



URA and IRO Renewal Application Process

The HWCN Division has modified the URA application to make it easier for the applicant to make necessary changes during the review process.

Some of the new changes to the application process are as follows:

- Checklists are provided to the applicant with requirements and citations;
- Page numbers and line numbers are required to facilitate the review;
- Biographical affidavits/addendums and fingerprint processing are required for every officer, director, or executives appointed **on or after January 1, 2007**.

For more information about the URA application and to obtain the forms, please visit our link at <http://www.tdi.state.tx.us/hmo/indexura.html>.

When to Renew for URAs

Renewals and fees are not applicable to Registered URAs.

A **registered URA** is a licensed insurance company or health maintenance organization that performs utilization review only for its own insureds or enrollees.

A **certified URA** is a certified entity that conducts utilization review for a health benefit plan or health insurance policy; also a payor or an administrator holding a certificate of authority under [Chapter 4201](#).

Each URA that is applying for renewal of its certification is required to renew every two years after the date of certification and pay a non-refundable renewal fee of \$545.

Table of Contents

New Version of the IRO Request Form	2
Accuracy Makes All the Difference	2
Workers' Compensation IRO Decision Appeals	3
HMO "Annual Filing"	3
Service Area Expansions/Reductions	4
Complaint Handling	4
Real or Rumor	6
Meet TDI Staff Member Emery Robinson	6
Calendar of Events	6

Please remember that if the renewal application is not received by the Department on or before the date of expiration, the certification will automatically expire and the URA must submit a new original application and filing fee.

Material Changes

After issuance of a URA's certification/registration, the URA must file with the Department **any material changes in the information in the application or renewal form** no later than the 30th day after the date on which the change takes effect. Examples of material changes include but are not limited to: new officers and directors, changes in the organizational structure, changes in contractual relationships, changes in the utilization review plan, or changes to the contact person.

Independent Review Organization (IRO) Renewal Applications

Each IRO is required to renew their certification on an annual basis. The IRO must submit the renewal application, all other required information and pay a non-refundable renewal fee of \$200; **30 days prior to the expiration of the certification**.

If the IRO fails to submit its renewal application at the required time, the IRO will not receive any new review assignments. Assignment of reviews will resume upon receipt of the renewal application as long as the application and all other required information is received prior to the expiration of the current certification.

Please remember if the certification expires, the IRO must submit a new original application and filing fee.

For more information about the IRO application and to obtain the forms, please visit our link at <http://www.tdi.state.tx.us/hmo/indexiro.html>.

Material Changes

After issuance of an IRO's certification, the IRO must file with the Department **any material changes in the information in the application or renewal form** no later than the 30th day after the date which the change takes effect. Examples of material changes include but are not limited to: changes relating to physicians and providers performing independent review, new officers and directors, changes in the organizational structure, changes in contractual relationships or changes to the contact person.

New version of the IRO Request Form

As of April 2008, a new version of the Request For Review By An Independent Review Organization LHL009 form became available online at <http://www.tdi.state.tx.us/forms/form9iro.html>. Spanish and English versions of the form are available in either PDF or Word format. The form and instructions are available on the TDI website. Please remember to send the completed LHL009 form **back to the company that sent you the denial letter** and not to TDI. Once the case is assigned please **send all medical records to the assigned IRO listed on your assignment letter** and not to TDI. If you have any further questions concerning the new LHL009 form, please call the HWCN division at **1-866-554-4926**.

Accuracy Makes All the Difference

Prior to submitting an online *Request for Review by an Independent Review Organization (IRO) Form*, a carrier or utilization review agent (URA) must ensure that all information entered online as well as the supporting documentation (LHL009 form and adverse determination notices) is accurate and complete.

The information the HWCN Division receives from a carrier or URA is forwarded to an assigned IRO, who will use the information for purposes such as but not limited to:

- determine whether any conflicts of interest exist between the IRO, the IRO reviewer, and any of the parties listed;
- identify the appropriate type (specialty) of health care provider to perform the IRO review;
- contact involved parties or providers to request additional information if needed;
- bill the appropriate party for IRO fees; and
- notify the parties of the IRO's decision.

