



WCIS Advisory Committee Meeting

Medical Bill Payment Data

Presenters

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Outline of Presentation

- Count of reported bills
- Reporters
- Outstanding IRRs
- Reporting issues
- Data Quality
- Question Time

Count of Reported Bills

The table below shows accepted bills for the last 6 reporting years.

Distribution of Bills by Reporting Year	
Reporting Year	Bill Count
2011	16,126,848
2012	15,004,317
2013	15,718,329
2014	15,821,499
2015	16,621,133
2016*	4,816,259
2016**	3,714,284

* Using CA Version 1.0 and 1.1 Jan-April 5

** Using CA Version 2.0 April 6 - Oct

Data Reporters

- The following table indicates some sender that reported data in CA Version 1.1 are not reporting in in CA Version 2.0.
- The WCIS team will start contacting claims administrators whose data is missing.

Distribution of Data Reporters by Reporting Year				
Reporting Year	2014	2015	2016*	2016**
Senders	45	50	37	38
Insurers	1,649	1,589	1,254	706
Claims Administrators	338	447	351	385

* Using CA Version 1.0 and 1.1

** Using CA Version 2.0.

Timeliness of Reporting

- Pursuant to CCR §9702(e) claims administrators are required to submit their medical bills to WCIS within ninety days of bill payment /denial.
- 2015 showed a marked improvement for timely reporting of medical bills.

Distribution of Bills by Reporting Timeline				
Reporting Year	Days from Bill Payment to Reporting			
	< 91	>90	>90<366	>365
2013	76.9	23.1	11.9	11.2
2014	76.2	23.8	14.3	9.5
2015	85.6	14.4	6.9	7.5

IRRMED834

Reporting Pharmacy Bills without NDC codes

- This IRR added 2 new qualifiers, HC = Health Care Financing Administration Common and ER = Jurisdiction Specific Procedure and Supply Codes for SV402-1.

“Required SV402-1 = N4, use DN0721 NDC Billed Code
 SV402-1 = HC, use DN0714 HCPCS Line Procedure Billed Code
 SV402-1 = ER, use DN0715 Jurisdiction Procedure Billed Code”

- As a stop gap, until IRRMED836 is implemented, California will use HCPCS code in the SV4 segment with the prefix HC_ as shown in the example below.

SV4*123456*N4:HC_A6219***1*****Y~

IRRMED836

- The objective of this IRR is to create a way to report dispensing/compounding fee on professional bills.
- The proposed IRR uses the existing structure of the IAIABC 837 standard.
- Stakeholders input on the IRR is crucial to find a solution that works for all.

Application of IRRMED836 Example

- Reporting dispensing fee for physician dispensed compound drug – Proposed example

LX*1~

SV1*N4:01234567891*30.25*UN*2*01**1~ (*charged amount for the reported 1st ingredient*)

DTP*472*RD8*20150323-20150323~

LIN**N4*01234567891~ (*NDC of 1st ingredient/ Component*)

CTP****2*UN~ (*unit of measurement for this component*)

REF*VY*654321~ (*link used to piece together components of a compound drug i.e. lines 1 and 2*)

SVD*XX*23.25*N4:01234567891~

SVD*XX*7.00*HC: S9430~(*dispensing fee for all components*)

LX*2~

SV1*N4:19012345678*28.1*UN*60*01**1~ (*charged amount for the reported 2nd ingredient*)

DTP*472*RD8*20150323-20150323~

LIN**N4* 19012345678 ~ (*NDC of 2nd ingredient*)

CTP****60*UN~ (*unit of measurement for this component*)

REF*VY*654321~ (*link used to piece together components of a compound drug i.e. lines 1 and 2*)

SVD*XX*22.35*N4:19012345678~

Compound Drug Reporting

- Two ways to report compound drugs on professional bills
 - As stated in the currently approved CA medical guide.
 - As stated in the CA medical guide currently in rulemaking.
- Database entry when compound drug is reported in the currently approved way. Not possible to tell if all three NDC's shown are components of a compound drug or not.

BILL_ID	LINE_NUMBER	NDC_BILL_CD	HCPCS_LINE_P ROC_BILL_CD
125853979	1	38779007800	
125853979	2	37803036803	
125853979	3		99070
125853979	4	76420000200	
125853979	5		S9430

Compound Drug Reporting (cont'd.)

- Database entry when compound drug is reported using LIN Segment:

BILL_ID	LINE_NUM	NDC_BILL_CD	LINK_SEQ_NUM
181036115	1	38779273909	103049
181036115	2	38779008109	103049
181036115	3	38779052109	103049
181036115	4	38779038608	103049
181036115	5	51927333800	103049

California Version 1.1 unmatched data

Distribution of Unmatched Data

Reporting Year	Bill Count
2013	2,407,821
2014	4,939,263
2015	3,447,692
2016*	1,162,986

* January to April 5th

- Bills are getting rejected when submitting subsequent payments where the original 00 is unmatched.

