TDI Division of Workers' Compensation

Medical Quality Review Process

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Texas Department of Insurance
Division of Workers' Compensation

Medical Quality Review Process

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Section 1: General Statement and Overview

The Texas Department of Insurance, Division of Workers' Compensation (DWC) is required to monitor health care providers, insurance carriers, independent review organizations, and workers' compensation claimants who receive medical services to ensure they all comply with rules adopted by the commissioner relating to health care. (Texas Labor Code Section 413.002). This includes medical policies and fee guidelines. DWC monitors these system participants' compliance through the medical quality review process.

DWC will manage the medical quality review process in a manner that is fair, open, and transparent to all workers' compensation system participants to the extent consistent with state confidentiality laws. DWC will also provide the subject of a review the opportunity to participate during the medical quality review process.

The medical quality review process is a medical case review initiated on the basis of a complaint, plan-based audit, or monitoring that results from a consent order. (28 Texas Administrative Code (TAC) Section 180.68). . All medical case reviews conducted as part of the medical quality review process will be known as medical quality reviews. DWC's medical advisor oversees the medical quality review process conducted by the Medical Quality Review Panel (MQRP). The MQRP follows the criteria under Labor Code Section 413.05115.

The MQRP comprises arbiters and experts. Experts prepare reports to help DWC monitor compliance with the Labor Code and DWC rules. These reports also help DWC ensure that injured employees in the workers' compensation system receive medically necessary and appropriate health care that is timely and cost-effective and facilitates functional recovery and appropriate return-to-work outcomes. Arbiters represent the medical advisor in informal settlement conferences (ISCs). At the end of an ISC, arbiters recommend appropriate actions to the medical advisor.

Section 2: Roles and Responsibilities

A. Medical Advisor

DWC employs or contracts with a medical advisor who is a doctor as defined in Labor Code Section 401.011. (Labor Code Section 413.0511). The medical advisor:

- Assists with DWC's efforts to carry out provisions of the Labor Code related to health care for injured employees.
- Ensures quality health care is provided in the workers' compensation system.
- Recommend sanctions when indicated.

The medical advisor also provides feedback and makes recommendations to DWC during the medical quality review process.

B. Health Care Quality Review (HCQR) Staff

HCQR staff comprises a nurse investigator and administrative staff who assist in DWC's medical quality review process.

The nurse investigator initiates the evaluation of complaints on professional medical services; delivery of health care; or the quality of a health care practitioner's opinion, recommendation, or reports under 28 TAC Section 180.68. As part of the evaluation, the nurse investigator may get assistance from MQRP members when the nurse investigator makes a recommendation of disposition for a complaint. During the medical quality review process, the nurse investigator serves as the point of contact for the experts and the subject of a complaint and medical quality reviews.

HCQR' Staff provide the medical advisor with administrative support. The medical advisor and HCQR staff are referred to collectively as the Office of the Medical Advisor (OMA).

C. Quality Assurance Committee (QAC)

The medical advisor appoints a QAC. The QAC comprises an arbiter, a DWC deputy commissioner, and a DWC attorney. The medical advisor appoints an arbiter to chair the QAC meeting under 28 TAC Section 180.62(g).

The QAC provides a level of quality assurance when a nurse investigator recommends closing a written complaint subject to the medical quality review process. The QAC's oversight ensures that actions are appropriate, consistent, and fair to system participants. The QAC will regularly meet and recommend to the medical advisor whether to close a complaint or continue with the medical quality review process.

D. Medical Quality Review Panel (MQRP)

The medical advisor must "establish a medical quality review panel of health care providers to assist the medical advisor in performing the duties required under Section 413.0511." (Labor Code Section 413.0512(a)). The medical advisor establishes the MQRP under Labor Code Sections 413.0512 and 413.05122 and 28 TAC Chapter 180, Subchapter C. The professional services that MQRP members provide to the medical advisor are listed under 28 TAC Section 180.62.

E. Quality Assurance Panel (QAP)

The medical advisor must establish the members of the QAP or "arbiters." (Labor Code Section 413.05121(a)). The medical advisor establishes the QAP under Labor Code Section 413.05122 and 28 TAC Chapter 180, Subchapter C. The professional services arbiters may provide to the medical advisor are listed under 28 TAC Section 180.62(g).