Once an online IRO request form is submitted, no changes can be made to the form. Inaccurate and incomplete information can delay assignment of an IRO request, and could prevent involved parties from being notified of an IRO's decision. When a carrier or URA becomes aware it has submitted an online IRO request form that contains inaccurate or incomplete information (carrier/URA information, contact names, addresses, provider and patient/injured employee information, initial and appeal/reconsideration reviewer information, etc.), the carrier or URA should immediately notify the HWCN Division so we can notify the IRO.

Any questions pertaining to the IRO process or related rules can be addressed to the HWCN Division by calling **1-866-554-4926** or via e-mail at **HWCN@tdi.state.tx.us**.

Workers' Compensation IRO Decision Appeals

The Texas Administrative Code §133.308 has been revamped to include appeal rights for non-network workers' compensation. This revision allows non-network workers' compensation participants to appeal an IRO decision by requesting a hearing before the State Office of Administrative Hearings (SOAH) or Contested Case Hearing (CCH). Effective May 25, 2008, all requests for appeal hearings must be requested in writing no later than 20 days from the date of the IRO decision as follows:

- Retrospective medical necessity dispute with an amount billed of greater than \$3,000 for other than spinal surgery may request a hearing before SOAH.
- Retrospective medical necessity dispute with an amount less than \$3,000 for other than spinal surgery may request a hearing before CCH.
- Preauthorization or concurrent review for other than spinal surgery must request a hearing before CCH.
- Prospective or concurrent review of spinal surgery may request a hearing through CCH.

A request for appeal of an IRO decision before SOAH or CCH must be sent in writing to:

Texas Department of Insurance
Division of Workers' Compensation
Chief Clerk of Proceedings
P.O. Box 17787
Austin, Texas 78744
Appeal Questions, Call toll-free: **1-800-252-7031**
Local: **512-804-4038** or **512-804-4075**

Appeals of IRO decisions for certified workers' compensation networks are handled through the Travis County District Court by filing a petition no later than the 30th day of receipt of the IRO decision.

HMO "Annual Filing" - Premium Rates/Actuarial Certification

Each application to obtain a certificate of authority to operate an HMO in Texas must include a copy of the "schedule of charges" for the HMO's first 12 months of operation. An HMO "schedule of charges" is the specific rates or premiums that the HMO will charge enrollees and any dependents for coverage. After operating for its initial 12 months of receiving its Texas license, each HMO must submit a new or revised "schedule of charges" for the next 12-month period and must continue to submit a rate(s)/premium(s) filing for every subsequent 12-month period.

Under Texas' requirements, no "schedule of charges," formula or method for calculating the "schedule of charges" may be used until a copy with supporting documentation has been filed with the Commissioner of Insurance.

If the formula or method for calculating the "schedule of charges" or the resulting rates are to be continued beyond a one-year period, the HMO must file with the commissioner, by each anniversary of the effective date of the original filing, an actuarial statement stating that the previously-filed formula or method has been consistently applied and that the rates charged have proven to be and are expected to continue to be adequate, not excessive, nor unfairly discriminatory.

Service Area Expansions/Reductions

Each application to obtain a certificate of authority (COA) to operate a health maintenance organization (HMO) or a certified Workers' Compensation Network (WCNet) in Texas must include a description of the applicant's proposed geographic service area(s). After the Commissioner of Insurance issues the certification, the HMO or WCNet may expand or reduce the area within which it operates. Before doing so, however, the HMO or WCNet must submit a request for service area expansion (SAE) or service area reduction (SAR) for approval by the commissioner.

The requirements that apply to an HMO SAE/SAR are described in Title 28 Texas Administrative Code §11.302, "Service Area Expansion or Reduction Applications."

The requirements that apply to a WCNet SAE/SAR are described Chapter 10 of the Texas Administrative Code, at 28 TAC §10.26, "Modifications to Service Area."

Before the Department may consider a service area modification, the HMO or WCNet must be in compliance with all applicable requirements.

Complaint Handling

The Health and Workers' Compensation Networks Certification and Quality Assurance (HWCN) division converses with wide variety of entities from HMOs to IROs to Workers' Compensation Networks and just about everything in between. This means we also handle complaints regarding the aforementioned entities. However, there are some complaints that HWCN may not handle. The following are some of the common types of complaints we receive that we may not have regulatory authority to conclude and a contact address for the entity that does have regulatory authority over these types of complaints.

