

## **Clean claims webinar transcript**

Good afternoon. Thank you for joining TDI today so we can demo our enhanced claims portal. I am Colleen Anderson, and I'm Director of Managed Care Quality Assurance.

A recording of this webinar will be available on our website after today. Please type any questions you have in the Q&A box for us. We will answer questions at the end of the session.

We are going to launch a poll for all of you to identify what type of entity you represent and your role. For entities, choose managed care carriers, TPAs, or if you are TDI staff. If you happen to represent both a carrier and a TPA, please select both. Then, identify your role, please. Select compliance or technical if you are IT staff. If you happen to perform both roles, please select both.

You can access the claims portal and our prompt pay email box at the link provided in this third bullet. When you email us, either Kimberly Megens or Sandy Simmons, within the MCQA office, will likely be the ones assisting you.

TDI adopted revisions to our claims reporting rule in May of 2021. The effective date to begin capturing the new claims data is January 1. You will report your first quarter data to TDI no later than May 15.

The primary goals in revising the rules were to align payments to TDI with the quarterly claims data reporting, to add total dollar amounts of claims paid laid, to add claim-level data, and to add complaint-data for complaints related to prompt payment of clean claims.

This is a summary of the changes we will demo for you today. Quarterly payment information for payments made to TDI, claim-level data for all claims paid, and the option to upload all quarterly claims data.

We'll begin with explaining the portal access and how you gain access to report your data through the portal.

Managed care carriers are licensed HMOs and licensed insurers that offer PPO and EPO plans. Managed care carriers must report their claim data to TDI, so only managed care carriers may request access through the portal.

For a TPA to gain access to the portal, the carrier must email an authorization letter to us.

This request access screen has detailed instructions regarding the carrier's authorization letters.

This is the first screen after you sign into the portal.

The dashboard and payment information are where you; this will default to the dashboard.

This is where you will enter claim data, and you can select payment to enter or edit payment information.

This is very important. Your reporting session is set to end after 30 minutes to help prevent accidental and unattended access. I will show you how to extend the time. This counter is in the top right corner of each screen as you progress through the portal.

Your dashboard will only display companies you are associated with. If we grant you access to three managed care carriers, only those three carriers will appear on your dashboard.

"Action" is where you will select "Enter / edit data" to manually enter data, or select "Data file upload" to upload bulk data. You can also request an exemption and view reports directly from your dashboard.

When you have five minutes remaining in your reporting session, you will receive a warning. When two minutes are remaining, you will receive this option to add 30 minutes back onto the counter.

I'm going to discuss the payment portion of the portal. This is a new portion for all of you.

The payments are now due to TDI quarterly instead of monthly. The portal replaces the form you previously sent to TDI on a monthly basis.

This begins with claims paid late in the first quarter of 2022. The payment information you enter in the portal will correlate with the payments that you make. The portal does not accept the payments. You will only enter the payment information. You can still make payments by check, wire, or ACH (automated clearing house).

Before you can enter your payment information, you must first submit your quarterly claims data report. If you have not submitted your quarterly claims data report, the portal will not allow you to enter your payment information.

You can edit payment information after you enter it; however, only the individual who originally entered the information will have access to edit it. Email us for assistance if you need someone else to edit your payment information; other than the person who originally entered that information.

You have two options under the payment tab:

- you may enter new payment information or search and
- edit payment information previously reported.

The payment information page. First, you will enter contact and payment information.

The payment information.

First, you enter the year, the quarter you're reporting, and then the payment type; either check, wire, or ACH. The reference number is needed for all three. If it is a check, you will reference the check number; or you'll enter a reference number for your wire or ach payment. There is also a note on this screen with instructions on wire and ach payments, as well as the mailing address for you to mail your checks.

You must also identify how you want to distribute your payments. First, identify the carrier making the payment with the NAIC number and carrier's name. If you represent a TPA, identify your TPA from the drop-down box that lists all Texas-licensed TPAs. Then, enter the dollar amount; the total dollar amount of the payment you're making.

