

# TDI

## Division of Workers' Compensation

# By the Numbers

### 89,667

claims filed in 2018, a 26% decline since 2004.



### 92%

of claims do not go through dispute resolution.



### 293

insurance carriers write workers' compensation insurance in Texas.



### 82%

(8 million) private employees are covered by workers' compensation.



### 81%

reduction in most addictive opioid prescriptions since 2011.



### \$2.31 billion

in total direct written premiums in Texas.

### 72%

of employers have workers' comp.

### 44%

decline in injury rates since 2005.

### 249,424

total policies written per year.



### \$0.76

per \$100 of payroll

rates have decreased by about 62% since 2005 reforms.

DWC regulates workers' compensation benefits in Texas. DWC ensures participants are in compliance with rules, helps resolve disputes with insurers and employers, and provides workplace safety and health services.

# Federal Military Treatment Facilities

Where do I send a copy of the first medical bill from an FMTF?

Fax a copy of the first medical bill received from the FMTF to **512-804-4673**.

Why does DWC need a copy of the first medical bill from an FMTF?

- Identify the claim for future data requests, monitor billing and payment, and
- provide education to the insurance carrier and the injured employee as needed.

# SB 2551

## Firefighter and EMT – cancer presumption

- §607.055 added types of cancers to the list which creates presumption.
- §409.021 (a-3) – Provides a third option – Notice of Continuing Investigation
  - NOI must include all steps the carrier has taken to investigate the injury and evidence the carrier believes is necessary to complete investigation.
- §409.022 (d-1) IC does not commit violation and has reasonable grounds for a refusal to pay benefits if IC has sent NOI as required by §409.021 (a)(3) AND §409.022 (d).
- §415.021 (c-2) , in determining penalties must consider **injured employee cooperation** and whether injured employee timely authorized access to **applicable medical records** before IC carrier deadlines and the **carrier conducted an investigation**, applied the **presumptions** and expedited **medical benefits**.

# Rules

- **Rule 124.2** Insurance Carrier Reporting and Notification Requirements
  - claims for benefits (first written notice of injury) under Chapter 607
  - three alternatives
  - elements of NOI
  - requirements for notice of denial.
- **Rule 124.3** Investigation of an Injury and Notice of Denial or Dispute
  - failure to file a timely Notice of Denial or Notice of Continuing Investigation
  - claimant is not required to expressly claim a presumption
  - IC required investigate compensability, liability and accrual of benefits regardless of whether a presumption applies.
- **Rule 180.8** Notices of Violation; Notices of Hearing; Default Judgments
  - 415.021 (c-2) - elements
- **Rule 180.26** Criteria for Imposing, Recommending and Determining Sanctions; Other Remedies
  - 415.021 (c-2) - elements