Un-match data (cont'd.)

- To avoid rejection of subsequent bills whose 00 original is in the “orphanage” contact your WCIS EDI contact to get header information moved from the 4010 to the 5010 database.
- Use the JCN search site
- <https://www.dir.ca.gov/dwc/jcn/JCNsearch.asp>

Reporting Issues

- Multiple ST/SE with one bill in each ST/SE in the same 837 file.

Reporting Issues (cont'd.)

HL*1**20*1~ _____> Insurer 1
HL*2*1*EM*1~ _____> Employer 1
HL*3*2*CL*0~ _____> Claim 1 with 3 bills
CLM*1*1.10***01:B*****N***00~
CLM*2*2.20***01:B*****N***00~
CLM*3*3.30***01:B*****N***00~
HL*4*2*CL*0~ _____> Claim 2 with 2 bills
CLM*4*4.40***01:B*****N***00~
CLM*5*5.50***01:B*****N***00~
HL*5**20*1~ _____> Insurer 2
HL*6*5*EM*0~ _____> Employer 2
HL*7*6*CL*0~ _____> Claim 3 with 5 bills
CLM*6*6.60***01:B*****N***00~
CLM*7*7.70***01:B*****N***00~
CLM*8*8.80***01:B*****N***00~
CLM*9*9.90***01:B*****N***00~
CLM*10*10.10***01:B*****N***00~

Reporting Issues (cont'd.)

- 824 structure from WCIS is being questioned by Trading Partner and is being discussed.
- DN0266 -Transaction Tracking Number should be unique for a sender.
- Sequencing errors
 - Subsequent BSRCs are being reported when BSRC 00 Original is not accepted.

Validation Changes

The following validation errors in WCIS were corrected:

Removed 001 *Mandatory field not present* since these two data elements are not in the currently approved CA Medical Guide . Currently in rulemaking and not yet adopted.

- DN0048 Employee City

- DN0050 Employee Postal Code

Error 001 Mandatory field not present was removed from:

- DN0525 – Principal Procedure Code for institutional bills;

- DN0622 – Admission Hour on some inpatient bills

Validation Changes (cont'd.)

- Error 064 Invalid data relationship was removed from DN0535 – Admitting Diagnosis Code for outpatient bills
- To avoid rejection of bills denied for invalid billed and paid procedure codes at the line level, validation is bypassed when service adjustment reason code 181 is reported.
- An upcoming change when the new CA Medical Guide currently in rulemaking takes effect. Error 001-Mandatory field not present is applied to DN0537 Billing Provider Primary Specialty Code

5010 Data Acknowledgment Summary

April 6, 2016 to August 30, 2016

Description	Counts
Total Bills	4,194,678
Accepted Bills	2,854,385
Rejected Bills	1,340,293
Item Reject (IR)	
Bills	1,340,293
Data Elements	2,139,368

Data Quality Report

Matching with FROI:

- DN0015 Claim Admin Claim Number
- + DN0005 JCN
- + DN0006 Insurer FEIN

Data Element	Error Code	Number of Errors
DN0015 Claim Admin Claim Number	039 – No Match on data base	573,022

Data Quality Report (cont'd.)

Matching with FROI:

- DN0015 Claim Admin Claim Number
- + DN0005 JCN
- + DN0006 Insurer FEIN

Current Information shows only DN0015 Claim Admin Claim Number is in error

RED*DN15+DN5+DN6=ABC12345+20161234567+123456789**IB**GJ*0015~

Additional Information to show error for DN0006 Insurer FEIN and DN0005 JCN

RED*DN15+DN5+DN6=ABC12345+20161234567+123456789**IB**GJ*0006~

RED*DN15+DN5+DN6=ABC12345+20161234567+123456789**IB**GJ*0005~

Data Quality Reports (cont'd.)

Data Element	Error Code	Number of Errors
DN0714 HCPCS Line Procedure Billed Code	058 Invalid Code	14,040
DN0715 Jurisdiction Procedure Billed Code	058 Invalid Code	8,608
DN0721 NDC Billed Code	058 Invalid Code	62,999
DN0726 HCPCS Procedure Paid Code	058 Invalid Code	12,900
DN0728 NDC Paid Code	058 Invalid Code	36,354
DN0729 Jurisdiction Procedure Paid Code	058 Invalid Code	9,682

- Consistent periodic update of all code tables is done.
- NDC codes- The WCIS subscribes to Medispan weekly data download

Data Quality Report (cont'd.)

