

Texas Department of Insurance Division of Workers' Compensation



Medical Quality Review Process

Effective May 1, 2014

**Texas Department of Insurance
Division of Workers' Compensation**

Medical Quality Review Procedure

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Section I: General Statement and Overview

The Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) is required by Texas Labor Code §413.002 to "monitor health care providers, insurance carriers, independent review organizations, and workers' compensation claimants who receive medical services to ensure the compliance of those persons with rules adopted by the commissioner relating to health care, including medical policies and fee guidelines." The TDI-DWC will manage the medical quality review process in a manner that is fair, open, and transparent to all workers' compensation system participants to the extent consistent with state confidentiality laws, and provide the subject of a review the opportunity to participate throughout the medical quality review process.

The medical quality review process is medical case review initiated from either a written complaint, which may include an internal referral, a plan-based audit, or monitoring resulting from a consent order in accordance with 28 Texas Administrative Code (TAC) §180.68. For the purposes of this process, all medical case reviews conducted as part of the medical quality review process will be known as medical quality reviews. The TDI-DWC's Medical Advisor oversees the medical quality review process conducted by the Medical Quality Review Panel (MQRP).

The MQRP is comprised of Experts and Arbiters. The Experts' and Arbiters' full responsibilities are further defined in Section II. Experts prepare reports to aid the TDI-DWC both to monitor compliance with the Texas Workers' Compensation (Act) and TDI-DWC rules and to help ensure that injured employees in the workers' compensation system receive medically necessary and appropriate health care that is timely and cost-effective and facilitates functional recovery and appropriate return-to-work outcomes. The Arbiters represent the Medical Advisor in Informal Settlement Conferences (ISCs). At the conclusion of an ISC, the Arbiters recommend appropriate action to the Medical Advisor.

Subject to the Texas Labor Code §413.05115, this document describes the process that the TDI-DWC will employ to monitor the quality of medical services provided by system participants within the Texas workers' compensation system.

Section II: Roles and Responsibilities

A. Medical Advisor

Pursuant to Texas Labor Code §413.0511, the TDI-DWC employs or contracts with a Medical Advisor who is a doctor as defined by the Texas Labor Code §401.011. The Medical Advisor assists in the TDI-DWC's efforts to implement provisions of the Act related to health care for injured employees, ensures the quality of health care provided in the workers' compensation system, and recommends sanctions when indicated. The Medical Advisor provides feedback and recommendations to the TDI-DWC through the medical quality review process with the assistance of the MQRP.

B. Associate Medical Advisor

The Associate Medical Advisor(s) works under the direction of the Medical Advisor and assists the Medical Advisor in performing the Medical Advisor's duties under the Act.

C. Health Care Quality Review (HCQR)

HCQR staff is comprised of a director, nurse investigators, and administrative staff who assist in the implementation of the TDI-DWC's medical quality review process. The director and administrative staff of HCQR provide the Medical Advisor and Associate Medical Advisor(s) with administrative support.

The nurse investigator initiates the evaluation of complaints regarding professional medical services, delivery of health care, or the quality of a health care practitioner's opinion, recommendation or reports as set forth in 28 TAC §180.68. The nurse investigator may seek assistance from an Associate Medical Advisor as part of the evaluation when making a recommendation of disposition for a complaint. During the medical quality review process, the nurse investigator serves as the point of contact for the Experts and the subject. The Medical Advisor, Associate Medical Advisor(s), and HCQR staff are referred to collectively as the "Office of the Medical Advisor" (OMA) for purposes of this document.

D. Quality Assurance Committee (QAC)

The Medical Advisor appoints a QAC. The QAC is comprised of an Associate Medical Advisor, a TDI-DWC Executive Deputy Commissioner and a TDI Enforcement management representative. The Associate Medical Advisor chairs the QAC. If the Associate Medical Advisor is unable to chair for any reason, the Medical Advisor may appoint an Arbiter to chair a QAC meeting in accordance with 28 TAC §180.62(g).