If you intend to distribute your total payment among multiple carriers, you must identify each carrier and the amount. For example, if you make a \$100,000 payment; you want \$33,000 applied to company ABC, \$33,000 applies to company DEF, and \$34,000 applied to company GHI; you will identify the distribution so we know where to credit which company should receive what amount for the total amount paid.

That concluded the new payment information portion of the portal. Now, we'll review entering and editing data.

For manual entry, your reporting session is timed, and you cannot save partial entries. So, you will need all required claims data available when you begin your reporting session. We have a mapping excel sheet that lists all data elements to help you have that information prepared before you begin your session, and I will show you where to find it a little later in the webinar.

Your reporting session begins with that 30-minute counter, but you may request additional time when two minutes are remaining.

For uploading data, you will need to use a JSON file. JSON stands for JavaScript Object Notation. JSON is a file that uses a name value structure. Meaning it identifies the name of the data field and then the value of that data. JSON is a type of file that allows you to submit data in bulk. It is a distinct file format that helps validate data submission.

To manually enter data, select "Enter / edit data."

Managed care carriers are required to report quarterly data to TDI; however, a carrier's TPA may also report claim data on the carrier's behalf.

If you represent a TPA; select yes, a TPA is reporting this data. A drop-down box will appear with a list of all Texas-licensed TPAs. You may use the search function to search by the TPA's name or license number.

This next screen will begin seven sections numbered at the top. One is confidentiality, two is contact information section, section three begins claim data. Enter quarterly claims data and select next.

You'll then enter the quarterly data in section 4, and then select the blue button labeled "Enter or edit claim data."

This is where you will begin entering your claim-level data.

There is a section with guides. There are five topics under guides. There are instructions on how to add data to a row, edit data, delete a row, add a row, and copy data from an Excel file. Expand each topic for detailed instructions.

You will enter your claim-level data on the right. Your unique identifier is a number assigned to each claim. You must be able to correlate your unique identifier with a specific claim. Your unique identifier has a maximum of 15 characters, and it must be alphanumeric with no spaces or special characters. You cannot leave blank builds in the claim level data, or the entire record will automatically delete once you select "Save and exit."

After you enter claim level data, you can edit the information by searching for the unique identifier. Then, select "Save and exit."

The portal will calculate the sums in your claim-level data. The total dollar amounts you entered above for quarterly data must match the sum of the claim-level data. If it does not match, you will receive an error message to correct the data.

Section 7 is where you submit the report. Notice, you do not have an option on this screen to submit. You must select review data.

After you review your data, you will have the option to submit. After you successfully submit, you will have an option to print your report.

Now, we'll go into more detail on how you upload your data files. To upload bulk data, select "Data file upload." Download the schema and the mapping excel sheet. The schema is the JSON file, and the mapping excel sheet lists all required data while aligning the multiple field names.

This is the schema for the JSON file you downloaded. You will notice at the top of this file, the file name extension is dot JSON. All data is included in this JSON file, including the company

NAIC code, the year and quarter of data, etc. If you choose the option to upload your data, there will be no manual entry for you. All of the data is included in the JSON file.

You must remove the data field name for any data element that does not apply. For example, if the carrier is reporting their claim data and there is no TPA, you must delete the data field name and the value. All of the punctuation; everything must be deleted for this to successfully upload.

This is the mapping excel sheet you downloaded. It aligns the data fields across the portal. The column titled "Descriptive label on the web portal" are the labels we saw in the portal for manual data entry, and the column titled property name is the name value in the JSON file.

If you choose to manually enter your data, this is the mapping excel sheet you can use to have all data available when you begin your reporting session.

So, we are going to open this up for questions. I hope everyone typed your questions into your Q&A box.

The first question we have is: Will there be closed captions available for this meeting?

We will have a recording of the webinar, and I'm not sure if you could clarify your question by adding another question to the Q&A. When you say closed captions, are you asking for my notes from reading? For hearing impaired, we will check into that Miss Young; making this accessible. Thank you. Good question.