The medical advisor appoints arbiters based on their medical expertise, specialty backgrounds, and their experience in utilization review and quality assurance. Arbiters are also appointed to

ensure that the QAP is comprised of health care practitioners from diverse health care backgrounds. Arbiters may serve on the panel for a period of 10 years, and the medical advisor may appoint them for additional terms.

The medical advisor may appoint an MQRP member to be an arbiter on a case-by-case basis if a qualified arbiter is not available to sit on an ISC. Arbiter meetings are held at least twice a year. The medical advisor presides over arbiter meetings.

Arbiters do not routinely prepare reports, but the medical advisor may appoint an arbiter to prepare one. In these situations, the arbiter would be ineligible to sit on the ISC for the subject the arbiter reviewed.

Section 3: Complaint Process

1. All complaints must be in writing and may not be anonymous. (Labor Code Section 402.023(d) and 28 TAC Section 180.2). There are several ways to file complaints. (28 TAC Section 180.2(b)).
2. DWC's Audits and Investigations (A&I) section logs all complaints into our standard Texas Department of Insurance (TDI) database for tracking purposes.
3. A&I refers all complaints subject to the medical quality review process under 28 TAC Section 180.68 to OMA.
4. OMA provides an acknowledgment letter to the complainant and a notification letter to the subject of the complaint.
5. To determine whether a potential violation has occurred, a nurse investigator evaluates each complaint on professional medical services; delivery of health care; or the quality of a health care practitioner's opinion, recommendation, or report.
6. A nurse investigator may request and get more information as necessary from the:
    - Complainant.
    - Subject.
    - Other relevant persons.
7. When a nurse investigator completes an investigation on a complaint, they will recommend to the QAC (see Section 7) the following actions:
    - Close the complaint without a medical quality review.
    - Open a medical quality review. If the medical advisor approves the recommendation, the nurse investigator will send written notice to the subject of the complaint and give them an opportunity to provide OMA with any information the subject believes is relevant and that OMA should consider when it further investigates the complaint (see Section 5).

- Refer to the medical advisor for a possible referral to the appropriate medical licensing board or DWC Enforcement (see Section 7).

At any time during the complaint investigation process, a nurse investigator may consult with an MQRP member or any DWC staff to help the investigator determine whether a violation of the Labor Code, DWC rules, or other applicable statutes has occurred. If the complaint involves an active dispute, the nurse investigator may consult with DWC's Medical Dispute Resolution staff to determine the appropriate action for the complaint.

Subjects of a complaint may provide OMA with any information they believe is relevant to the investigation. OMA will consider all documentation or information the subject provides during the complaint investigation.

Section 4: Plan-Based Audit Process

1. The medical advisor recommends categories of health care and other services to include in an annual audit plan. OMA gets system participants' input for categories to include in the annual audit plan. Categories may include, but are not limited to:
    - Unusually high or low utilization of medical services inconsistent with adopted treatment guidelines or other evidence-based medicine.
    - High-cost medical services that exceed the Texas workers' compensation system's average cost for same or similar services.
    - Quality and timeliness of decisions made by designated doctors, independent review organizations, insurance carriers, required medical examiners, peer review doctors, and utilization review agents.
    - Accurate diagnosis of injured employees.
    - Appropriate return-to-work outcomes.
2. The medical advisor submits the recommended annual audit plan to the commissioner of workers' compensation (commissioner) for review and approval.
3. When the commissioner approves the annual audit plan, the plan is posted on the TDI website.
4. For each individual plan-based audit within the approved annual audit plan, the medical advisor and DWC staff define the scope and selection criteria. OMA will ask for stakeholder input for each individual plan-based audit within the approved annual audit plan. Each individual plan-based audit proposal will lay out the steps and discuss specific procedures for each step including, but not limited to:
    - Criteria to include or exclude.
    - Service time frame to audit.
    - Sample size.

- Subject and case file selection.

