

**Business Process Improvement (BPI)  
Identifying Network Claims- TXCOMP Project  
Project Vision Documentation - December 2005**

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**EXECUTIVE OVERVIEW**

HB7 was passed during the 79<sup>th</sup> Legislative Session and provided for the establishment of healthcare networks within the Texas workers' compensation system. In order for the Division of Workers' Compensation to be able to determine the improvements within the system due to establishing network, data must be obtained that identifies whether healthcare services were provided inside or outside of a network. Additionally, it is important that Division staff and its external customers be able to contact an insurance carrier and determine if a particular claim is inside a network, and if so, which network. Staff also need the ability to be able to associate a network to a claim with the TXCOMP e-Claim system so that this information is available for future processing against that claim.

The purpose of this document is to describe the processes, as they are envisioned, that will satisfy these stated requirements at a high level. Stakeholder sessions will be convened in the future to discuss the processes described and finalize business requirements before systems or processes are implemented.

**Current Process and Issues**

This process does not exist today and must be established to satisfy the requirements defined in HB7.

**Project/Process Vision:**

**(1) Identifying Healthcare Services as Occurring Inside or Outside of a Network**

**Data Collection of Network Information on Medical Bill Transactions**

The IAIABC 837 medical bill data collection format was adopted by the Division in 2004. This format already includes the elements necessary to collect data as to whether the service indicated by the bill was within a network or not, and if so, which network. We propose that data element number 507 (DN507) become a mandatory field. This field is entitled "Provider Agreement Code" and its valid values are:

- H - HMO
- N - No Agreement
- P - Participation Agreement
- Y - PPO

By making this field mandatory, we can accomplish collecting this information without adding a new field to the standard format. Trading Partners would submit a value in this field or the bill would be rejected. If the service is outside the network, customers would populate this field with an N. If the service is within network as defined by HB7, customers would use the H value. If the service is provided under a contractual fee arrangement, customers would use the P value. When the field is populated with an N, we would not require the Managed Care Organization Name and License numbers to be populated, but we would conditionally require these elements if DN507 contained an H or P. Y would not be considered a valid value for reporting in Texas.

The work required to make this change is not significant, however, the specifications for the 837 project were frozen in May 2005, and we believe it would be unreasonable to insist this change be a prerequisite for approving a trading partner for production. We do believe we could inform stakeholders of the intent and the plan and then implement the edit in conjunction with the deadline for 2005/2006 historic bill data collection. This would ensure that the network data would be provided near time to the date when the first network bills would actually be submitted (approximately April 1, 2006).

**(2) Contacting an Insurance Carrier to Determine if a Particular Claim is a "Network Claim"**

**Data Collection of Network Administration Contact Information from Insurance Carriers**

TXCOMP already supports a process based on Rule 124.2(n)(1)-(3). According to this rule, insurance carriers must provide the Division with the contact information for their claim administration, coverage verification, medical billing, preauthorization, and pharmacy bill processes. This information may be

provided in the form of a web page URL that the customer can manage itself containing these items, or by submission of a form to the Division whereby we populate a web page on TXCOMP on the customer's behalf. We propose requesting that carriers provide the contact information for their network administration (name, address, phone, fax, and email) which would allow Division staff and the public at large to contact the carrier by looking up their contact information on the TXCOMP website in order to determine if a specific claim is in or out of network, and if in network, which network. This would require those carriers which host their own pages with links to TXCOMP to add this information to their existing contact page and carriers whose pages are maintained by DWC would provide this information so that we could modify their contact page online.

Implementation of this objective would require a modification to the Carrier Administration Contact Information (CACI) pages in TXCOMP to add the network administration fields and would require that carriers provide DWC with contact data for their network administration to populate these pages.

### **(3) Associating a Network to a Claim within the TXCOMP eClaim System**

#### Populating the Network Information within the Claim

There is a need for customers using the TXCOMP online system to view the network information at the claim level when it is available. Once a DWC staff member, or another individual with access to update an online claim, becomes aware of which network is covering a specific claim, the customer should be able to access the claim profile in TXCOMP and associate the network to the claim on a case by case basis, just as doctors or representatives are associated. The TDI-HMO Team would provide the Division with the name, FEIN and primary address information for each worker's compensation network certified so that we can add these approved networks to the TXCOMP database to ensure they are available for staff to select them from a list when associating networks to claims.