The next question: Where we enter the unique identifier, amount paid late, and penalty amount, is that the total of all claims in the JSON file? We generally have two plus million claims to report every quarter.

Yes, with that volume you will want to try the JSON file. The file format gives examples on the individual claim data. We did not demo that for you. We did share and we can share again. With the invitation to this webinar, we included those two documents:

- the schema which has the JSON file formatting for you and
- the mapping excel sheet.

Looking at the JSON file after the quarterly claims data, you should be able to identify where the individual claim data begins. That is where you will enter all your individual claim data. There are websites that can help. There are websites available to help you convert an Excel file into a JSON file. Your IT staff will be able to assist you with this, as well.

It looks like we do have quite a bit of technical staff that did join us today. If you are all curious, there are about 70 percent of compliance staff and about 30 percent of technical staff.

If you look at that and you have further questions, we are happy to help. You could email us with any follow-up questions you might have. Of course, there will be the recording of this webinar

available. Feel free to send us a test JSON file. We're happy to test a sample file for you. Your first reporting is due in May. You can begin sending us JSON files now. We will test those to see if they are successful and give you feedback if they're not. You could test it with just test data up to two million claims, to test how our system will work with that.

There are no further questions at this time, so we want to thank everyone for joining us today.

Goodbye.

My apologies. My colleague just pointed out we have a lot more questions. So, we have subtitles. So, it looks like somebody was trying to help with closed captions. She was referring to the hearing impaired.

How do we get the reference sheet you mentioned?

They were included with the invitation to this webinar. We can also send that out to everyone here. We're happy to share those again if you do not have them.

Will I have my notes available?

The webinar is recorded. Everything we shared today will be on the recording. We can look at some options to see if we can have the notes available, as well.

The next question: If we are a carrier reporting TPA data, do we enter yes for TPA? Is this replacing the delegated entity option that is currently in the portal?

The claim data you're required to report must have a managed care carrier. It would be the carrier's direct membership. Those claims are the claims required in the report. And yes, the TPA is replacing the delegated entity. The TPAs will only be able to report in the portal if you are a licensed TPA.

And the next question: Can you provide an example of a JSON file? For the PowerPoint, you only show a small part of the JSON.

Yes, the sample was provided with the invitation to this webinar. If you do not have that, we can distribute both of those documents again. That would be the mapping excel sheet with all the data and the sample JSON file.

The next question is: Must uploaded data files include all claims or only late claims subject to the penalty?

The claim-level data, that's a two-fold question because the uploaded data files include all claim data. It includes all the data that you're reporting, which also includes the number of total claims received, the number of total clean claims received, and then a breakdown of claims paid late.

The claim-level data; however, is only for claims paid late and you will report all claims paid late. It's not only for claims where a penalty or interest is due, because there are scenarios where a claim is paid late. For example, you process a claim, you deny it because services were not pre-authorized. Because you paid zero on that claim, there are no penalties and interest due. However, if that claim was processed is late, it should be reported in your claim level data. Please add another question if that did not answer your question. I'm happy to clarify that further.

The next question is: When will penalty payments be due? We typically issue the payment after the report is submitted.

This is a great benefit for you all because currently and in the past, every month your monthly payments were due. For December, you submitted a form along with or around the same time as your payment to identify the payment and distribution. That was done every month. For example, in December, you will still pay the amounts owed to TDI in January, or monthly, with the form. However, for claims paid late in January, you will report the claims paid late and if you owe TDI penalty and interest, that will be done at the same time as your quarterly claims report. The first quarter ends at the end of March. Say April 15, you submit your quarterly claims report which you must do before you're able to enter your payment information. Then, you enter your payment information. So, you're paying it quarterly, and you're entering your payment information quarterly; at the same time you're submitting your quarterly claims data, which is four times a year and using the portal for the payment information, instead of 12 times a year.

The next question is: Will the TPA still pay penalties and will the TPA reporting company have to request copies of all payment, like the past?