5. The medical advisor submits an individual plan-based audit proposal to the commissioner for approval.
6. When the commissioner approves the individual plan-based audit, the audit is posted on the TDI website.
7. OMA maintains a file of the approved individual plan-based audit that includes:
    - Scope, selection criteria, and program areas' responsibilities.
    - Criteria to include or exclude.
    - Service time frame to audit.
    - Sample size.
    - Subject and case file selection.
    - Audit questions for the experts.
    - Experts to be assigned to perform the medical quality reviews.
8. OMA coordinates with the program areas designated in the approved individual plan-based audit to select the review subjects and individual case files for review (see Section 5).

Section 5: Process for Initiating a Medical Quality Review

A. Notify the Subject

1. OMA sends a notification letter to subjects of medical quality reviews. The letter informs the subject of the review and why it was initiated (for example, a complaint, monitoring, or an audit). If the review was initiated by a complaint, OMA will make sure to maintain the confidentiality of the complaint under Texas Labor Code 402.092 and 413.0513.
2. The letter contains a list of injured employees who received health care services from the subject and instructs the subject to provide OMA with all relevant records pertaining to the treatments or services the subject provided to the injured employees for their compensable injury.
    - For complaint-based reviews:
        - OMA provides a summary of the complaint and asks the subject to provide records and any information relevant to each complaint included in the review, if not previously requested and provided under Section 3.
        - The letter instructs the subject to complete an enclosed business record affidavit, provide the completed affidavit with the records, and response to the allegations.
        - The letter specifies an amount of time to provide the information—not to exceed 30 calendar days.

- If the subject does not timely provide the records or information that OMA requested, OMA will issue an order under 28 TAC Section 102.9 that requires the subject or non-subject to produce the requested information. Failure to comply with the order will result in a referral to DWC's Audits and Investigations to process a new complaint.

- For audit-based and monitoring-based reviews:
  - OMA sends a letter with an overview of the audit and instructs the subject to provide medical records.
  - The letter instructs the subject to complete an enclosed business record affidavit and provide the completed affidavit with the records.
  - The letter specifies the amount of time to provide the information—not to exceed 30 calendar days.
  - The subject of the audit has an opportunity to respond to the experts' findings if there is a recommendation to refer the subject to DWC Enforcement (see Section 6).
  - If the subject does not timely provide the records or information that OMA requested, OMA will issue an order under 28 TAC Section 102.9 that requires the subject or non-subject to produce the requested information. Failure to comply with the order will result in a referral to DWC's Audits and Investigations to process a new complaint.

DWC encourages subjects of a medical quality review process to communicate with OMA about the medical quality review. Subjects may provide OMA with any information they believe is relevant to the medical quality review. OMA will consider all documentation or information the subject provides during the medical quality review.

B. Request Records from Other Parties

1. OMA may request relevant records and other information from non-subject parties, such as insurance carriers or other health care providers.
2. Information from non-subject parties will be reviewed and considered during the medical quality review process.
3. The request for records letter will instruct the non-subjects to complete an enclosed business record affidavit and provide it with the requested medical records.
4. The letter will specify an amount of time to provide the requested information—not to exceed 30 calendar days.

C. Prepare and Track Case

1. For audit-based reviews, the nurse investigator verifies in writing that subjects and case files are selected based on the approved plan-based audit.

2. When OMA receives the requested medical records and other information from the subject and non-subject parties, OMA sorts, organizes, and Bates stamps all documents and information for each individual case before forwarding the cases to a nurse investigator.
3. The nurse investigator verifies and approves the Bates-stamped records and information for each case.
4. The nurse investigator prepares and organizes the case file for expert selection and assignment. Case files are comprised of certified medical documents that OMA requested, the subject's response, and any information the subject or complainant that was provided.

If the subject or non-subjects do not timely provide the records or information that OMA requested, OMA issues a commissioner's order under 28 TAC Section 102.9 that requires the subject or non-subject to produce the requested information. If the subject or non-subject fails to comply with the order, OMA refers the violation to DWC's Audits and Investigations program area to process a new complaint.

OMA will use the HCQR database to track information on the initiation of the medical quality review, receipt of requested records and documentation, and all other key steps in the medical quality review process.

