

ADVISORY NO. 416
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TOPIC: EBILLING STAKEHOLDER MEETING REVIEW

An eBilling stakeholders meeting was conducted by Allen McDonald on October 22, 2007.

Some of the discussion involved complex technical details. The good news is that Mr. McDonald indicated that he would do two things to help everyone. First, he will try to put together a Q&A following the meeting to post on the DWC website. That has not yet been posted.

Secondly, he has prepared an Excel spreadsheet of suggestions, comments, concerns, etc. He will update it based upon the discussion at the stakeholders meeting. He will give everyone two weeks to review and send him comments. He has broken down the issues into clerical, paper, and HIPAA.

This spreadsheet was posted on October 23, 2007. Mr. McDonald has asked that all interested parties respond to the issues addressed in the spreadsheet within the next two weeks, in order for his staff to implement and respond in time for the January 1, 2008 implementation date. A copy of the spreadsheet is attached.

The link to the spreadsheet is:

<http://www.tdi.state.tx.us/wc/ebill/documents/ebcproclr1007.xls>

You can access all current information regarding eBilling (including lists of waivers, etc) on the DWC website. At the DWC Home Page, look at the menu on the right hand side. About 3/4 of the way down is the link to "eBill." The direct link is:

<http://www.tdi.state.tx.us/wc/ebill/index.html>

Although the October 31, 2007 "deadline" for waivers was indicated in the last DWC notice that is a soft deadline. The Rule does not give a deadline. But, these will be taken in order of receipt. You could file for a waiver in December if you needed to, but that will not give much time for DWC to act on it. He noted that you must be compliant on January 1, 2008 or have a waiver. Note that a waiver is needed if you want an exemption from eBilling or a delay in implementation. The sooner such is filed, the better.

Several people urged the use of the DWC-66 for Pharmacy because most use it and are familiar with it. Mr. McDonald took the suggestions under advisement. However, he noted throughout the meeting that this is not a DWC project as such. This process should be a business talking to business process. You can make any adjustments you want with any party by mutual agreement,

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as long as the bill is payable and the exchange allows for full reporting. In other words, if the parties have existing systems that allow payment of the bill and proper reporting, then DWC does not intend on forcing changes in those systems.

A similar answer was given to suggestions of using 837 format rather than NCPDP 5.1. If the latter can be blended into the former, then such a mutual agreement could be made. A similar work-around could be developed for the Electronic Transmitter Identification Number, by agreeing to use the FEIN (that is the current work-around suggested and perhaps adding a code that mean something to the parties).

Mr. McDonald noted that standardization in the group health and managed care clearinghouses has created relatively seamless communication. Straying too far from of these standards in the workers' compensation field will only create problems, perhaps insurmountable.

Several complaints were made about the use of taxonomy codes. It was pointed out that not all transmissions would require them. As with NPI codes, (not all providers must have them) you can do work-rounds and get provider data from NPI data or other sources. Again, that is up to the bill processor. If the full information can be obtained elsewhere, then the carrier is free to do so in order to complete the submission. The goal is to get all bills paid and gather all reporting data, not to create technical roadblocks to justify return or non-payment.

Several providers asked about a list of payer numbers. Mr. McDonald pointed out that those numbers are issued by clearing houses, not the Division. It would be up to the providers to collect commonly used payer numbers for their practice. Again, the Division is not involved in these kinds of work-arounds. It is up to the parties to do that.

If you run into a problem with a provider (for example, they are not exempt but continue to submit paper claims), then request a violation. The Division is not involved directly involved in the data exchange. If you do not make the complaint, then the Division will never know about it.

Note that DWC does not expect a Carrier to return a bill just because it is submitted on paper.

You must expect submission of both paper and electronic bills. For instance, some pharmacies are capable of submitting pharmaceutical bills electronically, but submit DME on paper. As has developed in the group health arena, the efficiency of the eBilling process will eventually compel providers to use it. Most pharmacies do now, even if they are small. DWC expects that, ultimately, even "small" providers (less than 10 employees or less than 10% workers' comp business) will eventually use eBilling. In the meantime, carriers must be able to accept both paper and electronic submissions.

Where DWC rules require documentation, the eBill will indicate the proper workers' compensation document type code. The Provider must then fax or email the documentation directly to the carrier. DWC is working with IAIABC to fine tune this process.

FO&L raised the question of submission of the DWC-027 (Carrier Representative Information Submission Form). The current requirement and expectation is that a carrier must have a single URL or telephone number where medical providers can obtain the information as to where to send the bill. We pointed out that, currently, the providers get that from the employee, the employer or from the employer's posted notices. In all these cases, they are getting the TPAs contact information, not the underwriting carrier's information. They neither obtain nor need the underwriting carrier contact information. For a carrier that underwrites substantial coverage through TPAs, the cost of maintaining a single contact source for the underwriting carrier would be prohibitive. We suggested that the filing requirement be dropped down to the TPA level where appropriate. This would allow the TPAs to make the filing of the DWC-027 as a subset of the carriers' filings. Another alternative would be to require the initial contact with the Claimant to include a notice of the proper billing entity, with instructions to the Claimant to provide such information to his/her medical providers. We will continue to talk to the Division on this issue.

If you are not going to be up and running by January 1, 2008, FO&L would be glad to assist in filing for an extension. Let us know if we can be of any help in this process. Finally, please use the spreadsheet attached to ask new questions or propose resolutions to the posted issues. Return these to DWC within the next two weeks if you want the issues addressed timely. Please contact Steve Tipton at (512) 435-2162 or smt1@fol.com if you have any questions about this advisory.