It is up to the managed care carrier. So, when you say penalties, I want to clarify some differences there. You have penalties to providers, which are always due based on the time frame in which you process and pay your claim late. The penalties and interest to TDI can be paid by the carrier or the TPA. It is up to the carrier to decide if they want to perform that themselves, or if they delegate to a licensed TPA.

Copies of all payments? The payment information; the portal will help us align or connect payments that we receive with the appropriate carriers. The new payment information should take care of or replace the need to send us a copy of all payments.

The next question: Is the unique identifier different than the claim number?

Yes, you do not want to report the claim number. You want to report a unique identifier that you are able to correlate with a specific claim. So, that if TDI, if we identify claims that we would like

to take another look at, we give you a list of 20 claims with the information you reported. We'll have the unique identifier and the amounts you report. With that unique identifier, you must be able to go back and identify the specific claim that it matches, so that you can provide us with any of the claim information that we're requesting at that time.

The next question: What is the definition of a clean claim? Does that mean non-adjusted claim?

Our rules define a clean claim. It is basically every element in the claim form, the CMS 1500, must be complete.

Can you provide the websites that will help convert Excel to JSON?

We will not promote a particular website, but there are several. If you go online and search for "convert Excel or convert CSV to JSON," you should have no problems finding websites with the tools you'll need to convert either one of those files to a JSON file.

Next question: For the amount paid late, can you clarify the intent? Is the amount paid late specific to the claim, is this the total amount paid on the claim, or is this the amount paid to TDI?

The portal identifies that claim-level data. Depending on how late you process or pay that claim, will vary the information or the payments that are due. For example, if it's 1 to 45 days for non-institutional, you pay the provider penalties for non-institutional. If it's over 91 days, then there are some penalties due to TDI, but that claim-level data will identify that for you based on the type of provider being non-institutional or institutional. Then, breaking it out into the three timeframes, which have varying penalties that apply depending on how late you pay the claim. If it's 1 to 45 days late, certain penalties apply. If it's 46 to 90 days late, different penalties apply, and if it's 91 or more days late, additional different penalties apply. So, it will depend. The portal will walk you through all of that. It breaks out non-institutional with those three timeframe buckets, and then institutional with those three timeframe buckets. The claim-level data will identify what amounts, and it identifies the provider penalty versus TDI penalty versus TDI interest. So, we think you guys will all find that it's pretty intuitive as you work your way through it.

The next question: Will the portal be opened earlier than the first of May to allow more time to enter all the new required data?

The timeframe, to answer your question, we can look at that to have the portal open longer, maybe in April. We can certainly look at that to accommodate the timeframe. One, if you have your information in the JSON file it will be a very quick process to submit that report. If you're manually entering it, please be aware you cannot save it. You cannot partially enter and save that data. When you start to enter the data, you must finish it and submit it.

So, you won't have the opportunity to have two weeks to enter your report or anything like that. You're going to have to have all that data available to enter it the same day and to be sure you keep extending that timeframe, so that you do not enter a lot of manual data and then lose everything because you miss that two-minute warning that gives you the option to extend the timeframe.

Next question: Will the portal be available for the new requirement?

Yes, the portal will remain the same from what you see until after the first quarter because you will still need to report your fourth quarter of 2021 in the current system. When it is time for you to report the new data (Q1 2022), the new portal will be available.

Next question: It sounds like it was said that the PBM needs to report their own data, that the carrier cannot do so. Is that correct?

No, the carriers may all report their own data, their claim data for their direct members. The carriers only have to complete a request access through the portal to gain access to report their own claim data for their own direct members. The carrier may delegate reporting to TDI to a TPA/pharmacy benefit manager, but the carriers are ultimately responsible for reporting their claim data to TDI.

Next question: How do you report paper claims versus electronic claims, or do you add them together?