The implementation of this requirement would result in a modification to the Claim Profile page to add the network identification display fields and would require a modification to the Associate/Disassociate Participant process to allow customers to select the network they want to associate to the claim. We would need to track the history of network associations to the claim (start and end dates) as we do for doctors and representatives. This information would not be required to be migrated back to COMPASS and would reside only in TXCOMP.

### **(4) Determining if a Healthcare Provider is Associated with a Particular Network**

#### Data Collection of Providers in Networks

If it is determined that a public service should be provided as to which providers are in which networks, just as the public utilizes the ADL on TXCOMP today, we would need to add the ability for a health care provider to select networks they participate in from the TXCOMP database from the provider's Profile Page in TXCOMP. This could be collected simultaneous to a doctor providing their financial disclosure information which is already supported in TXCOMP from the provider's Profile Page. We would also modify Locate Provider to allow for a search for certain types of providers within a specific network.

This proposal would require modifications to Provider and would require notice to health care providers to provide this information. It is not envisioned that this requirement would be satisfied at this time but is documented here only to notify all stakeholders that the system can support this requirement should it be determined to be an essential service in the future.

**\*\* Only requirements 1 through 3 are intended to be satisfied within the first calendar quarter of 2006.**

#### **Project Objectives:**

This project satisfies the objectives of HB7 and the Requirements of the Division in the following ways:

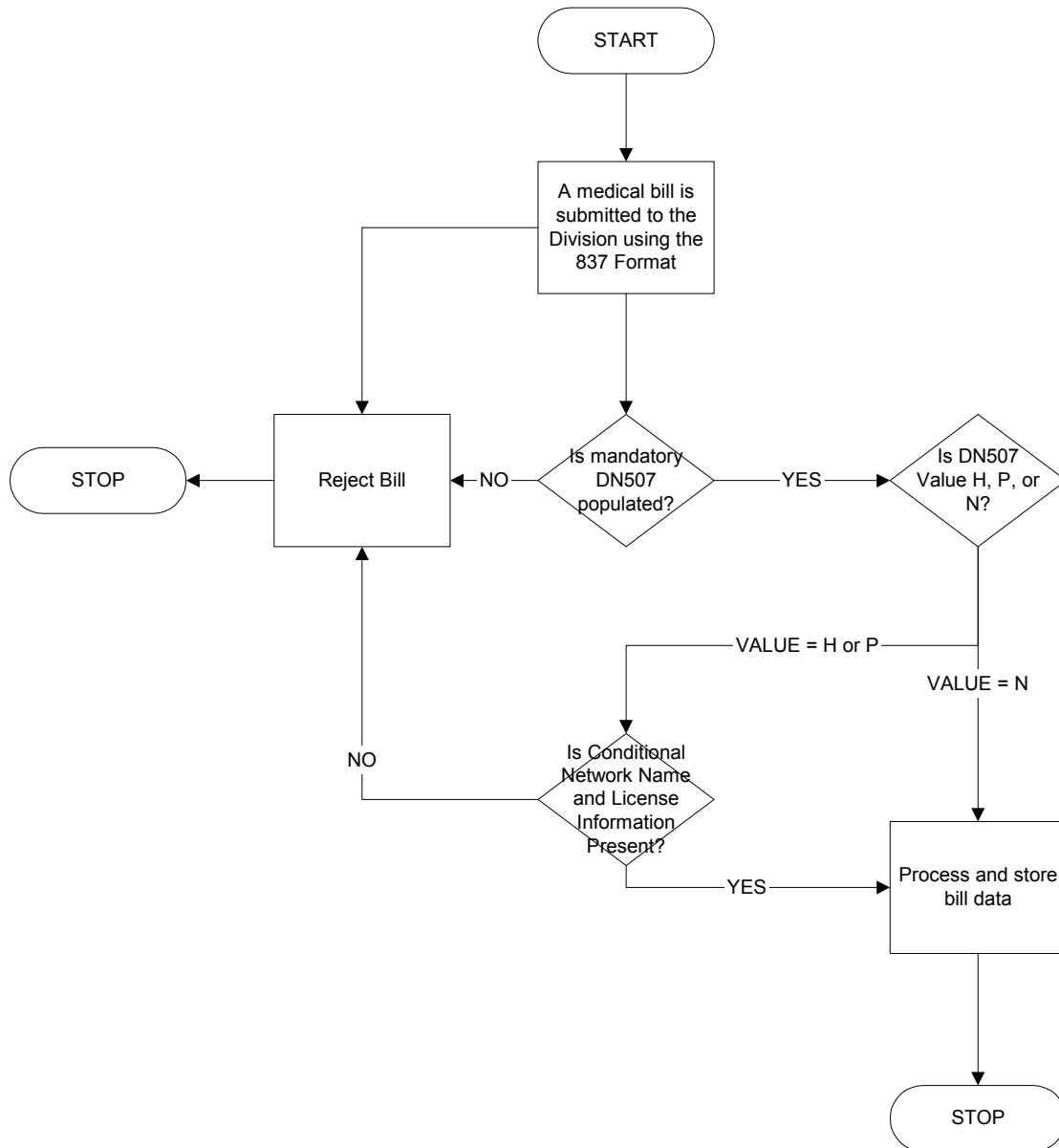
- Allows for data collection at a medical treatment/service level necessary for research and analysis of network-related outcomes
- Allows Division staff and all system stakeholders to determine if a claim is within a network to support downstream processing
- Allows for all customers viewing a claim online to know if a certain claim has been identified as a "network claim."

