

**Business Process Improvement (BPI)**  
**Maximum Medical Improvement TXCOMP Project**  
**Project Vision Documentation - March 2005**

**EXECUTIVE TECHNOLOGY AND PROCESSING OVERVIEW**

The Maximum Medical Improvement Project (MMI) is one of the final components for completion of Tier One of the TXCOMP Claim system and serves as the gateway to the Designated Doctor component of the Indemnity Dispute System and the Supplemental Income Benefits Project, slated for FY2006/07. This module is included within Tier One of the overall BPI Project Plan and it will establish the methods for collection and reporting of Maximum Medical Improvement (MMI) and Certification of Impairment Rating (IR), providing several mechanisms for customers to supply this vital information and setting up TXCOMP to fulfill the notification to parties to lessen the customers' expense of sending multiple copies to various participants. In our future business model, the Maximum Medical Improvement solution must be integrated for reporting information online, via XML as a batch of filings, or via data extraction off of a paper form (OCR) using our existing Tier One framework that includes workflow, document scanning and repository systems, EDI tools, correspondence and reporting engines, name and address standardization, the business rules engine, and the sending of required data elements from TXCOMP back to the legacy mainframe applications as needed.

**Current Process and Issues**

Currently, all TWCC-69 information is received as hard copy paper (approximately 150,000 annual volume) and is data entered into the legacy mainframe system via COMPASS (CROB 69). Due to volume we have not created new claims from forms with a 0% impairment rating if that was the only mail received. Today we data enter the doctor's license number (which is used to locate the doctor in the database and select from a list), the doctor's role in the claim for certifying MMI/IR (treating, designated, referral, RME, etc.), any applicable ICD-9 codes, whether or not MMI has been reached and the date, if any, whether or not the injury results in impairment, and the IR percent, if any, the concurrence of the treating doctor, if applicable, whether or not the certifying doctor and/or treating doctor signed the form and the date of signature. There is currently no means of collecting this data electronically. Additionally, the doctor must make copies and mail copies of the form to the insurance carrier, the injured worker, the representative, if any, TWCC, and the treating doctor if another doctor is filing the report. Additionally, staff must perform manual reviews of the system prior to processing the form to see if a certifying doctor is on the approved MMI/IR list and return the form with a cover letter to those who are not approved to take certain actions. The current system also generates an EES-60 letter to the certifying doctor in case any important elements on the form were left blank. This paper intensive back-end process provides the doctor an opportunity to correct the invalid or missing information either on the EES-60 letter itself or via another TWCC-69 form.

**Project/Process Vision:**

The TXCOMP Maximum Medical Improvement Solution will support the ability to use our optical or intelligent character recognition engine (OCR/ICR) to extract the data typed or written on the paper form which would reduce data entry for the annual form volume and shift the work to an error detection/correction process for data entry staff. This time savings would allow the TXCOMP system to create claims and process 0% impairment rating paper forms that are not processed today. The document management staff would return incomplete or invalid paper forms at the front-end of the process, thus entirely eliminating the need for the EES-60 correction process.

Additionally, TXCOMP would support an online version of the paper form that would verify a doctor's ability to certify MMI/IR on the front end of filing process and would allow the doctor to file what is required only once, with TXCOMP then submitting notifications to all parties of what has been filed by the doctor. As an added benefit for large volume providers, an XML schema will be developed for providers to send a file (or 'batch') of MMI/IR data via SFTP and TXCOMP would support notifying the electronically-carriers

to receive these notifications via XML as opposed to sending paper correspondence. Other parties would receive paper notifications generated by TXCOMP.

### **Project Objectives:**

This project satisfies several agency and BPI objectives:

- Elimination of all data entry of paper MMI/IR filings
- Overall paper reduction by providing alternative electronic methods to file the MMI/IR information
- Migration of all historical MMI/IR form data to TXCOMP from COMPASS
- Process cost savings to healthcare providers as TWCC sends notifications to parties and can send some notifications electronically, reducing overall system costs
- Enabling claim parties (excluding providers) to view MMI/IR information whether filed as paper (images), XML, or online
- Providing MMI/IR trading partners with a low cost SFTP option for sending & receiving data via XML

### **INITIAL PROPOSAL OF PROJECT ITERATIONS**

These phases are subject to change, but in order to break the project into manageable pieces, we will analyze as a whole but deploy in these proposed phases (subject to results of detailed analysis and design and the overall project schedule that must conclude by the end of FY07):

