

No. _____

OFFICIAL ORDER
of the
TEXAS COMMISSIONER OF WORKERS' COMPENSATION

Date: _____

Subject Considered:

FORT BEND COUNTY
301 Jackson St.
Richmond, TX 77469-3108

CONSENT ORDER
TDI ENFORCEMENT FILE NO. 4787

General remarks and official action taken:

The commissioner of workers' compensation considers whether disciplinary action should be taken against Fort Bend County.

WAIVER

Fort Bend County acknowledges that the Texas Labor Code and other applicable laws provide certain rights. Fort Bend County waives all of these rights and any other applicable procedural rights in consideration of the entry of this consent order.

FINDINGS OF FACT

The commissioner of workers' compensation makes the following findings of fact:

1. Fort Bend County is a governmental entity that provides workers' compensation benefits to its employees in accordance with TEX. LAB. CODE ANN. ch. 504.
2. Fort Bend County was not tiered in 2007, 2009, 2010, or 2012 Performance Based Oversight (PBO) assessments.

**FAILURE TO TIMELY PROCESS
MEDICAL BILLS - AUDIT MBP-13-214**

3. In accordance with TEX. LAB. CODE ANN. § 408.027 and 28 TEX. ADMIN. CODE § 133.240, insurance carriers are required to timely process and take final action on a properly completed medical bill within 45 days of receipt of the bill.
4. Pursuant to 28 TEX. ADMIN. CODE § 134.804(a), insurance carriers are required to submit medical bill and payment data to the division within 30 days after the insurance carrier takes action on the medical bill.
5. Pursuant to 28 TEX. ADMIN. CODE § 134.804(d), insurance carriers are responsible for the timely and accurate submission of medical EDI records.
6. In April 2013, the division initiated an audit to determine whether Fort Bend County was complying with the Texas Labor Code and related rules regarding timely payment of initial medical bills, and the timely and accurate reporting of medical EDI records to the division.
7. The audit examined initial medical bills submitted to the division between December 1, 2012 and February 28, 2013. The division identified 100 bills for audit. Two bills failed to meet audit selection criteria and were dropped from the audit sample. The remaining 98 bills were reviewed to determine the insurance carrier's compliance with the following duties: timeliness of medical bill processing; accuracy of information submitted to the division; and timeliness of reporting medical EDI records.
8. According to data collected by division staff, Fort Bend County timely processed initial bills in accordance with TEX. LAB. CODE ANN. § 408.027 and 28 TEX. ADMIN. CODE § 133.240 in 94 of the 98 bills examined, resulting in a compliance rate of 95.92%.
9. According to data collected by division staff, Fort Bend County timely submitted medical bill and payment data to the division in all of the 98 bills examined, resulting in a compliance rate of 100%.
10. According to data collected by division staff, Fort Bend County accurately reported information for 64 of the 98 bills examined with regard to the date the bill was received, resulting in a compliance rate of 65.31%.
11. According to data collected by division staff, Fort Bend County accurately reported information for all 98 bills examined with regard to the date the bill was paid or denied, resulting in a compliance rate of 100%.

CONCLUSIONS OF LAW

The commissioner of workers' compensation makes the following conclusions of law:

1. The commissioner of workers' compensation has jurisdiction over this matter pursuant to TEX. LAB. CODE ANN. §§ 402.001, 402.00111, 402.00114, 402.00116, 402.00128, 408.027, 414.002, 414.003, 414.004, 415.002, and 415.021; 28 TEX. ADMIN. CODE §§ 133.230, 133.240, and 134.804; and TEX. GOV'T CODE ANN. §§ 2001.051–2001.178.
2. The commissioner of workers' compensation has authority to informally dispose of this matter as set forth under TEX. GOV'T CODE ANN. § 2001.056, TEX. LAB. CODE ANN. §§ 401.021 and 402.00128(b)(7), and 28 TEX. ADMIN. CODE § 180.26(h).
3. In accordance with TEX. LAB. CODE ANN. § 415.021, the commissioner of workers' compensation may assess an administrative penalty against a person who commits an administrative violation.
4. In accordance with TEX. LAB. CODE ANN. § 415.002(a)(20), an insurance carrier or its representative commits an administrative violation each time it violates a commissioner's rule.
5. In accordance with TEX. LAB. CODE ANN. § 415.002(a)(22), an insurance carrier or its representative commits an administrative violation each time it fails to comply with a provision of this subtitle.
6. Fort Bend County violated TEX. LAB. CODE ANN. § 408.027 and 28 TEX. ADMIN. CODE § 133.240 each time it failed to pay, reduce, deny, or determine to audit a properly completed medical bill within 45 days of receipt of the bill.
7. Fort Bend County violated 28 TEX. ADMIN. CODE § 134.804(d) each time it failed to accurately submit medical EDI records to the division.

ORDER

Fort Bend County is ORDERED to pay an administrative penalty of \$6,000 within 30 days from the date of this Order.

The administrative penalty must be paid by company check, cashier's check, or money order made payable to the "State of Texas." Mail the administrative penalty to the Texas Department of Insurance, Attn: Compliance Division-DWC, MC 9999, P.O. Box 149104, Austin, Texas, 78714-9104.

Rod Bordelon
Commissioner of Workers' Compensation

Approved as to Form and Content:

Leah Gillum
Staff Attorney, Compliance Division
Texas Department of Insurance

AFFIDAVIT

STATE OF _____ §

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COUNTY OF _____ §

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Before me, the undersigned authority, personally appeared the affiant, who being by me duly sworn, deposed as follows:

"My name is _____. I am of sound mind, capable of making this statement, and have personal knowledge of these facts which are true and correct.

I hold the office of _____, and am the authorized representative of Fort Bend County. I am duly authorized by said organization to execute this statement.

Fort Bend County waives rights provided by the Texas Labor Code and other applicable laws, and acknowledges the jurisdiction of the commissioner of workers' compensation.

Fort Bend County is voluntarily entering into this consent order. Fort Bend County consents to the issuance and service of this consent order."

Affiant

SWORN TO AND SUBSCRIBED before me on _____, 2014.

(NOTARY SEAL)

Signature of Notary Public

Printed Name of Notary Public