



Medical Quality Review CY 2020 Annual Audit Plan

December 19, 2019

Section I: General Statement and Overview

Texas Department of Insurance, Division of Workers' Compensation (DWC) is required by Texas Labor Code §413.002 to "monitor health care providers, insurance carriers, independent review organizations, and workers' compensation claimants who receive medical services to ensure the compliance of those persons with rules adopted by the commissioner relating to health care, including medical policies and fee guidelines." DWC will manage the Medical Quality Review Process in a manner that is fair to all workers' compensation system participants, open, and transparent to the extent consistent with state confidentiality laws and provide the subject of a review the opportunity to participate throughout the Medical Quality Review Process.

Under 28 Texas Administrative Code (TAC) §180.68, the Medical Quality Review Process is a medical case review initiated based on complaints, plan-based audits, or monitoring as a result of a consent order, and is performed in accordance with criteria adopted under Labor Code §413.05115. DWC's medical advisor oversees the Medical Quality Review Process conducted by the Medical Quality Review Panel (MQRP).

Medical quality reviews help DWC monitor compliance with the Labor Code and DWC rules. They also ensure that injured employees in the workers' compensation system receive reasonable and medically necessary health care that is timely, cost-effective, and facilitates functional recovery and appropriate return-to-work outcomes.

Section II: Purpose

- Promote health care that is cost-effective and will serve the goals of all workers' compensation system participants.
- Ensure that health care providers adhere to the *Official Disability Guidelines (ODG)* and medically accepted standards of care.
- Support return-to-work outcomes and avoid unnecessary disability.

Section III: Scope, Methodology, and Selection Criteria

For each category within the *Medical Quality Review Annual Audit Plan* (Audit Plan), the medical advisor, and DWC staff will define the scope, selection criteria, and individual program area responsibilities for a plan-based audit. DWC will obtain input from system participants on the development of each individual plan-based audit proposal within the Audit Plan. Individual plan-based audit proposals will specify the program area(s) responsibilities for all relevant steps and include specific procedures for each step, including but not limited to the following:

- inclusion and exclusion criteria,
- service time frame to be audited,
- sample size, and
- subject and case file selection.

The basis for determining the reasonableness and medical necessity of health care services is per the Labor Code, 28 TAC Chapter 180, Subchapter C, and the Medical Quality Review Process.

Section IV: Review Categories

- Reasonableness of doctor’s decisions and recordkeeping regarding return to work.
- Insurance Carriers, Utilization Review Agents (URAs), or peer review doctors – potentially includes the reasonableness of medical necessity decisions and the reasonableness of the professional certification of the URA peer reviewer.

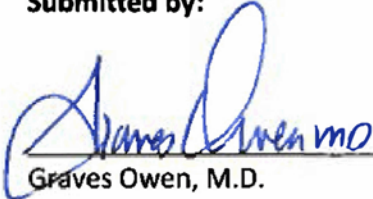
The Audit Plan may be modified by the medical advisor, if necessary. Any recommended changes must be approved by the commissioner of workers’ compensation prior to adoption.

Section V: Conflicts

The Audit Plan incorporates the approved Medical Quality Review Process. However, if a specific conflict exists between this plan and the Medical Quality Review Process, this plan prevails.

Section VI: Approvals

Submitted by:


Graves Owen, M.D. 12/19/19
Medical Advisor Date

Approved by:


Cassie Brown 12/19/2019
Commissioner of Workers' Compensation Date