To: Persons Interested in Workers’ Compensation Issues  

From: Steve Nichols, Manager, Workers’ Compensation Services  

Re: Report on DWC’s July 29, 2015 Quarterly Insurance Carrier Meeting  

This bulletin is intended to provide Insurance Council of Texas members with a report on the Texas Department of Insurance’s Division of Workers’ Compensation July 29, 2015 Quarterly Insurance Carrier Meeting.  

The Division of Workers’ Compensation (DWC) held a Quarterly Insurance Carrier Meeting on July 29, 2015. The meeting was held at the DWC’s central office in Austin, Texas.  

Executive Summary  

Commissioner of Workers’ Compensation Ryan Brannan made brief opening remarks. See Page 2 of the bulletin.  

DWC staff presented updates on:  

(1) Health Care Management Update;  

After opening remarks by Commissioner of Workers’ Compensation Brannan, Matthew Zurek, Executive Deputy Commissioner of Healthcare Management & System Monitoring, provided a health care management update which included a discussion of the transition from ICD-9 to ICD-10 diagnostic codes with the Texas workers’ compensation system. See Pages 2 – 5 of the bulletin.  

(2) Complaint and Data Monitoring Update;  

Teresa Carney, the DWC’s Director of System Monitoring & Oversight, provided an update on complaints received and acted upon by the DWC as of June 30, 2015. See Pages 5 – 10 of the bulletin.  

(3) Enforcement Update;  

Sandra Nicholas, TDI’s Associate Commissioner Enforcement and Leah Gillum, Team Leader of the Workers’ Compensation Litigation Office, provided an update on workers’ compensation enforcement activities. See Pages 10 – 12 of the bulletin.  

(4) Office of Medical Advisor Activities Update;  

Mary Landrum, Director of Health Care Business Management, provided an update on the activities of the Office of Medical Advisor (OMA) and the Medical Quality Review Panel (MQRP). See Pages 13 and 14 of the bulletin.
The following meeting agenda items were presented and discussed during the meeting:

**Opening Remarks by Commissioner of Workers’ Compensation**

Commissioner of Workers’ Compensation Ryan Brannan welcomed the meeting participants. The Commissioner said his staff would be providing an excellent update on several system issues and processes.

**Health Care Management Update**

Matthew Zurek, Executive Deputy Commissioner of Healthcare Management & System Monitoring, reported that the DWC has continued to monitor prescription drug compounding. He noted that the DWC has been reviewing what they believe to be data associated with compounded drugs. Zurek said that the “filler” used in drug compounding aids in the DWC’s efforts to identify compounded drugs.

Zurek noted that the DWC now has an idea what drug compounding data looks like and can now take a closer look at trends associated with the prescribing of compounded drugs. He had previously reported that the medical state reporting data the DWC was receiving made it hard to determine what is actually happening with drug compounding.

Zurek said that the DWC is seeing data which may indicate that pharmacy bills associated with compounded drugs are being “rolled up” when reported to as part of the medical state EDI reporting process.

Zurek reminded the meeting attendees that preauthorization for compounded drugs is only required when there is an N drug included in the compound. The DWC publishes an updated list of Appendix A of the *ODG Workers' Compensation Drug Formulary* which is updated monthly upon receipt from ODG’s publisher, the Work Loss Data Institute.

*Author’s Note: An N drug is any drug identified with a status of "N" in the current edition of the Official Disability Guidelines Treatment in Workers' Comp (ODG), Appendix A, ODG Workers' Compensation Drug Formulary, and any updates from the DWC.*

The “N” drug designation means that a drug is not included in the drug formulary and require preauthorization. Investigational or experimental drugs are not yet broadly accepted as the prevailing standard of care, and require preauthorization as well.

Zurek reported that the DWC has heard from stakeholders who have expressed concerns with significant cost increases associated with compounded drugs. He requested that insurance carriers provide the DWC with data and examples of how the compounding of prescription drugs is increasing system prescription drug costs.

Zurek said that the DWC has been looking at prescription drug costs from 2010 – 2014 and has noticed that there is an increase in system prescription drug costs. He specifically noted that the data indicates an increase in the costs associated with compounded drugs.
Zurek noted that the cost increase is not associated with the number of prescriptions but rather with the actual costs of the drugs. He noted that the DWC is not at the point where they can determine what is driving the cost increase of compounded drugs.