The QAC provides a level of quality assurance when a nurse investigator makes a recommendation to close a written complaint subject to the medical quality review process, open a medical quality review, or refer to the Medical Advisor for possible referral to enforcement or the appropriate licensing board. This QAC oversight ensures that actions are appropriate, consistent, and fair to system participants. The QAC will meet on a regular basis and recommend to the Medical Advisor whether a complaint should be closed or continue with the medical quality review process.

E. Medical Quality Review Panel (MQRP)

Texas Labor Code §413.0512(a) requires the Medical Advisor to "establish a medical quality review panel of health care providers to assist the Medical Advisor in performing the duties required under §413.0511." The medical advisor establishes the MQRP pursuant to Texas Labor Code §413.0512 and §413.05122 and 28 TAC Chapter 180, Subchapter C. The professional services MQRP members provide to the Medical Advisor are listed under 28 TAC §180.62.

F. Quality Assurance Panel (QAP)

Texas Labor Code §413.05121(a) requires the Medical Advisor to establish the members of the QAP or "Arbiters." The medical advisor establishes the QAP pursuant to Texas Labor Code §413.05122 and 28 TAC Chapter 180, Subchapter C. The professional services Arbiters may provide to the Medical Advisor are listed under 28 TAC §180.62(g).

The Medical Advisor appoints Arbiters based on their medical expertise, specialty backgrounds, and their experience in utilization review and quality assurance. Arbiters are also selected to ensure that the QAP is comprised of health care practitioners from diverse health care backgrounds. Arbiters may serve on the panel for a period of two years and may be appointed for additional terms at the Medical Advisor's discretion. The Medical Advisor may appoint an MQRP member to be an Arbiter on a case by case basis if a qualified Arbiter is not currently available to sit on an ISC. Arbiter meetings will be held at least twice a year. The Arbiter meeting is presided over by the Medical Advisor.

Arbiters do not routinely prepare reports. However, the Medical Advisor may appoint an Arbiter to prepare reports. In these situations the Arbiter would be ineligible from sitting on the informal settlement conference for the subject the Arbiter reviewed.

Section III: Complaint Process

1. All complaints, which may include internal referrals, must be in writing and may not be anonymous in accordance with 28 TAC §180.2. Complaints may be filed in several ways pursuant to 28 TAC §180.2(b).
2. TDI-DWC's System Monitoring and Oversight (SMO) section logs all complaints into the standard TDI database for tracking purposes.
3. SMO will refer OMA all complaints subject to the medical quality review process as defined in 28 TAC§180.68.
4. The OMA provides the complainant and the subject with an acknowledgment letter at the time a complaint is received from SMO.
5. A nurse investigator evaluates each complaint regarding professional medical services, delivery of health care, or the quality of a health care practitioner's opinion, recommendation or report to determine whether a potential violation has occurred.
6. A nurse investigator may request and obtain additional information as necessary from the:
 - a) complainant;
 - b) subject; or
 - c) other relevant persons.
7. Upon completion of an investigation, a nurse investigator will recommend to the Quality Assurance Committee (see Section VII) one of the following actions on a complaint:
 - a) Close the complaint without a medical quality review);
 - b) Open a medical quality review;
 - i) If recommendation is approved by QAC, the nurse investigator will notify subject of the complaint with a written notice and the opportunity to provide the OMA with any information the subject believes is relevant and should be considered by the OMA in the further investigation of the complaint (see Section V); and/or
 - c) Refer to the Medical Advisor for a possible referral to:
 - i) appropriate medical licensing board (see Section VII); or
 - ii) TDI Enforcement (see Section VII).

At any time during the complaint investigation process, a nurse investigator may consult with an Associate Medical Advisor or any TDI-DWC staff member to assist in the determination of whether a violation of the Act, TDI-DWC rule(s), or other applicable statutes has occurred. If the complaint involves an active dispute, the nurse investigator may consult with TDI-DWC Medical Dispute Resolution staff to determine the appropriate action for the complaint.

Subjects of a complaint may provide the OMA with any information the subject believes is relevant to the investigation. All documentation or information provided by the subject during the complaint investigation will be considered by the OMA.