TRADITIONAL MEDICAID

HHSC Claims Administration and Contract Management
Texas Health and Human Services Commission
Mail Code 91-X
P.O. Box 204077
Austin, TX 78720-4077

MEDICAID STAR OR STAR-PLUS PLANS

Resolution Consultant
Health Service Operations
Texas Health and Human Services Commission
Mail Code H-320
1100 West 49 Street
Austin, TX 78756

MEDICARE

Centers for Medicare and Medicaid Services
Dallas Regional Office
1301 Young Street, Room 833
Dallas, TX 75202

Continued on page 5.

Complaint Handling *continued from page 4*

SELF-FUNDED PLANS (ERISA)

Div of Tech Assistance and Inquiries
U S Department of Labor
PWBA N5619
200 Constitution Ave NW
Washington DC 20210

Dept. of Labor's Employee Benefits Security Administration
Federal Bldg Rm 707
525 S Griffin St
Dallas TX 75202-5025

The entities mentioned above are not all inclusive of those which TDI does not handle, however; they are some of the more common complaints we come across. By sending your complaints to the right place, you can help to expedite the resolution of those complaints as quickly as possible.

Employer and Provider Workers' Compensation Workshops

The TDI Health and Workers' Compensation Network Certification and Q&A Division (HWCN) hosted workshops about certified Workers' Compensation Health Care Networks (WCNet) for employers and providers in San Antonio and Austin, Texas. The intent of the Employer and Provider Workshops was to provide a format for employers to engage, network, as well as, gain a better understanding of workers' compensation coverage in the State of Texas. Staff from TDI-HWCN and TDI Division of Workers' Compensation (TDI-DWC) presented multiple topics which entailed extremely beneficial information such as: "How to choose and locate a WCNet"; "Return to Work and Safety"; "Required Provider Contract Provisions"; and "Treatment Guidelines." The power point presentations used at these workshops are available on line at http://www.tdi.state.tx.us/wc/wcnet/HWCN_August_Con.html.

Did you Know?

The HWCN Division has a New Deputy Commissioner.

We are pleased to announce that Debra Diaz-Lara has been selected Deputy Commissioner for the HWCN Division effective September 1, 2008.

Internet Assistance

The Texas Department of Insurance website has been re-designed. The re-design took place in an effort to streamline the webpage to make it easier for public use. If you come across any problems with the new web page or just need some help navigating it, please call us at **1-866-554-4926**.

Real or Rumor

Can a Health Maintenance Organization Primary Care Physician (HMO-PCP) be a treating doctor under a certified Workers' Compensation Network?

Yes, this is real. An HMO PCP can be a treating doctor so long as the HMO PCP was selected by the injured employee prior to the employee's injury. The HMO PCP must also agree to abide by the terms of the certified workers' compensation network's contract. For more information regarding treating doctor selection please see [28 TAC §10.85](#).

Meet TDI Staff Member Emery Robinson

Emery Robinson is the Divisional Trainer for the Health & Workers' Compensation Network Certification & Quality Assurance Division. Emery plans and coordinates departmental training initiatives as directed by the Deputy Commissioner and Division Management. Emery meets regularly with team leads and key divisional staff, who act as liaisons to the functional areas, in order to identify training opportunities. Although Emery thoroughly enjoys every aspect of serving the public as a state regulator and Divisional Trainer, his most coveted assignment at the Department is that of public speaker. Emery is frequently involved in education and training conferences and seminars conducted by the Texas Department of Insurance and is often invited to speak at seminars sponsored by local and statewide health service entities and employers.

Emery is no stranger to the health care insurance industry, beginning his career in health insurance in 1994. Emery continued his career with several companies, to include: Blue Cross and Blue Shield of Florida, Pacificare/Secure Horizons, and Transamerica Life Insurance Company. Emery began his career with the Texas Department of Insurance in September 2007.

CALENDAR OF EVENTS

Network Applicant Conference Call

1-888-387-8235 - passcode 6622666

Thursday,	October 9,	2:00-3:00 p.m. CST
Thursday,	November 13,	2:00-3:00 p.m. CST
Thursday,	December 11,	2:00-3:00 p.m. CST

Provider/Office Manager Conference Call

1-888-387-8235 - passcode 6622666

Tuesday,	October 14,	2:00-3:00 p.m. CST
Tuesday,	November 18,	2:00-3:00 p.m. CST
Tuesday,	December 9,	2:00-3:00 p.m. CST