# Pain Pumps

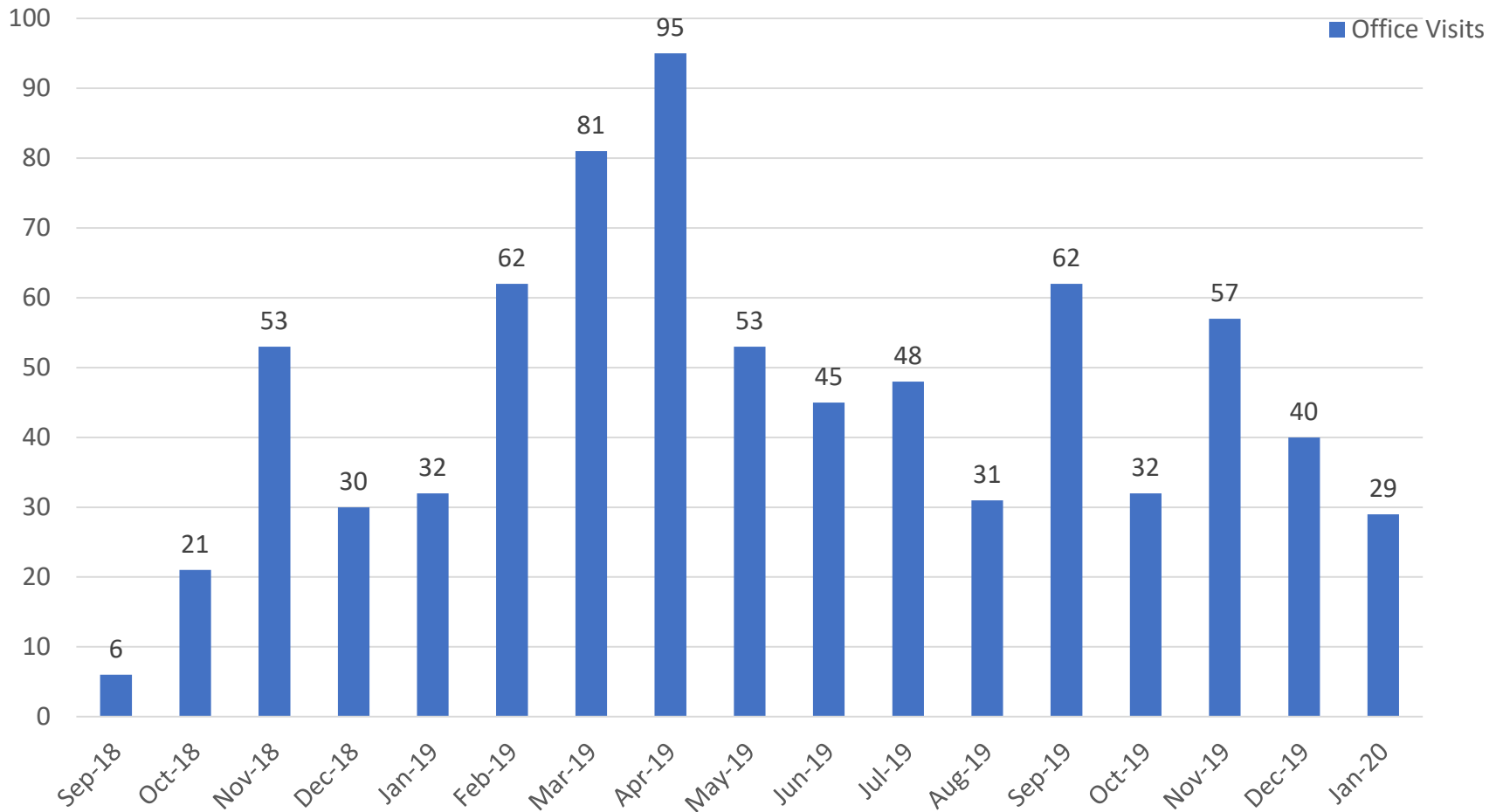
## TLC §134.530 (c)

Preauthorization of intrathecal drug delivery systems.

- requires preauthorization requests must include the prescribing doctor's drug regime plan of care, and the anticipated dosage or range of dosages for the administration of pain medication.
- Refills with drugs excluded from the closed formulary, **require preauthorization on an annual basis.** Preauthorization for these refills is also required whenever:
  - (A) the medications, dosage or range of dosages, or the drug regime proposed by the prescribing doctor differs from previous preauthorization by that prescribing doctor; or
  - (B) there is a change in prescribing doctor.

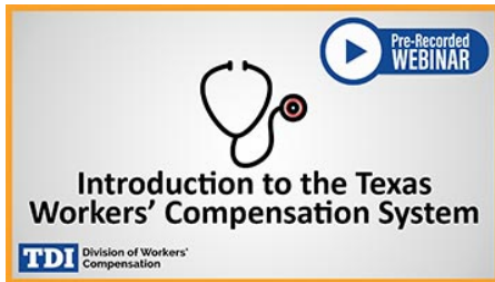
# Telemedicine Activity

## Office Visits



# HCP Training

## Training



[Watch more videos in this series](#)

### Live webinar topics

- Billing and Reimbursement for Designated Doctor Examinations and Required Medical Examinations
- Billing and Reimbursement for Maximum Medical Improvement and Impairment Rating Examinations by Certifying Doctors
- Certified Workers' Compensation Health Care Networks
- Determining Medically Necessary Health Care
- Dispute Resolution When Medical Bills are Denied for Compensability, Extent of Injury or Liability