Section IV: Plan-Based Audit Process

1. The Medical Advisor will recommend categories of health care and other services for inclusion in an annual audit plan. The OMA will obtain system participant input for categories that should be included in the annual audit plan. Categories for consideration of inclusion in the annual audit plan may include, but are not limited to:
 - unusually high or unusually low utilization of medical services inconsistent with adopted treatment guidelines or other evidence-based medicine;
 - high cost medical services exceeding Texas workers' compensation system average cost for same or similar services;
 - quality and timeliness of decisions made by designated doctors, independent review organizations, insurance carriers, required medical examiners, peer review doctors and utilization review agents;
 - accurate diagnosis of injured employees; and
 - appropriate return-to-work outcomes.
2. The Medical Advisor submits the recommended annual audit plan to the Commissioner of Workers' Compensation (Commissioner) for review and approval.
3. Upon approval by the Commissioner, the approved annual audit plan is posted on the TDI website.
4. For each individual plan-based audit within the approved annual audit plan, the Medical Advisor and the TDI-DWC staff define the scope, selection criteria, and individual program area responsibilities for a plan-based audit. The OMA will obtain stakeholder input for each individual plan-based audit within the approved annual audit plan. Each individual plan-based audit proposal shall specify the program area(s) responsibilities for all relevant steps and include specific procedures for each step, including but is not limited to the following:
 - inclusion and exclusion criteria;
 - service time frame to be audited;
 - sample size; and
 - subject and case file selection;
5. The Medical Advisor submits an individual plan-based audit proposal to the Commissioner for approval.
6. Upon approval by the Commissioner, the approved individual plan-based audit is posted on the TDI website.
7. The OMA maintains a file with the documentation supporting the approved individual plan-based audit to include:
 - scope, selection criteria, and program areas' responsibilities;
 - inclusion and exclusion criteria;
 - service time frame to be audited;
 - sample size;
 - subject and case file selection;
 - audit questions for the Experts; and
 - Experts to be assigned to perform the medical quality reviews.
8. The OMA coordinates with the program area(s) staff designated in the approved individual plan-based audit to select the review subjects and individual case files to be reviewed (see Section V).

Section V: Process for Initiating a Medical Quality Review

A. Notification to Subject

1. When a subject is selected for a medical quality review, the OMA sends a notification letter to the health care provider or other system participant chosen for a medical quality review. The notification letter informs the subject of the review and the basis upon which the review was initiated (i.e. complaint, monitoring, or audit).
2. The notification letter contains a list of injured employees who received health care services from the subject and requires the subject to provide the OMA with all relevant records pertaining to the treatment(s) or service(s) provided to the injured employees for the compensable injury.
 - a. For complaint based reviews:
 - i. The OMA will provide a summary of the complaint and will request the subject to provide records and an explanation for each complaint included in the review.
 - ii. The notification letter requests the subject to complete an enclosed business record affidavit and provide the completed affidavit along with the records and explanation of each case.
 - iii. The notification letter includes a specified amount of time to provide the requested information not to exceed 30 calendar days.
 - b. For audit-based and monitoring-based reviews:
 - i. The OMA will provide notification and an overview of the audit and request the subject to provide appropriate medical records.
 - ii. The notification letter requests the subject to complete an enclosed business record affidavit and provide the completed affidavit along with the requested records.
 - iii. The notification letter includes a specified amount of time to provide the requested information not to exceed 30 calendar days.
 - iv. The subject of the audit will be provided an opportunity to respond to the Experts' findings if there is a recommendation to refer the subject to TDI Enforcement (see Section VI).

Subjects of a medical quality review process are encouraged to communicate with the OMA regarding the medical quality review. Subjects may provide the OMA with any information the subject believes is relevant to the medical quality review. All documentation or information provided by the subject during the medical quality review will be considered by the OMA.

B. Request for Records from Other Parties

- The OMA may request relevant records and other information from non-subject parties such as insurance carriers or other health care providers.
- Information obtained from non-subject parties will be reviewed and considered during the course of the medical quality review process.
- The request for records letter will require the non-subject(s) to complete an enclosed business record affidavit and provide the completed affidavit along with the requested medical records.
- The letter will include a specified amount of time to provide the requested information not to exceed 30 calendar days.