Trey Gillespie of the Property Casualty Insurers’ Association of America (PCI) asked Zurek if the DWC is seeing an increase in the number of prescriptions and prescription drug costs.

Zurek responded and noted that the DWC is seeing an increase in the cost of prescription drugs without a corresponding increase in the number of prescriptions being written and filled. The DWC is reviewing billing data in an attempt to identify compounding agents that are used to compound the drugs so that we can identify specific trends and costs associated with compounding.

Trey Gillespie of PCI asked Zurek if the DWC is seeing some commonly used compounding agents and, if so, what are the most common compounding agents.

Zurek said that the DWC is not at the point yet wherein they can identify the most common compounding agents used to compound drugs.

Trey Gillespie of PCI asked Zurek if the billing data related to prescription drugs is improving enough for the DWC to be able to identify compounded drugs.

Zurek said that most prescription drugs are electronically billed. He noted that the DWC is seeing what appears to be the billing for compounded drugs being “rolled up.” Zurek also noted the DWC is still reviewing the data to determine if that is the case. He said the DWC still does not have a clear enough picture as of yet that allows us to identify all compounded drug bills. Zurek said the DWC is working towards that.

Teresa Carney, the DWC’s Director of System Monitoring & Oversight, noted that there are loops missing in the International Association of Industrial Accident Boards and Commissions’ Release 1.0 and 2.0 electronic reporting formats that makes it difficult insurance carriers to transmit data associated with compounded drugs to the DWC. DWC rules require each ingredient of the compound medication be listed separately along with the prescription number. She noted that the data that the DWC is seeing does not always include the prescription number for each ingredient or the compounding fee. Carney said that makes it challenging for the DWC to identify when a compounded drug has been prescribed, billed for and paid.

Jaelene Fayhee of myMatrixx asked Matt Zurek if the DWC is able to drill down on every bill to the prescribing physician level and noted that it would be helpful if the DWC was able to review compounded prescription drug prescribing patterns and costs at the prescribing physician level in the future.

Zurek said the DWC needs to be sure that they are seeing compounded drugs and develop an understanding of what the data related to compounded drugs is revealing before drilling down to the prescribing physician level before the DWC can determine how to address compounded drugs in the Texas workers’ compensation system. He noted that it would be nice to also know outcomes associated with compounded drugs in the future as well.
Note: Rule 134.807(f)(2) emphasizes the requirement that an insurance carrier must report the same prescription number for each reimbursable component of the compound medication, including the compounding fee. The amendment was deemed necessary by the DWC to ensure that each reimbursable component of the compound medication, including the compounding fee, is linked to the same prescription number. Compliance with this state medical reporting requirement may allow the DWC to be able to identify compounded drugs easier.

Jaelene Fayhee of myMatrixx asked Matt Zurek if the closed drug formulary is having an impact on return-to-work. Zurek said TDI’s Workers’ Compensation Research and Evaluation Group (WCREG) is currently researching what impact the formulary is having on return-to-work and noted that he is not sure where the WCREG is at with their research of that issue.

Zurek reported that the American Medical Association, Texas Medical Association, New York Medical Association and other state medical associations had petitioned the Centers for Medicare and Medicaid and U.S. Congress to delay the transition date for a second time. He said that Medicare is firm on the effective date of the transition from the ICD-9 diagnosis code sets to the ICD-10 diagnosis code sets. As such, the Texas workers’ compensation system will transition to the ICD-10 diagnosis code sets on October 1, 2015.

Zurek remind everyone that the DWC had published a memorandum reminding system stakeholders of the October 1, 2015 ICD-10 implementation date and noted that all health care services provided on or after October 1, 2015 must be billed with ICD-10 diagnosis codes or ICD-10 procedure codes as appropriate pursuant to Section 413.011(a) of the Texas Labor Code. This requirement includes medical bills submitted electronically and on paper forms.

Zurek reported that the DWC has launched an ICD-10 transition webpage on the TDI website. He noted that the DWC has also posted a training video that discusses the ICD-9 to ICD-10 transition on the agency’s website.