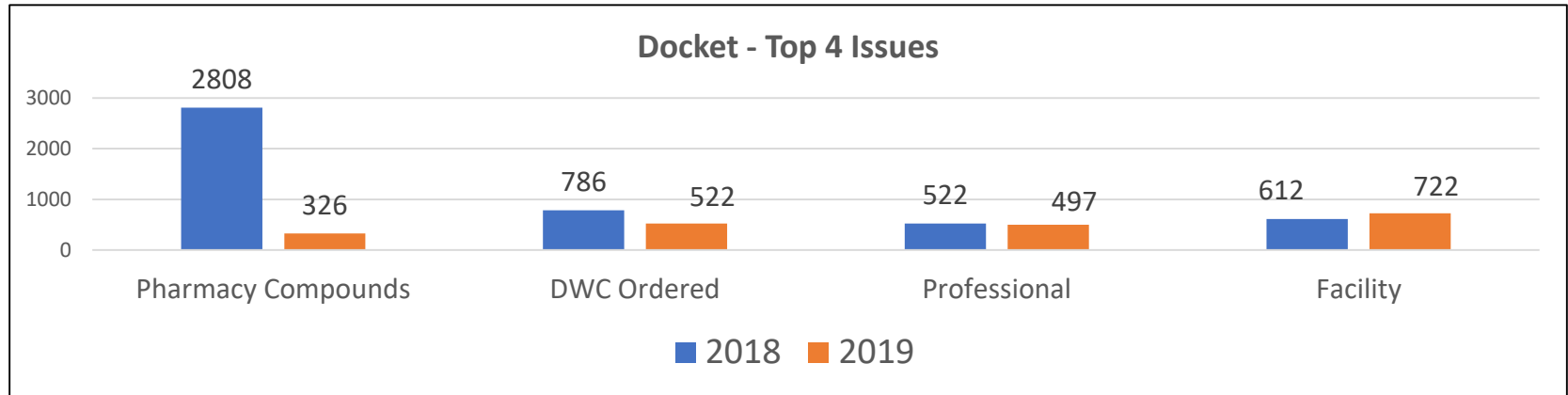
[Health care provider calendar](#)

### Pre-recorded topics

- [Introduction to Texas Workers' Compensation System](#)
- [Health Care Provider Roles and Responsibilities](#)
- [Identifying a Workers' Compensation Patient](#)
- [Medical Billing, Processing, and Payment](#)
- [Return to Work and the DWC Form-073, Work Status Report](#)

[Topic descriptions](#) | [YouTube playlist](#)

# MFDR



## Withdrawal Rates for 2019

- DD Ordered Exams: 420 of the 522 or 80% docketed in 2019 have been withdrawn due to payment by the carrier.
- Professional Services: 168 of the 497 or 34% docketed in 2019 have been withdrawn due to payment by the carrier.
- Facility Services: 164 of 722 or 23% docketed in 2019 have been withdrawn due to payment.

# Air Ambulance

## **Cases Pending at DWC**

The DWC's medical fee dispute resolution (MFDR) program stopped issuing medical fee decisions to air ambulance providers on February 5, 2016.

Below are the tallies for abated cases that are active and pending at MFDR as of February 24, 2020.

Air Ambulance Disputes Medical Fee Dispute Resolution Program	
Disputes	1748
Average Age From Receipt	959 Days
Billed	\$85.3 Million
Paid	\$15.7 Million
Disputed	\$69.6 Million