D. Assign Experts

1. The nurse investigator selects an expert to perform a medical quality review under Labor Code Sections 408.0043, 408.0044, or 408.0045 and 28 TAC Sections 180.1 and 180.22.
2. In cases where no expert meets the requirements described in 1. above for a specific medical quality review, the medical advisor may either:
    - Contact the appropriate medical licensing board or other entities to contract with a qualified individual.
    - Contract with a health care practitioner who has the professional skills required to conduct the medical quality review. The qualified individual's contract is subject to the same approval process for experts.
3. The nurse investigator verifies that no known conflicts of interest under 28 TAC Section 180.72 exist between the expert and the subject or individual case files before assigning an expert.
4. The selected expert should accept the assignment only after verifying that no known conflicts of interest with the subject or individual case files exist under 28 TAC Section 180.72. OMA forwards the case files to the assigned expert and specifies a deadline for the expert to complete their medical quality review.
5. The expert may ask the nurse investigator to get or provide additional information that the expert believes is relevant and necessary to conduct the medical quality review.

6. Upon completion of the medical quality review, the expert submits an Expert Report to the nurse investigator, including recommendations as to whether further action is warranted.

Section 6: Expert Recommendation Process

A medical quality review is assigned to an initial expert to determine if a possible violation of the Labor Code, DWC rules, or other applicable statutes has occurred. The initial expert's opinion may recommend closing the medical quality review, subject to the approval of the medical advisor. However, if the initial expert determines that a possible violation of the Labor Code, DWC rules, or other applicable statutes has occurred, at least one other concurring expert opinion is needed to move the review forward in the medical quality review process.

1. If the first expert recommends closing the medical quality review with no action, that expert completes an Expert Report with the findings and recommended action and sends the report to the nurse investigator.
2. If the first expert determines that a violation of the Labor Code, DWC rules, or other applicable statutes has occurred, the nurse investigator selects a second expert to conduct an additional medical quality review.
    - The nurse investigator provides the second expert with all information about the medical quality review that the nurse investigator provided to the first expert, plus a copy of the first expert's report.
    - The second expert may discuss the medical quality review with the first expert.
    - If the medical quality review involves more than one case file, and the first expert determined that certain individual case files violated the Labor Code, DWC rules, or other applicable statutes or rules, only those case files the first expert recommended to proceed with further action due to noncompliance will be forwarded to a second expert.
3. The second expert completes the Second Expert Report with findings and recommended actions.
    - If the second expert agrees with the first expert, the second expert completes an abbreviated report in agreement.
    - If the second expert agrees in part and disagrees in part with the first expert, the second expert summarizes the reasons for agreement and disagreement in a Second Expert Report.
    - If the second expert does not agree with the first expert, and differences cannot be resolved, the second expert completes a brief Second Expert Report stating the areas of disagreement. The medical quality review is then referred to a third expert.
4. The third expert gets all the information the two previous experts received, plus both

experts' reports. The third expert drafts a decision, agreeing with one or the other expert. The two experts that agree negotiate the wording of the final Expert Report. The expert who the third expert agreed will complete the Expert Report and submit it to the nurse investigator. The experts' final recommendation may include cases to:

- Close with no action.
- Proceed with further action due to noncompliance.

5. For complaint-based reviews that result in a recommendation to proceed with further action due to noncompliance, the Expert Report with preliminary findings is sent to the subject of the complaint to give them an opportunity to respond.
    - A cover letter to the Expert Report provides the subject with information on how to submit a written response to the Expert Report.
    - The subject will be allowed 15 calendar days to provide a written response, which the medical advisor will consider when drafting a recommended action.
    - The subject's written response is sent to the medical advisor who will determine whether the response should be provided to the experts for further review.
    - The medical advisor will consider the Expert Report, subject's written response, experts' review of the subject's written response, and then recommend an action, which may include cases to:
        - Close the review with no action.
        - Proceed with further action due to noncompliance.
6. For audit-based and monitoring-based reviews that result in a recommendation to proceed with further action due to noncompliance, the Expert Report with preliminary findings is sent to the subject to give them an opportunity to respond.
    - A cover letter to the Expert Report provides the subject with information on how to submit a written response to the Expert Report.
    - The subject will be allowed 15 calendar days to provide a written response, which the medical advisor will consider when drafting a recommended action.
    - The subject's written response is sent to the experts who recommended proceeding with further action due to noncompliance to reconsider their initial recommendation.
    - The written response may result in a change of the experts' initial recommendation to proceed with further action due to noncompliance.
    - The experts may recommend closing the medical quality review with no further action.
    - If the written response does not change the initial recommendation, the Expert Report is sent to the medical advisor for a recommended action, which may include cases to:

- Close with no action.
- Proceed with further action due to noncompliance.