Data Element	Error Code	Number of Errors
DN0569 Billing Provider Country Code	058 – Invalid Code	46,030
DN0689 Facility Country Code	058 – Invalid Code	79,725

Erroneous Reporting

N4*San Francisco*CA*94120*US ~
N4*San Francisco*CA*94121*USA~

Change to:

N4*San Francisco*CA*94120*US~
N4*San Francisco*CA*94120~

Error Information

RED*US **GJ*0569~
RED*USA**GJ*0689~

Data Quality Report (cont'd.)

Data Element	Error Code	Number of Errors
DN0541 Billing Provider State Code	001 – Mandatory field not present	41,620
DN0542 Billing Provider Postal Code	001 – Mandatory field not present	53,112

Erroneous Reporting

N4*San Francisco~

Change to:

N4*San Francisco*CA*94120~

Error Information

RED*NONE**GJ*0541~

RED*NONE**GJ*0542~

Data Quality Report (cont'd.)

Data Element	Error Code	Number of Errors
DN0208 Managed Care Organization ID Number	058 – Invalid Code	80,778
DN0208 Managed Care Organization ID Number	064 – Invalid Data Relationship	18,771
DN0209 Managed Care Organization Name	064 – Invalid Data Relationship	18,315
DN0704 Managed Care Organization FEIN	064 – Invalid Data Relationship	19,056

Related to DN0507 Provider Agreement Code equals P

Data Quality Report (cont'd.)

Erroneous Reporting 1

CLM*123.45*733.53***11:A:1*****P***00~

NM1*Y2*2*Best Managed Care*****75*C25~

REF * EI*123456789~

Error Information

RED*C25**GJ*0208~

Erroneous Reporting 2

CLM*123.45*733.53***11:A:1*****P***00~

Missing Loop 2310F MCO Information

Error Information

RED*NONE**GJ*0208~

RED*NONE**GJ*0209~

RED*NONE**GJ*0704~

Data Quality Report (cont'd.)

Loop 2310F Manage Care Organization Information

When to report MCO Information?

When DN0507 Provider Agreement Code = 'P'

How to report DN0507 Provider Agreement Code?

P = When both injured worker and medical provider are within DWC approved Medical Provider Network (MPN) plan

H = HMO

Y = When Service provided under a PPO

N = No agreement

Where to find MCO ID?

<http://www.dir.ca.gov/dwc/mpn/ListApprovedMPN.pdf>

or

The 10th to 13th digits of the MPN approval number

Where to find MCO FEIN?

The 1st – 9th digits of the MPN Approval Number

Data Quality Report (cont'd.)

Data Element	Error Code	Number of Errors
DN0515 Contract Type Code	064 Invalid Data Relationship	3,191
DN0741 Contract Line Type Code	064 Invalid Data Relationship	36,665

Related when DN0507 Provider Agreement Code is P, H or Y

Data Quality Report (cont'd.)

Erroneous Reporting

CLM*321.45*125.53***11:B*****Y***00

Missing bill level CN1 Segment

LX*1~

Missing line level CN1 Segment

Error Information

RED*NONE WHEN DN0507 = Y*IB**GJ*0515~

RED*NONE WHEN DN0507 = Y**IB**GJ*0741~

Change to:

CLM*321.45*125.53***11:B*****Y***00~

CN1*04~

LX*1~

CN1*04~

Data Quality Report (cont'd.)

Data Element	Error Code	Number of Errors
DN0527 Prescription Bill Date	111 Must be a valid content	18,708
DN0605 Service Line Date(s) Range	071 – Must be >= Service Date	146,741

DN0527 Prescription Bill Date related to
DN0604 Prescription Line Date

DN0510 Date of Bill related to
DN0605 Service Line Date(s) Range

Data Quality Report (cont'd.)

Erroneous Prescription Bill Reporting

DTP*471*RD8*20160520-20160525~

LX*1~ DTP*471*D8*20160518~

LX*2~ DTP*471*D8*20160526~

Error Information

RED*20160520**IB**GJ*0527~

RED*20160526**IB**GJ*0527~

Erroneous Reporting for bills with lines

DTP*434*D8*20160520~

LX*1~ DTP*472*D8*20160518~

LX*2~ DTP*472*D8*20160523~

Error Information

REF*FJ*2~

RED*DN0510 DATE OF BILL 2016520 IS BEFORE DN605 SERVICE LINE DATE FROM **IB**GJ*0605~

Data Quality Report (cont'd.)

Data Element	Error Code	Number of Errors
DN0557 Diagnosis Pointer	064 Invalid Data Relationship	71,000

Related to Non-Institutional Diagnosis
DN0522 Diagnosis Code

Data Quality Report (cont'd.)

Erroneous Reporting 1

HI*BK:78001*BF:78002*BF:78003*BF:78009~

SV1*HC:44213*1100*UN*1*21*49*1:7*****N~

Error Information

RED*7**IB**GJ*0557~

Erroneous Reporting 2

Missing HI Diagnosis Codes Segment

SV1*HC:44213*1100*UN*1*21*49*1*****N~

Error Information

RED*NONE**IB**GJ*0522~

RED*1**IB**GJ*557~

Data Quality Report (cont'd.)