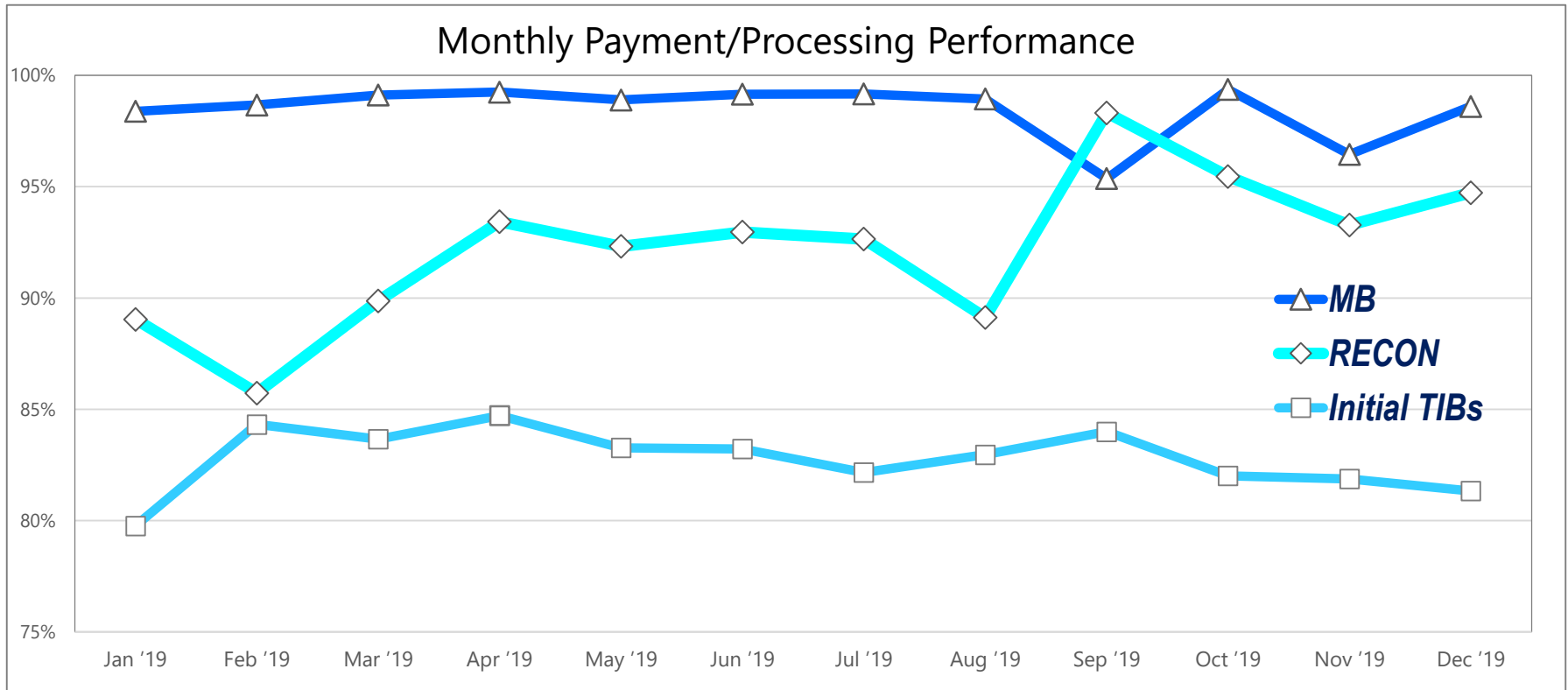
## **Cases Pending at SOAH**

There are also a number of cases that were decided by MFDR before February 5, 2016. Many of the decisions issued by MFDR were appealed to the State Office of Administrative Hearings (SOAH). SOAH has abated these appeals pending the outcomes of litigation.

Below is a total number of cases currently abated at SOAH.

Air Ambulance Disputes State Office of Administrative Hearings	
Disputes	416
Average Age From Appeal Date	1,565 Days
Disputed	\$8 Million

# CY2019 – Payment of Initial TIBs and Processing of Medical & Reconsideration Bill



Category	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sep '19	Oct '19	Nov '19	Dec '19
Medical Bill Processing	98.39%	98.67%	99.12%	99.25%	98.90%	99.16%	99.17%	98.94%	95.37%	99.37%	96.45%	98.61%
Reconsideration MB Processing	89.04%	85.73%	89.87%	93.43%	92.32%	92.96%	92.65%	89.12%	98.32%	95.46%	93.28%	94.73%
Initial TIBs Payment	79.76%	84.32%	83.66%	84.71%	83.27%	83.22%	82.16%	82.96%	83.99%	82.01%	81.87%	81.33%

# Performance Based Oversight (PBO)

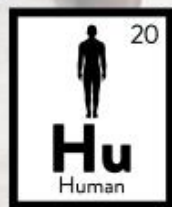
## 2020 Insurance Carrier Methodology Changes

- Selection based on volume of assessment period data (IC&HCP)
- Changes to IC measure weights:

Measure	2019 weight	2020 weight
Timely payment of initial temporary income benefits	40%	50%
Timely processing of initial medical bills	30%	30%
Timely processing of request for reconsideration medical bills	10%	10%
Timely submission of initial payment data via EDI	10%	5%
Timely submission of medical bill processing data via EDI	10%	5%



**MAY 19-21**  
**RENAISSANCE AUSTIN HOTEL**



**2020 TEXAS WORKERS'  
COMPENSATION CONFERENCE**  
**THE HUMAN ELEMENT**

**DWC**  
  
Division of Workers  
Compensation