The medical advisor must consider any response from the subject. The medical advisor may request further input from the arbiter, expert, DWC attorney, nurse investigator, and any other DWC staff.

An expert may recommend expanding the scope of a review separately from a decision to close a medical quality review with no further action or refer the subject to DWC Enforcement (see Section 7). A recommendation to expand the scope of a review must be in writing. This initiates a separate complaint that starts the process from the beginning (see Section 3).

Section 7: Medical Advisor's Recommendation

A. QAC

1. HCQR Management provides to the chair of the QAC a list of complaints that the nurse investigator recommends closing.
2. OMA creates an agenda and schedules a meeting for the QAC to convene.
3. The nurse investigator gives a summary of the complaints to the QAC.
4. If a majority of the QAC recommends investigating a complaint, then the nurse investigator will be directed to open a medical quality review subject to the medical advisor's approval (see Section 3).
5. If a majority of the QAC agrees with the nurse investigator's recommendation to close a complaint, the nurse investigator sends the recommendation to the medical advisor.
6. The final QAC recommendation must be in writing.
7. The medical advisor considers the QAC's recommendations for final disposition action of a complaint.
8. In considering the final recommendation, the medical advisor may consult with a DWC attorney, nurse investigator, and any other DWC staff. The final recommendation may include:
    - Close the complaint without a medical quality review. This may include an education letter.
    - Proceed through the medical quality review process.
    - Refer the subject to the appropriate medical licensing board.
    - Expand the scope of investigation.
9. The final recommendation must be in writing on the disposition form.

10. At the end of OMA's complaint investigation, OMA issues a closure letter to the complainant and a disposition letter to the subject. This action closes the complaint.

B. MQRP Expert Opinions

1. The medical advisor considers the experts' recommendations and any previous DWC violations on the subject when drafting a final recommendation for final disposition action of a medical quality review.
2. When drafting the final recommendation, the medical advisor may consult with a DWC attorney, nurse investigator, and any other DWC staff member. Recommendations may include:
    - Close the medical quality review with no further action. This may include an education letter.
    - Refer the case to DWC Enforcement.
    - Refer the subject to the appropriate medical licensing board.
    - Expand the scope of investigation.
3. The final recommendation must be in writing on the disposition form.
4. OMA issues to the subject a disposition letter and final report, which includes the medical advisor's recommendation. This action closes the medical quality review.

C. Referrals to DWC Enforcement

1. When the medical advisor recommends a DWC Enforcement referral, OMA prepares a memo that includes:
    - The medical advisor's recommendation for action on the findings of a complaint or a review.
    - An electronic file containing all medical records sent with an affidavit, the Expert Report, the subject's response, and any information relevant to the complaint or review.
2. After the medical advisor approves the referral memo, OMA enters the referral into the TDI database and sends the referral to DWC Enforcement.
3. DWC Enforcement assigns a case number and an attorney to the case.
4. If the medical advisor or DWC Enforcement determines or suspects that fraud has occurred, DWC Enforcement submits a referral to DWC's Fraud unit to further investigate. DWC Enforcement maintains a copy of the referral.

D. Informal Settlement Conference (ISC)

1. An ISC offers the subject of a medical quality review an opportunity to discuss the enforcement case with one or two arbiters as representatives of the medical advisor. An

ISC may be conducted virtually.

