



Presentation to Senate State Affairs Committee

Insurer Data Reporting and Consumer Transparency Initiatives - Senate Bill 1731 Implementation Update

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Senate Bill 1731

Consumer Access to Health Care Information

- “Transparency” legislation designed to provide consumers with information they need to make informed health care decisions
- Creates new reporting/data requirements for
 - Facilities
 - Physicians
 - Health plans
- Requires TDI, DSHS and HHSC to provide information, oversight of implementation





Health Plan Requirements

- Insured notices/estimates of payment
 - Upon request, insurers are providing estimates of payments to insureds; TDI monitoring compliance with requirement
- Reporting of In-network/Out-of-network data for TDI study of network adequacy
 - TDI enacted rules, collected data, issued report to Legislature in 2009





Insurer Disclosures re. Out-of- Network Providers

- HMOs/PPOs must provide notice to enrollees
 - A facility-based provider may not be in the plan network, even though the facility is; and
 - An out-of-network facility-based physician may balance bill the enrollee
- Disclosure must be provided in writing
 - At issuance or renewal of policy
 - With any explanation of benefits
 - And included on plan's website
- TDI does not anticipate enacting rules, but is monitoring compliance and could enact rules if complaints warrant such action is necessary





Insurer Reimbursement Rate Reporting Requirements

- Insurers required to provide reimbursement rates for in-network and out-of-network medical services
- TDI required to enact rules prescribing reporting requirements and establishing geographic regions for data reporting
- Data must be aggregated and published on agency website (TDI and DSHS)





Reimbursement Rate Rules Status

- TDI met with stakeholders over several months; identified services for potential reimbursement rate reporting, options for data reporting elements
- Determined rates should be reported based on insurer claims paid for specific CPT codes (physician services) and DRGs (inpatient services)
- CPT and DRG are national standards, required under federal HIPAA electronic claims transaction standards applicable to all insurers and providers
- CPT is owned and copyrighted by American Medical Association
- TDI negotiated agreement with the AMA to obtain limited permission to use CPT codes for reporting





Reimbursement Rate Rules Status

- TDI published draft rule; insurers expressed concern with AMA restrictions on use of CPT codes and the End Users Licensing Agreement (EULA)
- TDI renegotiated contract with AMA to address commentors' concerns; published final rule, adoption pending final action
- Data will be reported annually with first report from insurers due in January
- TDI anticipates publishing rate data in March





Reimbursement Rate Data Sample

TEXAS DEPARTMENT OF INSURANCE

Reimbursement Rates

Select options below...

Select Area By:

- Select Area-
- Select Area-
- Zip Code
- County
- Specific Region
- Statewide by Region

Submit Reset

County option selected

TEXAS DEPARTMENT OF INSURANCE

Reimbursement Rates

Select options below...

Select Area By:

County

Select County:

- Select One-
- Anderson
- Andrews
- Angelina
- Aransas
- Archer
- Armstrong
- Atascosa
- Austin
- Bailey

Submit Reset



Reimbursement Rate Data Sample

Anderson county selected

Texas DEPARTMENT OF INSURANCE

Reimbursement Rates

Select options below...

Select Area By:
County

Select Zip Code:
-Select One-
Anderson
Andrews
Angelina
Aransas
Archer
Armstrong
Alascosa
Austin
Bailey

Select Service By:
-Select One-
CPT / DRG Code
Service Category



Reimbursement Rate Data Sample

Service Category selected

Texas DEPARTMENT OF INSURANCE

Reimbursement Rates

Select options below...

Select Area By:
County

Select County:
-Select One-
Anderson
Andrews
Angelina
Aransas
Archer
Armstrong
Atascosa
Austin
Bailey

Select Service By:
-Select One-
CPT / DRG Code
Service Category

Select Service Category:
-Select One-
Professional Services - General
Professional Services - Pathology
Professional Services - Anesthesiology
Professional Services - Radiology
Professional Services - Neonatology Critical Care/Newborn Care
Professional Services - Outpatient Health Care Claims
Institutional Provider - Outpatient Health Care Claims
Institutional Provider - Inpatient Health Care Claims



