2148365527~
CLM*99999*8310***22:B*Y*****Y***00~

	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA
1	Total Charge Per Bill	Billing Type Code	Facility Code	Place of Service Bill Code	Bill Frequency Type	Provider Signature	Release of Information Code	Provider Agreement Code	Bill Submission Reason Code	Date Insurer Received Bill	
2	1,540.00			24	B	Y		N	00	10/24/2013	
3	26,461.58			24	B	Y		P	00	10/24/2013	
4	293.14			11	B	Y		P	00	10/24/2013	
5	495.10			11	B	Y		P	00	10/25/2013	
6	0.01			11	B	Y		P	00	10/25/2013	
7	293.14			11	B	Y		P	00	10/28/2013	
8	170.00			11	B	Y		N	00	10/28/2013	
9	2,880.00			24	B	Y		P	00	10/28/2013	
10	160.00			11	B	Y		P	00	10/29/2013	
11	20.00			11	B	Y		P	00	10/30/2013	
12	214.00			11	B	Y		N	00	10/28/2013	
13	232.00			11	B	Y		P	00	10/29/2013	
14	90.00			11	B	Y		P	00	10/29/2013	
15	175.00			11	B	Y		N	00	10/30/2013	
16	470.46			11	B	Y		P	00	10/31/2013	
17	268.00			11	B	Y		N	00	11/12/2013	
18	133.99			11	B	Y		P	00	11/14/2013	
19	136.00			21	B	Y		N	00	11/18/2013	
20	582.00			11	B	Y		P	00	10/23/2013	
21	90.00			11	B	Y		P	00	10/29/2013	
22	1,115.00			11	B	Y		P	00	10/30/2013	
23	283.00			11	B	Y		P	00	10/28/2013	
24	277.00			11	B	Y		P	00	10/28/2013	
25	155.00			11	B	Y		P	00	10/30/2013	
26	0.01			11	B	Y		P	00	10/31/2013	
27	320.18			11	B	Y		P	00	10/28/2013	
28	114.00			81	B	Y		N	00	11/4/2013	
29	1,300.00			11	B	Y		N	00	11/12/2013	
30	180.00			11	B	Y		P	00	11/12/2013	
31	255.00			11	B	Y		P	00	11/12/2013	
32	219.00			11	B	Y		P	00	11/13/2013	

	AQ	AR	AS	AI	AU	AV	AW	AX	AY	B
1	Total Charge Per Bill	Billing Type Code	Facility Code	Place of Service Bill Code	Billing Format Code	Bill Frequency Type Code	Provider Signature On File Indicator	Release of Information Code	Provider Agreement Code	B
2	1,540.00			24	B		Y			0t
3	26,461.58			24	B		Y			0t
4	293.14			11	B		Y			0t
5	495.10			11	B		Y			0t
6	0.01			11	B		Y			0t
7	293.14			11	B		Y			0t
8	170.00			11	B		Y			0t
9	2,880.00			24	B		Y			0t
10	160.00			11	B		Y			0t
11	20.00			11	B		Y			0t
12	214.00			11	B		Y			0t
13	232.00			11	B		Y			0t
14	90.00			11	B		Y			0t
15	175.00			11	B		Y			0t
16	470.46			11	B		Y			0t
17	268.00			11	B		Y			0t
18	133.99			11	B		Y			0t
19	136.00			21	B		Y			0t
20	582.00			11	B		Y			0t

▲ Sort A to Z
▼ Sort Z to A
 Sort by Color
✕ Clear Filter From "Provider Agreemen..."
 Filter by Color
 Text Filters

(Select All)

H

N

P

Compliance – Monitoring Suggestions

▶ Medical Refresh Data Schedule

FY Quarter	FY Quarter Months	Refresh Data Available
Q1	September – November	Mid to Late December
Q2	December – February	Mid to Late March
Q3	March – May	Mid to Late June
Q4	June – August	Mid to Late September

Electronic Reporting- Accuracy

- ▶ What can you do?
 - Open Records Requests
 - Self Audits
 - Sample files
 - Anomalies

Electronic Reporting- Compliance

Electronic Reporting– Compliance

- ▶ Outreach/Monitoring
- ▶ Education Letters
- ▶ Warning Letters
- ▶ Penalties

Compliance is the goal!

Electronic Reporting- Assistance

Assistance

EDI Support Services

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Future Topics for EDI Meetings

Q&A

Closing