Data Element	Error Code	Number of Errors
Bill Level Balancing		
DN0501 Total Charge Per Bill	064 – Invalid Data Relationship	66,278
DN0516 Total Paid Per Bill		1,346
Line Level Balancing		
DN0552 Total Charge Per Line	064 – Invalid Data Relationship	179,367
DN0572 Drugs/Supplies Billed Amount		2,032

Data Quality Report (cont'd.)

Rule 1 except lien bills

Professional, dental and Institutional bills

RED*288!=366.75 RULE DN0501=SUM OF DN0552**IB**GJ*0501~

Prescription bills

RED*288!=366.75 RULE DN0501=SUM OF DN0572**IB**GJ*0501~

Rule 2 except lien bills

RED*133!=333.75 RULE DN0516=SUM OF DN0574**IB**GJ*0516~

Data Quality Report (cont'd.)

Rule 3 on all bill types

RED*288!=133+155+2325 RULE DN501=SUM(DN516+DN545+DN733)**IB**GJ*0501~

Rule 4 except lien bills. Occurs independently for each individual service line when
Sum of DN0545 Bill Adjustment Amount = 0

Professional, dental and Institutional bills

RED*288!=366.75 RULE DN0552=DN0574+SUM OF DN0733**IB**GJ*0552~

Prescription bills

RED*288!=366.75 RULE DN0572=DN0574+SUM OF DN0733**IB**GJ*0572~

Reporting Prescription Bills with Pharmacy Dispensing Fee Segment

LX*1~

SV4*123456*N4:00378443001***1*****Y~

DTP*472*D8*20110613~

DTP*471*D8*20110611~

QTY*QB*30~

QTY*SP*30~

AMT*D7*15~ → dispensing fee segment reported in LX*1 only. Not part of balancing

AMT*PB*48~ → Charge amount

SVD*XX*32*N4:00378443001~ → Amount Paid

CAS*PI*217*31*91*-15~ → Adjustment amount
31 for the drug and 15 for dispensing fee
Negative adjustment increase payment

LX*2~

SV4*123456*N4:49884077905***1*****Y~

DTP*472*D8*20110613~

DTP*471*D8*20110611~

QTY*QB*30~

QTY*SP*30~

AMT*PB*50~ → Charge amount

SVD*XX*38.29*N4:00378443001~ → Amount Paid

CAS*PI*217*11.71~ → Adjustment amount

Balancing Prescription Bills with Pharmacy Dispensing Fee

Bill Level

DN0501 Total Charge Per Bill	98.00
DN0516 Total Amount Paid	70.29
DN0545 Bill Adjustment Amount	0.00

Service Line Level

Line 1

DN0572 Drug/Supplies Billed Amount	48.00
DN0574 Amount Paid Per Line	32.00
DN0733 Service Adjustment Amount	31.00
DN0733 Service Adjustment Amount	-15.00

Line 2

DN0572 Drug/Supplies Billed Amount	50.00
DN0574 Amount Paid Per Line	38.29
DN0733 Service Adjustment Amount	11.71

Notes on reporting on AMT*D7 dispensing fee segment:

- Report dispensing fee as negative adjustment in CAS segment to reflect increased payment.
- Subtract dispensing fee from payment to get actual amount paid for the service.

Rule 1: Medical Bill Charge Amounts

Sum of DN0572 Drug/Supplies Billed Amount
= DN0501 Total Charge Per Bill
Ex. $48.00 + 50.00 = 98.00$

Rule 2: Medical Bill Payment Amounts

Sum of DN0574 Amount Paid Per Line
= DN0516 Total Amount Paid
Ex. $32.00 + 38.29 = 70.29$

Rule 3: Medical Bill Charge/ Payment/Adjustment Amounts

DN0516 Total Amount Paid
+ Sum of DN0545 Bill Adjustment Amount
+ Sum of DN0733 Service Adjustment Amount
DN0501 Total Charge Per Bill
Ex. $70.29 + 0 + (31.00 - 15 + 11.71) = 98.00$

Rule 4: Line Level Balancing

Occurs independently for each service line if the sum of DN0545 Bill Adjustment Amount = 0
Sum of DN0574 Amount Paid Per Line
+ Sum of DN0733 Service Adjustment Amount
DN0572 Drug/Supplies Billed Amount
Ex. *Line 1:* $32.00 + (31.00 - 15.00) = 48.00$
Line 2: $38.29 + 11.71 = 50.00$

What is in the pipeline?

- Monthly outstanding IR report by sender.
- Monthly Acknowledgment reports.
- Data inconsistency reports.

WCIS Trading Partner Contacts

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WCIS Website

<http://www.dir.ca.gov/dwc/WCIS.htm>