- Allows general public to locate doctors & determine if they are associated to a particular network

**PROPOSED PROCESS FLOW DIAGRAMS**

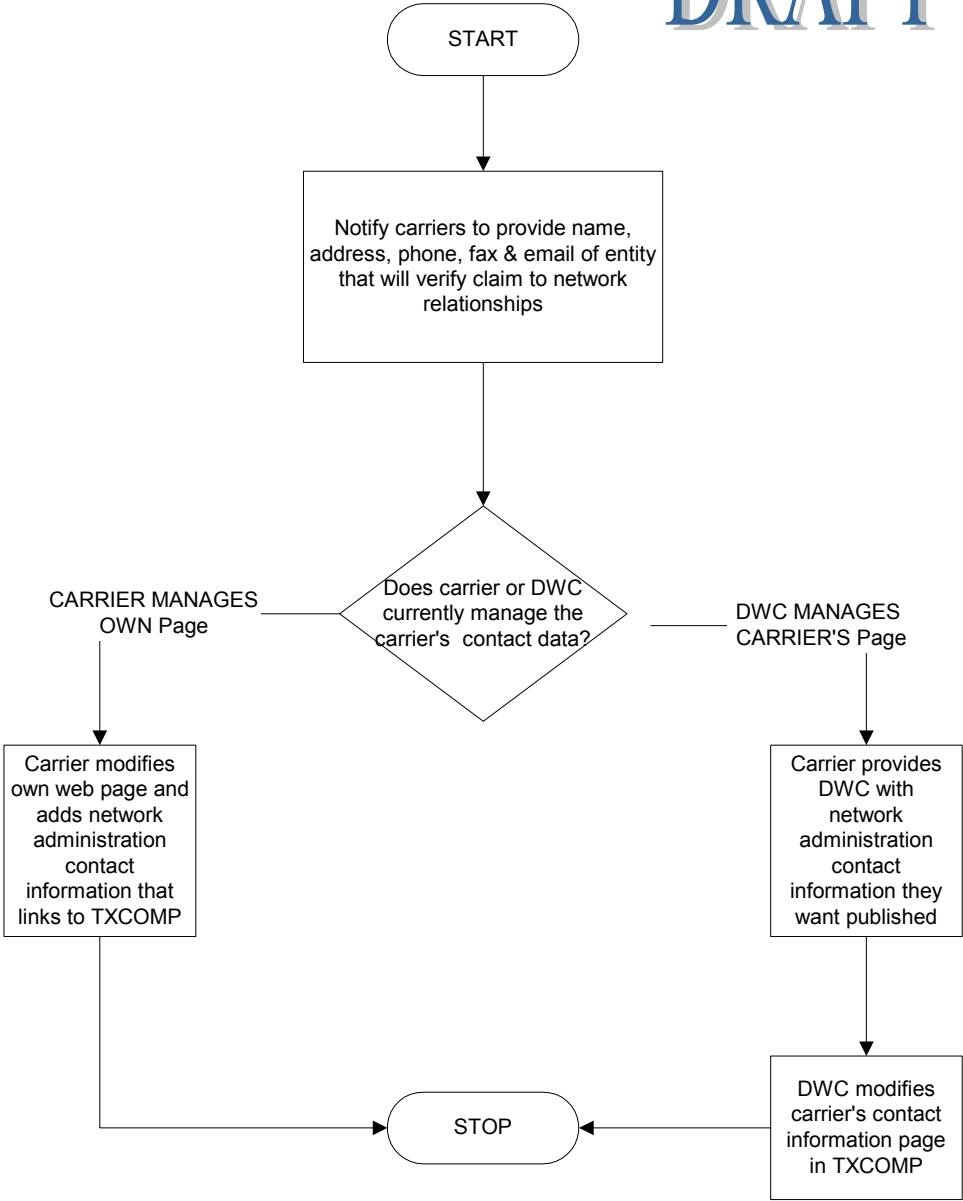
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**Identifying Network  
Service Using Medical  
Bill Date**