C. Case Preparation and Tracking

1. For audit-based reviews, the nurse investigator verifies in writing that subjects and case files were selected in accordance with the approved plan-based audit.
2. Upon the OMA's receipt of the requested medical records and other information from the subject and non-subject parties, the OMA sorts, organizes, and Bates stamps all documents and information for each individual case before presenting the cases to a nurse investigator.
3. The nurse investigator verifies and approves the Bates stamped records and information for each case.
4. The nurse investigator prepares and organizes the case file for Expert selection and assignment. Case files are comprised of medical documents requested and received for each injured employee, the complaint if applicable, and any information provided by the subject.

If requested records or information are not provided or are not provided timely, the OMA will issue a Commissioner's Order pursuant to 28 TAC §102.9 that requires the subject or non-subject to produce the requested information. If the subject or non-subject fails to comply with the order, the OMA will refer the violation as an internal referral to SMO for processing as a new complaint.

Tracking information regarding the initiation of the medical quality review, receipt of requested records and documentation, and all other key steps in the medical quality review process will be recorded by HCQR staff in the HCQR database.

D. Assignment of Experts

1. The nurse investigator selects an Expert to perform a medical quality review in accordance with Texas Labor Code §§408.0043, 408.0044, or 408.0045 and 28 TAC §§180.1 and 180.22.
2. In cases where no Expert meets the requirements described above for a specific medical quality review, the Medical Advisor may:
 - a. contact appropriate medical licensing boards or other entities in an effort to contract with a qualified individual; or
 - b. contract with a health care practitioner who possesses the professional requirements for conducting the medical quality review. The qualified individual's contract is subject to the same approval process for Experts.
3. The nurse investigator verifies that no known conflicts of interest pursuant to 28 TAC §180.72 exist between the Expert and the subject or individual case files before making an assignment.
4. The selected Expert should accept the assignment only after verifying that no known conflicts of interest with the subject or individual case files exist pursuant to 28 TAC §180.72. The OMA forwards the case files to be addressed by the assigned Expert with the deadline for when the medical quality review should be completed by that Expert.
5. The Expert may request the nurse investigator to obtain or provide any other information that the Expert believes is relevant and necessary in order to conduct the medical quality review.
6. Upon completion of the medical quality review, the Expert provides the nurse investigator with an Expert Report that includes recommendations regarding whether the Expert believes any further action is warranted.

Section VI: Expert Recommendation Process

A medical quality review is assigned to an initial Expert to determine if a possible violation of the Act, TDI-DWC rule, or other applicable statutes has occurred. The initial Expert's opinion may recommend

closure of the medical quality review, subject to the approval of the Medical Advisor. However, if the initial Expert determines that a possible violation of the Act, TDI-DWC rule, or other applicable statutes has occurred, then at least one other concurring Expert opinion is needed to move the review forward in the medical quality review process.

1. If the first Expert recommends closing the medical quality review with no action, the first Expert completes an Expert Report with the findings and recommended action. The first Expert forwards the Expert Report to the nurse investigator.
2. If the first Expert determines that a violation to the Act, TDI-DWC rule, or other applicable statutes has occurred, then the nurse investigator selects a second Expert to conduct an additional medical quality review.
 - a. The Nurse Investigator provides the second Expert with all information regarding the medical quality review that was provided to the first Expert, plus the Expert Report and recommendations from the first Expert.
 - b. The second Expert may discuss the medical quality review with the first Expert.
 - c. If the medical quality review involves more than one case file and the first Expert determines that certain individual case files violated the Act, TDI-DWC rule, or other applicable statutes or rules, while others did not violate the Act, TDI-DWC rule, or other applicable statutes or rules, only those case files in which the first Expert has recommended proceeding with possible enforcement action will be forwarded to a second Expert.
3. The second Expert completes the 2nd Expert Report with the findings and recommended action.
 - a. If the second Expert agrees with the first Expert, the second Expert completes a statement of agreement.
 - b. If the second Expert agrees in part and disagrees in part with first Expert, the second Expert summarizes the reasons for agreement and disagreement in a 2nd Expert Report.
 - c. If the second Expert does not agree with first Expert and differences cannot be resolved, the second Expert completes a brief 2nd Expert Report stating the areas of disagreement. The medical quality review is then referred to a third Expert.
4. The third Expert gets all information the two previous Experts received, plus both Experts' reports, and then formulates a decision, agreeing with one or the other. The two Experts in agreement negotiate the wording of the final Expert Report. The Expert Report is completed by the Expert with whom the third Expert agrees and is submitted to the nurse investigator. The Experts' final recommendation may include:
 - a. close with no action; or
 - b. proceed with possible enforcement action.
5. For complaint-based reviews that result in a recommendation to proceed with possible enforcement action, the completed preliminary Expert Report is sent to the subject stipulating an opportunity to respond.
 - a. A cover letter to the Expert Report will provide the subject with information on how to submit a written response to the Expert Report.
 - b. The subject will be allowed 15 calendar days to provide a written response, which will be considered in formulating a recommended action.
 - c. The subject's written response is forwarded to the Medical Advisor who will determine whether the preliminary Expert Report is sufficient to constitute a final report, or whether the response should be provided to Experts for further review.
 - d. The final Expert report shall be considered by the Medical Advisor for his or her