- Phase One - Migrate Current MMI/IR Process to TXCOMP
  - Includes OCR of paper MMI/IR filings (currently known as TWCC-69)
  - Includes data migration of MMI/IR form data for claims with dates of injury (DOI) on or after 01/01/1997
  - Includes notifying all participants of MMI/IR filed with TXCOMP (correspondence) and any required reports regarding form volume or data (i.e. performance measures, workload measures, system participant performance measures)
  - Includes new user interface webpage (UI) off of TXCOMP's Claim Profile Page to view a summary of MMI/IR filings on a claim and access a specific filing
  - Includes current MMI indicator data on the claim profile itself (indicates if MMI has been reached and provides statutory MMI date)
- Phase Two – Online filing of MMI/IR Reports
  - Includes online TXCOMP wizard (UI) to allow providers to submit MMI/IR information
  - Includes filing electronic attachments for MMI/IR reports
  - Includes data migration of MMI/IR form data for claims with DOI before 01/01/1997
- Phase Three – MMI/IR XML Intake
  - Includes receiving MMI/IR information (batch of forms) as data from providers via SFTP
  - Includes receiving attachments electronically in the same manner
- Phase Four – MMI/IR XML Output
  - Includes sending out MMI/IR information as data to e-enabled carriers who desire data instead of paper
  - Includes sending out attachments to carriers electronically

### **TXCOMP MMI/IR Project Scheduling Dependencies:**

- This project must happen AFTER the Notice solution is in production (requires establishment of the claim to have already occurred)
- Phase One of this project must occur BEFORE Phases Two through Four
- Phases Three & Four can occur concurrent to Phase Two and/or any subsequently scheduled TXCOMP project
- Providers cannot access claims (not a “claim party”), therefore a more complex matching routine will need to be built into the front end of Phase Two to protect confidential claim data while still allowing providers to ensure the MMI/IR forms filed online are matched to the appropriate claim.

## **Project's Role in Overall BPI Strategy**

- Ensure this project does not compromise strategic BPI initiatives and future modules scheduled to follow the implementation of the Maximum Medical Improvement Solution
- Decrease dependency on receiving and generating paper documents
- Expand existing functionality in order to allow for easier automated communication to, from, and between customers and ensure new systems and processes are flexible for the future
- Enable customers to self-serve for many processes that currently require TWCC staff intervention
- Simplify customers' processes and reduce process costs
- Limit exception processing and promote a single workflow where possible
- Balance the protection of confidential data while providing services and access to customers

### **The requirements phase of this initiative must consider:**

- The business requirements surrounding the need for a customer to interact with an online MMI/IR filing function; how such filings will be later viewed, modified, stored, and/or deleted.
- The online system must support correspondence that will be generated due to the filing of such information
- The business requirements surrounding the establishment of a paper form capable of accurate OCR/ICR (a data extraction process) processing so that MMI/IR data can be collected without any data entry volume for TWCC staff other than error correction.
- The business requirements around the XML intake of MMI/IR data into TXCOMP
- The business requirements around the XML output of MMI/IR data from TXCOMP
- The business requirements needed to extend the Claim Profile to include MMI Summary data
- The business requirements needed to establish a new UI for MMI/IR Summary Information
- Establish MMI/IR data transmission (SFTP) requirements
- Data requirements for migration of legacy data to TXCOMP and for TXCOMP to pass data back to COMPASS only to the extent that data is required for downstream processing (SIBS and/or Designated Doctor appointment processing)

### **Involved Roles**

Internal: Field Services, Customer Services, Medical Review, Compliance & Practices, Records Processing, Records Archiving, Hearings, Health & Safety, Agency Mail Intake, Strategic Planning, Return to Work Services, and BITS

External: Doctor Administrators, Doctors, and other healthcare providers, Injured employees and their representatives; Insurance carriers and their employees, Employers, MMI/IR Trading Partners and their employees

## **KNOWN SYSTEMS/PROGRAMS IMPACTED BY THE TXCOMP MAXIMUM MEDICAL IMPROVEMENT SOLUTION**

### **TXCOMP**

- Notice Solution
- Participant Solution
- Workflow (BPC)
- Datacap (OCR and paper form scanning)
- Address/Name Standardization Engines
- Corticon Business Rules Engine
- Correspondence Engine
- Crystal Reports
- Matching Logic Component (claims)
- Content Manager (document repository)
- Ascential EDI (for XML phases)

- IWay Mainframe Gateway (connection from COMPASS to TXCOMP)
- CLIP (Compass Legacy Interface Program to extract data for submission to COMPASS)

#### COMPASS

- CROB-69
- COMPASS Letters and Reports
- Interfaces to SIBS or other systems

#### **OUT OF SCOPE**

1. Anything pertaining to processing an Extension of MMI (current TWCC-57)
2. Any edits for downstream official actions based on impairment income benefits driven by an Impairment Rating (accelerations, advances, commutations, etc.)
3. Any technology not already interfaced; we will only leverage the systems and technologies already in place for TXCOMP for this release unless a solution is purchased and integrated into the architecture before this application is developed
4. Any two way interfaces from COMPASS to TXCOMP (as opposed to our standard one-way flow of data from TXCOMP to COMPASS) to use TXCOMP data for COMPASS processes such as SIBS or designated doctor systems. We will send all data needed to continue current processing "as-is" over to COMPASS.
5. Disputes pertaining to MMI/IR or requests for designated doctors to resolve MMI/IR issues
6. RME processing of appointments or requests related to MMI/IR issues