2. The medical advisor selects arbiters under Labor Code Sections 408.0043, 408.0044, or 408.0045 and 28 TAC Sections 180.1 and 180.22.
3. Arbiters must not have any known conflicts of interest with the subject or individual case files and must not have the appearance of impropriety. For each case, arbiters must attest in writing that no known conflicts of interest exist, and they are not aware of any appearance of impropriety.
4. An attorney from DWC Legal Services presides over the ISC. The attorney:
    - Provides legal advice to the medical advisor's representatives.
    - Will not engage in ex parte communications with DWC Enforcement or the subject before the ISC.
5. A DWC Enforcement attorney states the experts' findings and presents sanction recommendations at the ISC.
6. The subject may have legal counsel represent them at the ISC.
7. At the ISC, the subject has the opportunity to show they complied with applicable laws and present any evidence or information they believe is relevant to the case.
8. At the end of the ISC, the medical advisor's representatives will recommend appropriate action to the medical advisor.
    - DWC Enforcement will send a consent order with the medical advisor's final recommendation to the subject to sign within 15 calendar days from the ISC.
    - If the subject agrees with the consent order, they will sign the consent order and return it to DWC Enforcement.
    - DWC Enforcement submits the signed consent order to the commissioner for approval.
    - If the subject does not agree with the consent order, the medical advisor will make the final recommendation for further enforcement proceedings at the State Office of Administrative Hearings.
9. DWC may close a case with no further action after holding an ISC.

E. Referrals to Appropriate Medical Licensing Boards

1. The medical advisor complies with Labor Code Sections 413.0514 and 413.0515.
2. The medical advisor may make a referral or send a report to a licensing agency in addition to any other action DWC takes on the subject of a review or complaint.
3. OMA prepares a referral letter that includes:
    - The medical advisor's reason for the referral.

- An electronic file containing all medical records sent with an affidavit, Expert Report, the subject's response, and any information relevant to the review.

4. The medical advisor signs the referral letter.
5. OMA sends referral to the licensing agency.

F. Expanding the Scope of Investigation

1. The scope of investigations cannot be expanded as part of the same investigation. The scope can be expanded by submitting a new complaint (see Section 3).
2. The complaint is sent to DWC to enter it into TDI's database.
3. The process begins as a separate formal complaint as described in Section 3.
4. If an MQRP member submits a complaint under Section 3, the MQRP member is recused from participating in the medical quality review process for that complaint .

Section 8: Post Enforcement Monitoring Process

When a consent order requires further monitoring of a subject, OMA will conduct a medical quality review under the terms of the order. This review will be conducted in the same way as the medical quality review process, unless otherwise indicated in the consent order. OMA will coordinate with DWC Enforcement on the results of the review and provide DWC Enforcement with recommendations on any appropriate action.

1. The medical advisor and DWC Enforcement agree on a monitoring plan for the subject of a medical quality review.
2. The subject agrees to a monitoring plan through a consent order.
3. The commissioner approves the consent order.
4. DWC Enforcement provides OMA with a commissioner's order that requires the subject to be monitored further.
5. OMA coordinates with DWC Enforcement to select the individual case files to be reviewed (see Section 5).

Section 9: Other Administrative Functions

A. Confidentiality

Any information collected, assembled, or maintained by or on behalf of DWC for a medical quality review constitutes a confidential investigation file. (Labor Code Sections 402.092 and 413.0513). Confidential information includes, but is not limited to:

- Complaints filed with DWC.
- Medical records.

- Any information that identifies review subjects or injured employees.

Information and documents collected, assembled, or maintained during a medical quality review or investigation of a complaint must not be disclosed within DWC except as appropriate and consistent with DWC's statutory duties of oversight and monitoring. All reports and related documents are confidential under Labor Code Sections 402.092 and 413.0513.

B. Reporting

OMA is responsible for updating actions, events, and statuses for each medical quality review in the HCQR database. Standard reports are available in this system and can be reproduced as needed to respond to requests on individual medical quality reviews.

OMA coordinates with DWC Enforcement to monitor the status of each enforcement case that resulted from a medical quality review. The medical advisor will provide the experts and arbiters with a status on the number and types of final dispositions of enforcement cases that started from a medical quality review.

C. Program Monitoring and Compliance

OMA will conduct quality assurance audits monthly to comply with the medical quality review process. OMA will document and report any deviations in the process to the commissioner.

Program monitoring will also be used to identify and recommend medical quality review process improvements and increase accountability and transparency.

Section 10: Approvals

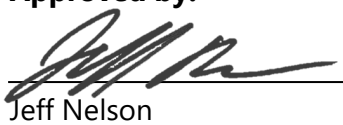
Submitted bv:



7/8/26

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Medical Advisor

Approved by:



7/8/26

Jeff Nelson Date:
Commissioner
TDI, Division of Workers' Compensation