- recommended action, which may include:
- i. close with no action; or
 - ii. proceed with possible enforcement action.
6. For audit-based and monitoring-based reviews that result in a recommendation to proceed with possible enforcement action, the completed preliminary Expert Report is sent to the subject stipulating an opportunity to respond.
- a. A cover letter to the Expert Report will provide the subject with information on how to submit a written response to the Expert Report.
 - b. The subject will be allowed 15 calendar days to provide a written response, which will be considered in formulating a recommended action.
 - c. The subject's written response is forwarded to the Experts who recommended enforcement action for re-consideration of their initial recommendation.
 - d. The written response may result in a change of the Experts' initial recommendation to refer subject to TDI Enforcement.
 - e. The Experts may recommend closing the medical quality review with no further action.
 - f. If the written response does not change the initial recommendation, the Expert Report is forwarded to the Medical Advisor for his or her recommended action, which may include:
 - i. close with no action; or
 - ii. proceed with possible enforcement action.

Any response received from the subject shall be considered by the Medical Advisor, who may request further input from the Associate Medical Advisor, Arbiter, Expert, TDI-DWC attorney, nurse investigator, and any other TDI-DWC staff member, as the Medical Advisor deems necessary.

An Expert may recommend to expand the scope of a review independent of a decision to close a medical quality review with no further action or to refer the subject to TDI Enforcement (see Section VII). A recommendation to expand the scope of a review must be in writing, and this initiates a separate complaint that starts the process from the beginning as defined in Section III.

Section VII: Medical Advisor's Recommendation

A. Quality Assurance Committee

1. The director of HCQR provides a list of complaints to the chair of the QAC that have been recommended for closure by the nurse investigator.
2. The chair of the QAC creates an agenda and schedules a meeting for the QAC to convene.
3. The nurse investigator provides a brief summary of the complaint to the QAC.
4. If a majority of the QAC recommends proceeding with an investigation of a complaint, then the nurse investigator will be directed to open a medical quality review (see Section III).
5. If a majority of the QAC agrees with the nurse investigator's recommendation to close a complaint, then the recommendation is forwarded to the Medical Advisor.
6. The final QAC recommendation shall be in writing.
7. The Medical Advisor considers the QAC's recommendation(s) in formulating a final recommendation for TDI-DWC disposition action of a complaint.
8. In formulating the final recommendation, the Medical Advisor may consult with a TDI-DWC attorney, nurse investigator, and any other TDI-DWC staff member, as the Medical Advisor

deems necessary. Final recommendations may include:

- a. close the complaint without a medical quality review (this may include an education letter);
 - b. proceed through the medical quality review process;
 - c. refer subject to the appropriate medical licensing board; or
 - d. expand the scope of investigation.
9. The final recommendation shall be in writing on the disposition form.
10. The OMA issues a Disposition Letter at the conclusion of the OMA's complaint investigation to the:
- a. complainant; and
 - b. subject if the complaint is being closed.
11. The issuance of the disposition letter closes the complaint.

