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IRO-EMR Invoice Process

Training Module Overview



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Purpose

The purpose of this training is to provide an overview of the IRO-EMR invoice process.

Legislation

Senate Bill 1207

- Directs HHSC to contract with a third-party medical reviewer or IRO that provides objective, unbiased medical necessity determinations conducted by clinical staff



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Implementation (1 of 2)

Phase I

- MCO/Dental Contractor service denials and reduction based on medical necessity for services provided by Managed care programs:
 - STAR
 - STAR+PLUS
 - STAR Kids
 - STAR Health
 - Dental

* Fee-for-service benefit reductions or denial determinations completed by TMHP are not subject to the EMR process.



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Implementation (2 of 2)

Phase II

- A denial by the commission of eligibility for a Medicaid program in which eligibility is based on a Medicaid recipient's medical and functional needs
- Applicable programs will be announced later in the year.



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Talking Tip

- The term “MCO” refers to both managed care organizations and dental contractors (Dental Maintenance Organization or DMO) throughout this presentation



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Key Terms (1 of 2)

- **External Medical Review (EMR)**

An independent review of the relevant information the MCO used related to an Adverse Benefit Determination based on functional necessity or medical necessity. Also, includes review of a state decision based on functional or medical necessity

- **HHSC EMR Intake Team**

The HHSC team within Managed Care Contracts and Oversight (MCCO) that manages the IRO/EMR processes and IRO contract oversight



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Key Terms (2 of 2)

- **Independent Review Organization (IRO)**
A contracted entity responsible for completing EMRs when requested by Medicaid Members
- **Managed Care Organization (MCO)**
The company or organization contracted with HHSC to provide Medicaid benefits for Medicaid Members



IRO Responsibilities (1 of 3)

The IRO must

- Email invoices to EMR_Intake_Team@hhsc.state.tx.us for every EMR completed once a decision is made and email a copy to CMD_ManagedCareOrganizations@hhsc.state.tx.us
- Invoices will be accepted via secure email:
 - With the decision letter
 - Without the decision letter
 - With the monthly report
- **Invoices will not be accepted if received after the 10th calendar day of the month for reviews conducted in the previous calendar month**



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IRO Responsibilities (2 of 3)

Invoice Elements Checklist

| Invoice Elements To receive payment, a contractor must submit an invoice to the state agency receiving the goods or services. The invoice should include, but is not limited to including: | On Invoice? (Yes, No) If no, DO NOT SUBMIT TO HHSC INTAKE! ADD MISSING ELEMENT. | TITLE 34 PUBLIC Finance PART 1, COMPTROLLER OF PUBLIC ACCOUNTS, CHAPTER 20, STATEWIDE PROCUREMENT AND SUPPORT SERVICES, Subchapter F, Contract Management, Division 1, Contract Administration, Rule §20.487 Invoicing Standards |
|--|---|---|
| Account # | | This is HHSC's account number set up by the IRO. |
| Amount Due | | |
| Conflict of Interest return from IRO Date | | (6) the contract number |
| Contract Number | | |
| Corrected Invoice Date Received | | |
| Date Decision Returned to HHSC, member, provider if written | | |
| Department ID | | |
| Description | | (b) Disputed invoices should be immediately returned to the contractor but in no event later than the 21st day after the agency receives the invoice. When a correct and complete invoice is received by the state agency, the state agency shall date stamp the invoice and maintain it with the other contract documents. A state agency may accept a partial delivery of goods or services and an invoice for payment of the portion of the goods or services delivered. |
| Details: Name, Unit#, Records client (Med ID, Appeal ID) | | (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice; (9) unit numbers corresponding to the amount of the invoice; (11) other relevant information supporting and explaining the payment requested. |
| EMR Outcome | | |



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IRO Responsibilities (3 of 3)

The IRO must

- Sends monthly report to HHSC Intake Team at EMR_Intake_Team@hhsc.state.tx.us by the 10th calendar day for reviews conducted in the previous calendar month and copy CMD_ManagedCareOrganizations@hhsc.state.tx.us
- Promptly resubmit revised report (include copy to the MCCO CM)
- Attend State Fair Hearings



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Intake Team Responsibilities (1 of 3)

- Reviews and validates invoices, supporting documentation for accuracy, conflict of interest and completeness
 - Return any inaccurate invoices to the IRO
 - Sends invoice, supporting documentation to HHSC Intake Team Senior Manager or designee to review/approve



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Intake Team Responsibilities (2 of 3)

- Senior Manager reviews and submits to HHSC Medicaid Accounts Payable (AP) for payment processing
- Senior Manager reviews invoice against IRO monthly report for accuracy
 - Report will be returned to IRO should there be any inaccuracies, including overpayment due to invoice errors or duplication

Note: Invoice payment is considered Past Due on the 31st day after the invoice receipt date



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Intake Team Responsibilities (3 of 3)

- **Purchase Order** - HHSC will issue a purchase order to each IRO
- **Invoicing** - Invoices received will be reviewed and returned or moved forward for payment
- **Reporting** - Invoices processed will be validated with the monthly report received at HHSC and are subject to recoupment



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Contract Manager Responsibilities (1 of 2)

MCCO Contract Manager (CM) or Designee

- Assigns a purchase order for each IRO
- Sends HHSC Reimbursement Letter for payment to the MCO
- Monitors payment received



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Contract Manager Responsibilities (2 of 2)

MCCO Contract Manager (cont.)

- HHSC Reimbursement Letter sent to each MCO with a copy to the HHSC Intake team.
- The letter will include the Accounts Receivable Tracking System Coding (ARTS) coding to be returned with check:
 - Fund: 0001
 - Dept ID: 820
 - ProJGrant: MFMAP-CASH
 - Program: 5201
 - Account: 766600
 - Object: 7666
 - Class: 3206
 - Appn: 13206



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EMR Withdrawal

- If the external medical review request is withdrawn before it is assigned to an IRO, IROs will not be paid
- If the request is withdrawn after the EMR has been assigned to an IRO, IROs will be paid at a rate calculated by HHSC



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Contract Contact

HHSC MCCO Contract Management Division

CMD_ManagedCareOrganizations@hhsc.state.tx.us



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EMR Intake Contact

HHSC MCCO EMR Intake Team

EMR_Intake_Team@hhsc.state.tx.us



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References

- Uniformed Managed Care Contract (UMCC) see Sections 8.2.6.1 – 8.2.6.8
[Uniformed Managed Care Contract](#)
- SB 1207 Legislation (see Sec 531.024164):
[SB 1207 Sec 531.024164 External Medical Review](#)
- Texas Administrative Code (TAC) Title 1, Chapter 353
[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=T&app=2&p_dir=F&p_rloc=195160&p_tloc=14869&p_ploc=1&pg=2&p_tac=195160&ti=1&pt=15&ch=353&rl=2](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=2&p_dir=F&p_rloc=195160&p_tloc=14869&p_ploc=1&pg=2&p_tac=195160&ti=1&pt=15&ch=353&rl=2)



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Thank you