The late payment statutes accommodate for varying timeframes. Electronic claims are due 30 days, paper claims are due 45 days. These are medical/surgical timeframes, and you have pharmacy with the difference between the 18 and 20. However, the penalties and timeframes are not based on when the payment is due. It's based on how many days it's paid late. It's one to 45 days paid late. So, if it's an electronic medical/surgical claim and it's due in 30 days, and it's paid on the 31st day, it's one day late and it falls within the 1 to 45 days late. If it's paper, and its due in 45 days, then on day 46 it's one day late, and it will fall into the 1 to 45 days paid late. Regardless of the statutory time frame to process and pay the claim, the first day it's late is when the 1 to 45 days late penalty kicks in.

Next question: Sorry, can you clarify we only include claims-level data for late paid claims not for claims paid timely?

That is correct. The claim-level data is only for claims paid late. The claim-level data is not for claims paid timely; however, that is for the claims-level data. There's a lot of other claim data that you're reporting that are quarterly numbers. They're not the claim level. It's the total claims received, total clean claims received, and that's for the whole quarter. Then, it breaks it out into

those timeframe buckets, 1 to 45 days late, and so on. Those are your claims paid late. The claim-level data is only for claims paid late.

Next question: It sounds as if this method forces the carrier to delegate this reporting to the TPAs and would not have oversight of the submission. Is it possible for the carrier to submit claims data, and then have the TPA submit payments?

Yes, and this is similar to another question. If that was confusing during the presentation, let me please clarify again. It is the carrier's ultimate responsibility to report their claims data on their direct members to TDI. In the portal, only the carriers can request access through the portal to report their claim data. The carrier may choose to delegate that to their contracted- licensed TPA or pharmacy benefit manager. The TPA in fact, cannot get access to the portal for that carrier unless the carrier submits an authorization letter to TDI, and then we grant access. We will not grant access for anyone other than the carrier, unless we have that authorization letter from the carrier stating that we can do that.

Next question: There are times we pay interest at the line level and not all charges are taken into consideration. Should only the lines impacted be reported?

That is a good question. You might process one. You receive a claim that has 10 line items. Let's say you process the claim with three line items timely. Then, you process the claim a second time with three other line items. Now, you have six out of the original 10, and those three were paid late. It is based on those three, the amounts paid late. It's all based on the amounts paid late and how late those amounts were paid. In that example, if there were four other line items that were either denied or maybe reprocessed and paid even later, then those would be considered at the amount paid late at that time and how late they were paid. There are some varying factors and without getting into every possible scenario or example, it's based on the amount that is paid late and how late that amount is paid.

Next question: if a claim was paid \$100 to the provider but a late penalty amount of \$10 was also paid, do we report \$110 as the total penalty dollar amount?

It is broken out, and we think it's pretty intuitive. The portal claims-level data will request the amount paid late, and then a separate column or separate field for amount or penalties paid to the provider. So, those will be separate. You'll have a column/a field to report the amount paid to the provider and a separate field for the amount of the claim and the amount of penalty paid to the provider.

Next question, are we to only report clean claim submissions claim-level details?

The penalties apply only to the clean claims. If you have a deficient claim. Let us get back to you. We will follow up with any answers that we can't answer for you today. We will follow up and share that with all attendees, or possibly with the posting of the webinar. We will work out the

best most efficient way to follow up with any questions we can't answer. You're asking if only clean claims? So, if you process a deficient claim late, it is only going to be clean claims at the claim-level data if I am understanding the question correctly. If you don't mind clarifying that again with a little clarification in the Q&A?

If you process a claim late, and it is deficient because it doesn't have all the required elements. Therefore, it's not a clean claim and the penalties would not apply. If you could try again. We don't have that answer for you today. We will follow up with the attendees with the correct answer.

Next question: if you update a JSON file do you need to complete other parts of the online report?

The JSON file includes all of the data elements. If you choose to upload with a JSON file, you will not need to enter any information manually, other than the first few screens, where it is asking if a TPA reporting everything. The JSON file starts with the company NAIC, and it proceeds throughout the entire manual portal. So, you will not have to enter anything into the portal except payment information. The portion of the portal that is payment information, and then the very beginning at the dashboard, where you choose if you're a TPA. You will not have to go back and manually enter anything else into the portal.