Reimbursement Rate Data Sample

TEXAS DEPARTMENT OF INSURANCE						
Reimbursement Rates						
Reimbursement Rates for a Specific Service Category in a Specific Region						
Service Category: <u>Professional Services - Anesthesiology</u>						
Region Name: <u>Northeast Texas</u>						
Region Number: <u>4</u>						
CPT or DRG Code	In-Network			Out-of-Network		
	Average Billed Charges	Average Contracted Rate	Average Amount Paid to Provider	Average Billed Charges	Average Allowed Amount	Average Amount Paid to Provider
00142	\$0	\$0	\$0	\$0	\$0	\$0
00160	\$0	\$0	\$0	\$0	\$0	\$0
00300	\$0	\$0	\$0	\$0	\$0	\$0
00320	\$0	\$0	\$0	\$0	\$0	\$0
00400	\$0	\$0	\$0	\$0	\$0	\$0
00630	\$0	\$0	\$0	\$0	\$0	\$0
00670	\$0	\$0	\$0	\$0	\$0	\$0
00740	\$0	\$0	\$0	\$0	\$0	\$0
00790	\$0	\$0	\$0	\$0	\$0	\$0
00810	\$0	\$0	\$0	\$0	\$0	\$0
00840	\$0	\$0	\$0	\$0	\$0	\$0
00944	\$0	\$0	\$0	\$0	\$0	\$0
01400	\$0	\$0	\$0	\$0	\$0	\$0
01402	\$0	\$0	\$0	\$0	\$0	\$0
01480	\$0	\$0	\$0	\$0	\$0	\$0
01630	\$0	\$0	\$0	\$0	\$0	\$0
01810	\$0	\$0	\$0	\$0	\$0	\$0
01961	\$0	\$0	\$0	\$0	\$0	\$0
01967	\$0	\$0	\$0	\$0	\$0	\$0
01992	\$0	\$0	\$0	\$0	\$0	\$0



Reimbursement Rate Data Sample

TEXAS DEPARTMENT OF INSURANCE						
Reimbursement Rates						
Reimbursement Rates for a Specific CPT or DRG Code in a Specific Region						
CPT / DRG Code <u>00142</u>						
Code Description: <u>Anesthesia for eye lens surgery</u>						
Service Category: <u>Professional Services - Anesthesiology</u>						
Region Name: <u>Northeast Texas</u>						
Region Number: <u>4</u>						
CPT or DRG Code	In-Network			Out-of-Network		
	Average Billed Charges	Average Contracted Rate	Average Amount Paid to Provider	Average Billed Charges	Average Allowed Amount	Average Amount Paid to Provider
00142	\$0	\$0	\$0	\$0	\$0	\$0

Final report shown with sample data after the following options were selected:

Select Area By: *County*

Select County: *Anderson*

Select Service By: *CPT / DRG Code*

00142 entered

Reimbursement Rate Data Sample

TEXAS DEPARTMENT OF INSURANCE

Reimbursement Rates

Statewide Reimbursement Rates by Region for a Specific CPT or DRG Code

CPT / DRG Code: 00142

Code Description: Anesthesia for eye lens surgery

Service Category: Professional Services - Anesthesiology

Region	In-Network			Out-of-Network		
	Average Billed Charges	Average Contracted Rate	Average Amount Paid to Provider	Average Billed Charges	Average Allowed Amount	Average Amount Paid to Provider
Panhandle	\$0	\$0	\$0	\$0	\$0	\$0
Northwest TX	\$0	\$0	\$0	\$0	\$0	\$0
Metroplex	\$0	\$0	\$0	\$0	\$0	\$0
Northeast TX	\$0	\$0	\$0	\$0	\$0	\$0
Southeast TX	\$0	\$0	\$0	\$0	\$0	\$0
Gulf Coast	\$0	\$0	\$0	\$0	\$0	\$0
Central TX	\$0	\$0	\$0	\$0	\$0	\$0
South Central TX	\$0	\$0	\$0	\$0	\$0	\$0
West TX	\$0	\$0	\$0	\$0	\$0	\$0
Far West TX	\$0	\$0	\$0	\$0	\$0	\$0
Rio Grande Valley	\$0	\$0	\$0	\$0	\$0	\$0

Final report shown with sample data after the following options were selected:

Select Area By: *Statewide By Region*

Select Service By: *CPT / DRG Code*

00142 entered





PPO and HMO Annual Report Requirements

- TDI is required to collect and publish the following HMO and PPO information:
 - Financial data
 - Enrollment information
 - A statement of:
 - An evaluation of enrollee satisfaction
 - An evaluation of quality of care
 - Coverage areas
 - Accreditation status
 - Premium costs
 - Plan costs
 - Premium increases
 - Range of benefits provided
 - Co-payments and deductibles
 - The accuracy and speed of claims payment
 - Credentials of contracted physicians
 - Number of providers





PPO and HMO Annual Report - Impact of Federal Health Reform Requirements

- TDI met with stakeholders over several months; identified potential data options, discussed terminology and intent of SB 1731
- TDI developed draft rule, working with IT services to develop web-based reporting system and interactive database for consumers
- Federal Health Reform requirements include reporting of the same data elements included in SB 1731, but many details unknown at this time pending publication of federal rules
- TDI has put project on temporary hold to avoid unnecessary duplication or conflicts with federal rules and unnecessary administrative costs by insurers





TDI Study of Network Adequacy

- TDI appointed advisory committee, completed study of facility-based provider network adequacy of health benefit plans
- Adopted rules, collected data on in-network and out-of-network claims experience for facility-based physician claims
- Reports to Legislature distributed in January and April 2009





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