Zurek asked that the insurance industry consider the following points associated with medical bills and ICD diagnosis codes:

1. The use of ICD-10 diagnosis codes is mandatory October 1, 2015;

2. Health care providers, insurance carriers, clearinghouses, and billing services that participate in the Texas workers’ compensation system must be prepared to comply with the requirement to use and accept ICD-10 diagnosis codes;

3. Health care providers have 95 days from the date of service to submit bills for health care provided to injured employees. As such, insurance carriers could receive medical bills that have dates of service prior to October 1, 2015 and dates of service that fall on or after October 1, 2015 with both ICD-9 and ICD-10 diagnosis codes included on the medical bills;

4. The actual date of services determines whether ICD-9 or ICD-10 codes must be submitted with the medical bill – not the date that bill was submitted. Medical bills with dates of service prior
to October 1, 2015 must include ICD-9 diagnosis codes. Medical bills with dates of service on or after October 1, 2015 must include ICD-10 codes.

(5) The DWC is following the medical billing and payment policies of the Centers for Medicare and Medicaid Services (CMS). CMS has informed health care providers that they must submit ICD-10 codes from the appropriate family of codes during the first year that ICD-10 codes are required to be submitted. After the one year period of time, health care providers will be required to submit more specific codes.

(6) The DWC considers medical bills that include the correct family of ICD-10 codes to be complete bills for the purpose of processing and reporting by insurance carriers. If medical bills have the correct family of ICD-10 codes listed on the bill and the bill is returned, the DWC will deem the insurance carrier’s or their vendor’s action to be out of compliance with the Chapter 133 medical bill processing rules.

Note: CMS has established an ICD-10 Resource Web Page that includes helpful information about ICD-10 diagnosis codes and ICD-9 to ICD-10 General Equivalence Mappings divided into ICD-10-CM and ICD-10-PCS sections. The web page also includes CMS-AMA flexibility guidance as it pertains to reporting the appropriate ICD codes from the correct family of codes.

Zurek concluded his update by asking that if insurance carriers and/or their see any issues with the submission of ICD-10 diagnosis codes on workers’ compensation medical bills, that they contact the DWC.

Complaint and Data Update

Teresa Carney, the DWC’s Director of System Monitoring & Oversight, provided an update on complaints received during Calendar Year 2014 and the actions taken by the DWC on the complaints.

Carney reported that the DWC has received 2,115 complaints for Calendar Year (CY) 2015 as of the end of June 2015. She noted the DWC has been receiving an average of 350 complaints per month during CY 2015.

Carney said that compared to the number of complaints received in CY 2014, there has been a 20 percent drop in the number of complaints received in 2015. She noted that the number of complaints associated with EDI data error issues and designated doctor exams and reports are down.

Source: Texas Department of Insurance’s Division of Workers’ Compensation, June 2015
Carney provided the following report on the number of complaints received by category:

### Complaints Received in CY 2015 by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance</td>
<td>79</td>
</tr>
<tr>
<td>Communications</td>
<td>915</td>
</tr>
<tr>
<td>Fraud</td>
<td>70</td>
</tr>
<tr>
<td>Indemnity Benefit Delivery</td>
<td>193</td>
</tr>
<tr>
<td>Medical Benefit Delivery</td>
<td>704</td>
</tr>
<tr>
<td>Other</td>
<td>19</td>
</tr>
<tr>
<td>Quality Of Care</td>
<td>135</td>
</tr>
</tbody>
</table>

Source: Texas Department of Insurance’s Division of Workers’ Compensation, June 2015

Carney provided the following breakdown of the types of complaints that were received:

1. **915 Communications Complaints** which included
   - (a) Late DWC-69s, Report of Medical Evaluation;
   - (b) Failure by the treating doctor to provide medical records to designated doctors;
   - (c) Failure to submit non-medical electronic data interchange (EDI) data for first report and subsequent reports of injury.

2. **704 Medical Benefit Delivery Complaints** which included 144 insufficient reasons for denial of payment of a medical bill, 116 medical fee dispute resolution issues that were referred to the DWC’s Medical Fee Dispute Resolution Section and 115 instances of late payment of medical bills.