B. MQRP Expert Opinions

1. The Medical Advisor considers the Expert's recommendation(s) and any previous TDI-DWC violations on the subject in formulating a final recommendation for TDI-DWC disposition action of a medical quality review.
2. In formulating the final recommendation, the Medical Advisor may consult with a TDI-DWC attorney, nurse investigator, and any other TDI-DWC staff member, as the Medical Advisor deems necessary. Recommendations may include:
 - a. close the medical quality review with no further action (this may include an education letter);
 - b. refer the case to enforcement;
 - c. refer subject to the appropriate medical licensing board; or
 - d. expand the scope of investigation.
3. The final recommendation shall be in writing on the disposition form.
4. The OMA issues a disposition letter and final report that include the Medical Advisor's recommendation.
5. The issuance of the disposition letter and final report to the subject closes the medical quality review.

C. Referrals to TDI Enforcement

1. When the Medical Advisor recommends the referral to TDI Enforcement, the OMA prepares a referral memorandum that includes:
 - a. The Medical Advisor's recommendation for action on the findings of a complaint or a review; and
 - b. An electronic file containing all medical records under affidavit, the Expert report, the subject's response, and any information pertinent to the complaint or review.
2. The Medical Advisor's approved referral memorandum is sent to SMO for entry into the SMO Enforcement referral database and updated in the TDI database for tracking purposes.
3. SMO shall forward the referral memorandum and electronic file to TDI Enforcement.
4. TDI Enforcement will assign a case number and an attorney to the case.
5. If the Medical Advisor or TDI Enforcement determines or suspects that fraud has occurred, then TDI Enforcement submits a referral to TDI Fraud unit for further investigation. A copy of the referral is maintained by TDI Enforcement.

D. Informal Settlement Conference (ISC)

1. The purpose for an ISC is to offer the subject of a medical quality review an opportunity to participate in discussing the case with representatives of the Medical Advisor. An ISC may be conducted with at least one qualified arbiter. A second arbiter or the Associate Medical Advisor may be assigned to conduct an ISC with the qualified arbiter.
2. Arbiters are selected in accordance with Texas Labor Code §§408.0043, 408.0044, or 408.0045 and 28 TAC §§180.1 and 180.22.
3. The Arbiters must not have any known conflicts of interest with the subject or individual case files or appearance of impropriety. For each case, Arbiters must attest in writing that no known conflicts of interest exist and that they are not aware of any appearance of impropriety.
4. An attorney from the TDI-DWC Office of General Counsel will preside over the ISC.
 - a. The designated General Counsel representative will provide legal advice to the Medical Advisor representatives.
 - b. The designated General Counsel representative will not engage in ex-parte contact with TDI Enforcement or the subject prior to the ISC.
5. An attorney from TDI Enforcement will state the findings of the Experts and present sanction recommendations at the ISC.
6. The subject may be represented at the ISC by legal counsel.
7. The subject has the opportunity at the ISC to show compliance with applicable laws and to present any evidence or information that the subject believes is relevant to the case.
8. At the conclusion of the ISC, the Medical Advisor representatives will recommend appropriate action to the Medical Advisor and the subject of the medical quality review.
 - a. TDI Enforcement will send a consent order with the Medical Advisor's final recommendation to the subject for signature within 15 calendar days from the ISC.
 - b. If the subject agrees with the consent order, then the consent order is signed and returned to TDI Enforcement.
 - c. The signed consent order is submitted to the Commissioner for approval.
9. If the TDI-DWC and subject cannot agree on a resolution to the enforcement case, the Medical Advisor will make the final recommendation for further enforcement proceedings at State Office of Administrative Hearings (SOAH).
10. The TDI-DWC may close a case with no further action after holding an ISC.

E. Referrals to Appropriate Medical Licensing Boards

1. The Medical Advisor will comply with Texas Labor Code §§413.0514 and 413.0515.
2. A referral or report to a licensing agency may be in addition to any other action taken by the TDI-DWC on the subject of a review or complaint.
3. The OMA prepares a referral letter that includes:
 - a. the Medical Advisor's reason for referral; and
 - b. an electronic file containing all medical records under affidavit, Expert report, the subject's response, and any information pertinent to the review.
4. The Medical Advisor signs the referral letter.
5. The Medical Advisor will provide the referral to the designated General Counsel representative for transmittal to the agency.