Next question: If we have penalty payments that are automatically generated throughout the month, will TDI be able to log those payments and compare to the portal, or will we have to stop automated payments and move to a quarterly process?

Now those payments are only referring to penalties and interest owed to TDI. It's only the penalty and interest owed to TDI. The penalties that you owe providers you should process immediately, but the penalties and interest owed to TDI you will move to the quarterly process and give us totals.

Next question: What if there are no direct claim members; all of the claims are paid by TPA's? Currently, we the MCC submit claims data we get from the TPAs, but they must process the payment through their claims system, so they may make the payment.

The TPA processes the claims and when they process the claims, they likely provide that claim data to the carrier. However, it's the licensed HMO or the license insurer; the members are members of the carrier. The TPA is simply performing a function for the carrier. The TPA's processing claims; they provide the carrier with the claim data, so the carrier can report. All claim data related to your direct members. The members are members of the carrier, not the TPA. For the members the TPA is processing those claims for, they can process the claims; they can provide the claim data to the carrier; and the carrier reports it to us.

Next question: The total claims are submitted by the carrier, but the claims processor TPA submits another report of the claim-level data which are the late claims only and the payment information?

I want to make sure we give you a very clear answer on that question. We will follow up on that to make sure we give you the most accurate information.

Next question: Would it be possible to send a follow-up email to all attendees with all questions submitted in today's chat, so we have this documented in writing?

We will certainly take a look at that and see what we can do for everyone.

Next question: If the claim is late but not clean no interest is paid, do we need to report that claim with the claim-level data?

That claim-level data is for clean claims paid late, so you would not need to do that.

Next question: Do we do monthly reporting still or only quarterly reporting?

The data reporting, the claims data, has always been done on a quarterly basis. The payments due to TDI, if/when applicable; penalties and interest due to TDI have been done monthly. Those will all be quarterly to align it with your quarterly claims data reporting. That will be effective for the data for first quarter, and the reporting will be due in May.

If a claim is paid as part of an appeal process, where additional information was provided, it will appear late. However, the additional information from the appeal overturned the decision, should we be reporting those claims as late?

There are varying circumstances in which the prompt pay clock stops; and then, there are certain circumstances where the prompt pay clock does not stop. For additional information received that generally stops the clock, would almost have to be addressed on a case-by-case basis; but, if you're using the definition of additional information the same way that our rule uses it, the clock does stop until you receive that additional information. I want to reiterate that is contingent on if you're using the same definition of additional information that our rule uses. If you have specific cases, we could look at those and help you along with that. If it is additional information needed to process the claim and the carrier or TPA requested additional information from the provider, the clock stops, the prompt pay clock stops. If it's 10 days into your 30 days it stops. When you receive that additional information, back if it's within two days so you're 12 days. You basically have 18 days left. You would have the full 30 days to process the claim. I'm sorry it would be 20 days. So, it stops at 10, you get the information quickly then that it's 20 days. However, if it's less than 15 then it's always going to be the 15 days from the time the carrier or TPA receives the additional information. Our rules lay this information out if the

scenario you're providing for us is truly the same definition. You can take a look at that a little further, and if you have additional questions on it, feel free to email us any follow-up questions.

There were a lot more questions. I was trying to stop it at two. A few follow-ups. We had a follow-up question there. We'll also look at being able to provide some written answers for all of the questions today.

I don't see any other questions coming through on the Q and A.

I want to reiterate to feel free to follow up with any emails to us with any other questions you might have. We're happy to test a sample of a JSON file for you before your report is due. You can email that to us.

Yes, the clean claims rule, so for some of this information it's in the clean claims rule this is in Title 28 of the Texas Administrative Code, Chapter 21, Subchapter T.

A lot of the details that you've asked that are related to the processing of late payments and penalties that apply and additional information you'll find it in section 21.2815.

These reporting requirements you will find in section 21.2128.

Not seeing any other questions come through, we're going to conclude. Again, I want to thank you for joining us today. You have a lovely evening. Thank you. Goodbye.