3. **193 Indemnity Benefits Payment Complaints** which included late initiation of temporary income benefits, late payment of subsequent temporary income benefits, and failure to pay the designated doctor’s bill.

Carney reported the following actions taken by the DWC after the complaints were investigated:

### Closure Outcomes for Complaints Received in CY 2015 by Category

Source: Texas Department of Insurance’s Division of Workers’ Compensation, June 2015
Complaint Determinations and Case Dispositions

<table>
<thead>
<tr>
<th>Determination/Closed</th>
<th>Total</th>
<th>Closed with Education Letter Or No Action</th>
<th>Referred to Enforcement</th>
<th>Closed with Warning Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed Complaint</td>
<td>320*</td>
<td>167</td>
<td>98</td>
<td>32</td>
</tr>
<tr>
<td>Closed, To be Monitored</td>
<td>564</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Confirmed</td>
<td>438</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Closed</strong></td>
<td>1,322</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 23 other cases were in the process of being closed (disposition unknown).

Carney reported that 54 percent of the complaints originated within the DWC while 46 percent of the complaints originate from external sources. She also reported that the average time for the processing of a complaint in Calendar Year 2014 by the DWC was 120 days. Carney said the communications category of complaints, which includes designated doctor duties and filing of required reports, continues to be the category with the highest number of complaints.

Carney provided the following update on insurance industry performance on the payment of initial temporary income benefits (TIBS) for Calendar Year 2015:
Carney noted that the timely payment of initial temporary income benefits was 83.51 percent in June 2015. She noted that the compliance percentages represent raw data and do not take into account salary continuation and other issues.

Carney provided the following update on insurance industry performance on the payment of initial temporary income benefits (TIBS) for Calendar Year 2015:

![Graph showing timely EDI reporting of initial temporary income benefits payment in CY 2015]

Source: Texas Department of Insurance’s Division of Workers’ Compensation, June 2015

Carney reported that the timely EDI reporting of initial temporary income benefits payment remains in the mid-90 percentile range – 96.06 percent in June. She noted that the DWC has seen a steady improvement since the first of the year.

Trey Gillespie, Senior Workers Compensation Director at Property Casualty Insurers Association of America, asked Carney if the DWC has an plans to address issues associated with claims EDI data (non-medical billing and payment data). Carney said that she hopes the DWC never has to take action on issues associated with the quality of claims EDI data and noted that errors associated with claims data is handled on a case by case basis.

Carney reported that the DWC monitoring all EDI data – claims and medical – looking for underpayments, non-reporting of data and injuries and illogical data, e.g. the payment of what appears to be income benefits over an excessively long time period. She noted that excessive duration of payment of income benefits are usually associated with an insurance carrier having failed to “turn off” benefits or change benefit types as required by DWC rule. Carney noted that the DWC has been working with insurance carriers and their vendors to address claim related data reporting issues.

Note: Sections 413.007 and 413.008 of the Texas Labor Code require the DWC to maintain a statewide database of medical charges, actual payments, and treatment protocols to be used in adopting and administering medical policies and fee guidelines, as well as in detecting patterns and practices in the industry.

The data is utilized by the DWC to monitor system medical costs, participants, and trends. The data is also used by the Texas Department of Insurance’s Workers’ Compensation Research and Evaluation...
Group to prepare study reports and the statutorily mandated annual Certified Workers’ Compensation Network Report Card. The data is also used by the DWC’s Office of Medical Advisor and Medical Quality Review Panel in their audits of doctors and other health care providers. The DWC utilizes the data to also conduct system stakeholder performance audits.

The DWC’s medical state reporting EDI rules are set out in Rules 134.800 – 134.808, Medical Bill Reporting. Rule 134.803 adopted by reference the Texas EDI Medical Data Element Requirement Table, Version 2.0, dated September 2015, the Texas EDI Medical Data Element Edits Table, Version 2.0, dated September 2015, and the Texas EDI Medical Difference Table, Version 3.0, dated September 2015. All tables are published by the DWC.

The rules and tables must be used together along with other EDI resources to accurately and timely report medical billing data to the DWC. The other resources include ASC X12, the EDI Implementation Guide for Medical Bill Payment Records, Release 1.0, dated July 4, 2002 (IAIABC Guide) published by the International Association of Industrial Accident Boards and Commissions (IAIABC), and the Washington Publishing Company’s claims adjustment reasons codes (CARC).