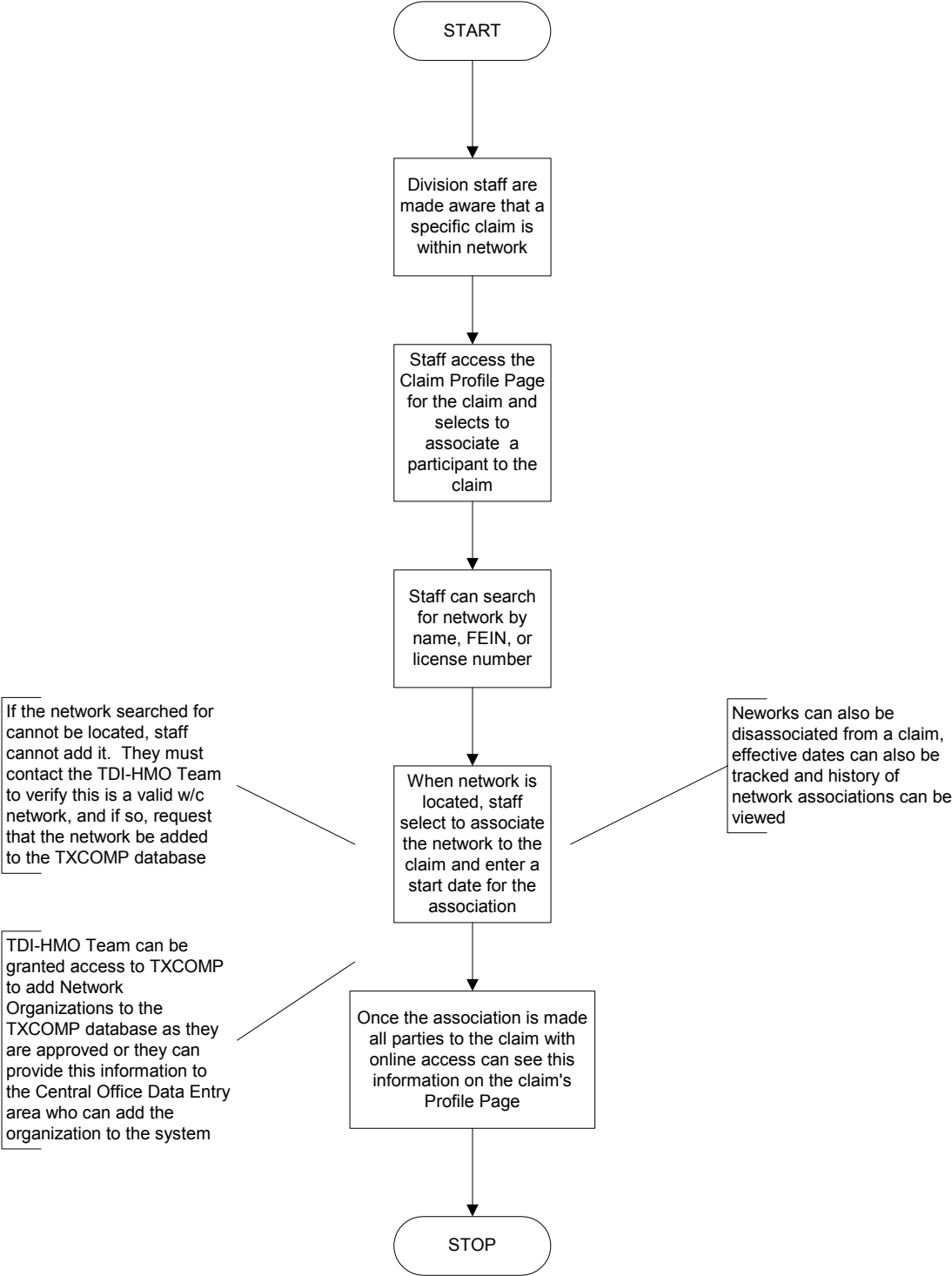
# Identifying Network Contact Information for Insurance Carriers