The TDI-DWC has entered into a Memorandum of Understanding with both the Texas Medical Board

(TMB) and the Texas Board of Chiropractic Examiners (TBCE) in order to facilitate the exchange of information required by Texas Labor Code §413.0514 and §413.0515. Pursuant to these agreements, the TDI-DWC reports information to these agencies on a monthly basis and at other times determined appropriate by the TDI-DWC. The TDI-DWC will identify in its information sharing with these agencies those cases where the TDI-DWC believes further investigation by the other agency is warranted. Pursuant to these agreements, the TDI-DWC will report or refer on an emergency basis those system participants whose continued practice may constitute a continuing or imminent threat to the public welfare.

F. Expanding the Scope of Investigation

1. The scope of investigations cannot be expanded as part of the same investigation, but can be expanded by submitting a new complaint in accordance with Section III.
2. The complaint is sent to TDI-DWC to enter into TDI database as a complaint.
3. The process begins as a separate formal complaint as defined in Section III.
4. The complainant is recused from the review of such system participant if the complaint is recommended for medical quality review.

Section VIII: Post-Enforcement Monitoring Process

When a consent order requires further monitoring of a subject, OMA will conduct a medical quality review in accordance with the terms of the order. The medical quality review will be conducted in the same manner as the medical quality review process except where inconsistent with the terms of the order. The OMA will coordinate with TDI Enforcement on the results of the monitoring review and provide TDI Enforcement with recommendations on any appropriate action.

1. The Medical Advisor and TDI Enforcement agree on a monitoring plan for a subject of a medical quality review.
2. The subject agrees to a monitoring plan through a consent order.
3. The Commissioner approves the consent order.
4. TDI Enforcement shall provide the OMA with Commissioner's orders that require a system participant to be subject to further monitoring.
5. The OMA coordinates with TDI Enforcement to select the individual case files to be reviewed (see Section V).

Section IX: Other Administrative Functions

A. Confidentiality

Pursuant to Texas Labor Code §402.092 and §413.0513, any information collected, assembled, or maintained by or on behalf of the TDI-DWC regarding a medical quality review constitutes a confidential investigation file. Confidential information includes, but is not limited to, complaints filed with the TDI-DWC, medical records and any information that identifies review subjects or injured employees. Information and documents collected, assembled, or maintained during the course of a medical quality review or investigation of a complaint shall not be disclosed within the TDI-DWC except as appropriate and consistent with statutory duties of TDI-DWC for oversight and monitoring. All reports and related documents are considered confidential under Texas Labor Code §§402.092 and 413.0513.

B. Reporting

The OMA staff will be responsible for updating actions, events, and status for each medical quality review on the HCQR database. Standard reports will be made available in this system and can be reproduced as needed to respond to requests on individual medical quality reviews.

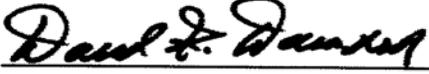
The OMA will coordinate with TDI Enforcement to monitor the status of each enforcement case that resulted from a medical quality review. The Medical Advisor will provide the Experts and Arbiters with status on the number and types of final dispositions of enforcement cases originating from medical quality reviews.

C. Program Monitoring and Compliance

At least on an annual basis, an independent review process in consultation with TDI-DWC Internal Audit program area will be implemented to ensure adherence to the medical quality review process. Any deviations will be documented and reported to the Commissioner. This process will also be used to recommend improvements to the process and increase accountability and transparency.

Section X: Approvals

This Medical Quality Review Process is respectfully submitted by:

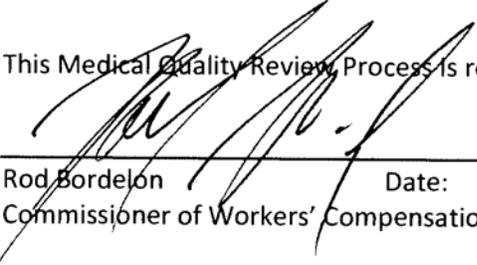
 4/30/14

David G. Davis, M.D.

Date:

Medical Advisor

This Medical Quality Review Process is respectfully approved by:

 5/1/14

Rod Bordelon

Date:

Commissioner of Workers' Compensation