The DWC has published a set of Texas Medical State Reporting FAQs on the agency’s website. The FAQs provide an excellent overview of EDI reporting requirements and provides answers to the most common EDI related questions received by the DWC.

Rule 124.2, Carrier Reporting and Notification Requirements, established the form, format, and manner of required electronic submissions for reporting claims data. The rule addresses the first report of injury by the employer and the insurance carrier’s subsequent required reporting actions. The rule also addresses the reporting requirements associated with the payment of income benefits and changing benefit types.

The DWC has posted resource information related to the reporting of non-medical claims data on the DWC’s website. The resources include the Texas Claims EDI Implementation Guide, Version 1.1, Texas Claims EDI Data Dictionary, EClaims EDI Events, Elements and Edits, and Revision Control History. Additional Texas EDI resources can be found on the DWC’s website.

Carney reported on the timely payment of medical bills and reporting of medical bill data and noted the following compliance rates:

<table>
<thead>
<tr>
<th>Timely Processing of Medical Bills in FY 2015</th>
<th>Timely EDI Reporting of Medical Billing Data in FY 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="chart1.png" alt="Bar Chart" /></td>
<td><img src="chart2.png" alt="Bar Chart" /></td>
</tr>
</tbody>
</table>

Source: Texas Department of Insurance’s Division of Workers’ Compensation, January 2015
Carney said the compliance rate for the timely EDI reporting of medical billing data dropped during the first and second quarters of 2015 due to that fact that there has been a lot of resubmitting of medical EDI data to make corrections to past data submitted. She said that while there has been some self-reporting by insurers, there should be a lot more of it.

“The DWC knows when corrected data has been submitted and knows which insurance carriers the corrected data belongs to,” said Carney. “As such, insurance carriers may as well self-report themselves.”

Carney said that insurance carriers should be self-reporting themselves when their EDI vendors submit corrected medical EDI data. She also noted that the EDI vendors should be informing their client insurance carriers about any corrected data that they have submitted to the DWC.

Carney said insurance carriers may want to reach out to their EDI vendors to determine if their EDI vendors have submitted corrected data to the DWC. If so, the insurance carriers need to self-report the data errors to the DWC.

Note: The DWC has repeatedly stated that self-reporting of data errors makes a difference when the DWC makes a determination as what enforcement action will be taken, if any, and the amount of a fine if an enforcement action is taken. ICT recommends that an insurance carrier consult with the law firm that handles its enforcement actions prior to making a self report.

The DWC’s position that EDI vendors may not self-report themselves is not set out in the EDI rules. However, the DWC is enforcing their “policy” that self-reporting of EDI errors and corrections must be done by the insurer and not their EDI vendor.

Carney reported that while the DWC is receiving more National Provider Identification (NPI) Numbers with Medical State Reporting data, there are still some EDI vendors who still do not appear to be submitting the NPI number as required by DWC rules.

**Enforcement Update**

Sandra Nicolas, TDI’s Associate Commissioner of Enforcement noted that TDI’s Compliance Division pursues strategies to improve efficiencies in market compliance and case processing. Nicolas said in doing so, the Compliance Division:

1. Uses clear, express statutory authority for all enforcement cases;
2. Informs workers’ compensation stakeholders about compliance goals;
3. Partners with the DWC’s program areas to foster compliance;
4. Assists the Office of the Medical Advisor with medical quality reviews and enforcement actions; and
5. Provides swift, appropriate actions for statutory and rule violations.
Nicolas provided a workers’ compensation enforcement case status update noting that the Workers’ Compensation Litigation Office had closed 118 cases and had 86 cases pending as of June 30, 2015.

**Workers’ Compensation Enforcement Case Status as of June 30, 2015**

```
<table>
<thead>
<tr>
<th>Cases</th>
<th>Pending Cases</th>
<th>Closed Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>86</td>
<td>118</td>
</tr>
</tbody>
</table>
```

Source: Texas Department of Insurance’s Enforcement Division, July 29, 2015

Nicolas reported that as of June 30, 2015, the Workers’ Compensation Litigation Office had 39 cases against insurance companies, 45 cases against health care providers and 2 cases against employers pending review and action.