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# Identifying Claims as Being Associated to a Network in TXCOMP

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## **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 develop and potentially ploy 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 – Collect Network Data on Medical 837 Submissions
  - Includes notifying external stakeholders of intention to collect this data using the 837 format
  - Includes updating and re-publishing the Implementation Guide for the 837
  - Includes Modifying 837 Maps to Apply Edits to DN507 and if values are H or P, apply edits to conditional fields such as network name and license number
- Phase Two – Add Carrier Network Administration Contact Information to current CACI Pages
  - Includes notifying external stakeholders of intention to collect this additional CACI data (TDI Bulletin)
  - Requires carriers with own web pages to update their web pages
  - Requires carriers whose pages are hosted via TXCOMP to supply network administrator contact information
  - Requires modification to CACI update and view pages to add Network Administration Contact elements
- Phase Three – Associate Networks to Claims
  - Requires modifications to Associate/Disassociate Claim Participant pages to allow staff to search and select a network on a claim; requires network effectivity periods and history
  - Requires modifications to the Claim Profile Page to display the name of the network associated and access the network's details via the Organization Profile
  - Requires TDI-HMO Team to notify DWC when a workers' compensation network is approved and provide sufficient data (name, license, address, etc.) to add the new network as a participant in the system so that network is available for future selection or requires training on use of TXCOMP to TDI-HMO team to add networks as they are approved

Dependencies: All phases can be run concurrently assuming sufficient resources are available.

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

- 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

### **Involved Roles**

Internal: Field Services, Customer Services, Medical Review, Compliance & Practices, Records Processing, BPI Program Area, Research and Evaluation Group, Strategic Planning, Return to Work Services, and ITS

External: Insurance carriers, EDI trading partners, Network Administrators

## **KNOWN SYSTEMS/PROGRAMS IMPACTED BY THE TXCOMP NETWORK IDENTIFICATION SOLUTION**

### TXCOMP

- Notice Solution
- Participant Solution
- Address/Name Standardization Engines
- Corticon Business Rules Engine
- Matching Logic Component (matching against existing organizations)
- Ascential EDI – DataStage TX (for 837 Map Edits)

### COMPASS

- None (no data for this initiative will migrate to COMPASS)

## **OUT OF SCOPE**

1. Anything pertaining to managing which providers are affiliated with which networks
2. 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