**Workers’ Compensation Enforcement Pending Cases by Subject Type as of June 30, 2015**

```
<table>
<thead>
<tr>
<th>Subject Type</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrier</td>
<td>39</td>
</tr>
<tr>
<td>Employer</td>
<td>2</td>
</tr>
<tr>
<td>Health Care Provider</td>
<td>45</td>
</tr>
</tbody>
</table>
```

Source: Texas Department of Insurance’s Enforcement Division, July 29, 2015
Toya Lutz, Team Leader of the Workers’ Compensation Litigation Office, provided an overview of the workers’ compensation enforcement cases closed as of June 30, 2015. Lutz said there were 57 insurance carrier enforcement cases, 58 health care provider enforcement cases, and 3 employer enforcement cases closed. Lutz also provided an overview of case closure by disposition and subject type.

### Workers’ Compensation Enforcement Cases Closed by Subject Type

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>Carrier</th>
<th>Employer</th>
<th>Health Care Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>57</td>
<td>3</td>
<td>58</td>
<td></td>
</tr>
</tbody>
</table>

Source: Texas Department of Insurance, Enforcement Division, July 29, 2015

### Cases Closed by Disposition and Subject Type

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Carrier</th>
<th>Employer</th>
<th>Health Care Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>DWC Order</td>
<td>45</td>
<td>1</td>
<td>39</td>
</tr>
<tr>
<td>Warning Letter</td>
<td>9</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Regulatory Analysis Completed</td>
<td>3</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: Texas Department of Insurance, Enforcement Division, July 29, 2015
Office of Medical Advisor Update

Mary Landrum, Director of Health Care Business Management, provided a report on the activities of the Office of Medical Advisor (OMA) and the Medical Quality Review Panel (MQRP). Landrum reported the following:

- Received 147 complaints from internal and external sources;
- Investigated 175 complaints with 26 percent being recommended for a Medical Quality Review Panel (MQRP) review and 74 percent being recommended for actions that included letters of education, referrals to medical licensing boards, and closures with no action;
- Initiated 13 MQRP reviews that included complaint, audit and monitoring based reviews, and Performance Based Oversight (PBO) assessments; and
- Concluded 16 MQRP reviews. 88 percent of the cases were referred to TDI’s Compliance Division for enforcement action and 12 percent with other case dispositions that included letters of education, referrals to medical licensing boards and closures with no action.

Landrum reported that as of April 24, 2014, 33 OMA cases have been received by TDI’s Enforcement Division with 39 enforcement cases have been concluded with actions that included 25 consent orders/final orders, 13 warning letters and 1 no further action determinations. Landrum also reported that there are 27 MQRP referred cases pending action in the Enforcement Division and 6 cases pending before the State Office of Administrative Hearings.

Landrum reported that the DWC has a goal of completing all medical quality reviews within 190 days of the initiation of the review. She noted that some reviews take longer due to the need to obtain additional medical records.

Landrum reported that the DWC has seen an increase in the number of medical quality complaints from insurance carriers.

Landrum provided a brief overview of the Medical Quality Review Process. A detailed overview of the medical quality review process can be found on the DWC’s [website](#). Landrum discussed the Calendar Year 2014 Medical Quality Review Audit Plan. She noted that the audit plan review categories consisted of:

- **Functional Capacity Evaluation Plan Based Audit.** The audit focused on health care providers who provided physical medicine services to injured employees that included Functional Capacity Evaluations.
- **Peer Review Plan Based Audit.** The audit focused on peer review reports that were submitted as evidence during a Hearings Proceeding (Contested Case Hearing or Appeals Panel) concluded between January 1, 2014 and August 31, 2014 where the peer review report addresses issues of extent of injury and/or medical necessity.
Conclusion of Quarterly Insurance Carrier Meeting

Carney thanked everyone for attending the meeting and announced that the next Quarterly Insurance Carrier Meeting will be held in October of 2015.

Teresa Carney announced that if anyone wishes to be added to the distribution list for announcements regarding the scheduling of Quarterly Insurance Carrier meetings, the individual should send their contact information to her at Teresa.Carney@tdi.texas.gov.