

DWC Forum – WCIS

Stacy L. Jones, Senior Research Associate
California Workers' Compensation Institute

July 20, 2015

Recommended revisions to the proposed modifications to the Workers' Compensation Information System (WCIS) regulations are indicated by underscore and ~~strikeout~~. Comments and discussion by the Institute are indented and identified by *italicized text*.

§9701 Definitions

Recommendation

(2) For reporting on or after November 15, 2011, but before ~~July 1, 2015~~ (OAL to insert date twelve months after date of filing approved regulation with the Secretary of State), use the California EDI Implementation Guide for First and Subsequent Reports of Injury, Version 3.0, dated November 15, 2011, which is incorporated by reference.

(3) For reporting on or after ~~July 1, 2015~~ (OAL to insert date twelve months after date of filing approved regulation with the Secretary of State) use the California EDI Implementation Guide for First and Subsequent Reports of Injury, Version 3.1, dated ~~August 15, 2015~~ (OAL approval date), which is incorporated by reference.

Discussion

The Institute recommends that the effective date for revised reporting requirements be determined as a factor of regulation finalization and a requisite programming window. The proposed regulations stipulate a past date for electronic submissions, which is not possible. The effective date for new data reporting requirements must be far enough into the future that the regulatory process may be completed and affected parties are able to undertake necessary programming changes. Due to the number of revisions being proposed, the Institute recommends that the effective date be at least twelve months after approval of the regulations to ensure that claims administrators and trading partners are able to program and test the necessary system changes.

California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) Version 3.1 ~~(August 15, 2015)~~ (OAL Approval Date)

Recommendation

The Institute recommends that the date for the California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) Version 3.1 be determined by the OAL approval date.

Discussion

The Institute recommends inserting the OAL approval date so that there is assurance that the date of the revised EDI Implementation Guide does not occur in the past. There is no way to determine how long the regulatory process will take and all impacted data transmissions must take place subsequent to the date of the Guide, since they are future events by practical definition.

Labor Code section 138.7 “Individually identifiable information”; restricted access.

Recommendation

(b)(2)(B)(i) The State Department of Health Care Services may use individually identifiable information for purposes of seeking recovery of Medi-Cal costs incurred by the state for treatment provided to injured workers that should have been incurred by employers and insurance carriers pursuant to Article 3.5 (commencing with Section 14124.70) of Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code.

(ii) The Department of Industrial Relations shall furnish individually identifiable information to the State Department of Health Care Services, and the State Department of Health Care Services may furnish the information to its designated agent, provided that the individually identifiable information shall not be disclosed for use other than the purposes described in clause (i). The administrative director **may shall** adopt regulations solely for the purpose of governing access by the State Department of Health Care Services or its designated agents to the individually identifiable information as defined in subdivision (a).

Discussion

The Institute recommends replacing may with shall in order to ensure that clear rules govern access to individually identifiable information. This is also in keeping with language in 138.7(b)(3)(A), which states that the “administrative director shall adopt regulations governing the access” to individually identifiable data used by the Division of Workers’ Compensation, the Division of Occupational Safety and Health and the Division of Labor Statistics and Research.

Data Requirements for First Reports of Injury

Recommendation

Data number 53 (DN52), representing the employee’s date of birth is listed as Mandatory/Fatal (M/F) in the revised Data Requirements for First Reports of Injury table. The Institute recommends that this data element remain as Mandatory/Serious (M/S).

Discussion

The Institute recommends that this data element not be made Mandatory/Fatal because claims administrators do not have complete control over this information. The California Workers' Compensation Claim Form (DWC 1) does not include the employee's date of birth, nor is there a provision in the Labor Code or regulations requiring that an employee provide his or her date of birth in order to file a claim for benefits. The Doctor's First Report of Occupational Injury or Illness (DWC 5021) does include the date of birth, but the form is not deficient if it is not provided. While attempts are made to obtain an employee's date of birth, there is nothing that compels an employee to provide it.

FROI Conditional Rules and Implementation Notes

Recommendation

The Institute recommends clarification for the conditional requirement for DN52, Employee Date of Birth. If MTC=AU AND Jurisdiction Claim Number (DN5) **not** provided then **NOT** Mandatory.

Discussion

The data element (DN52) is listed as Mandatory/Fatal (M/F) in the Data Requirements for First Reports of Injury table, but the FROI Conditional Rules and Implementation Notes indicate that it is mandatory if MTC=AU and JCN is not provided. If the intent is to require that DN52 be accurately populated in all circumstances other than when a claim is acquired (MTC=AU) and the JCN is known, the suggested language is more inclusive.

Peggy Sugarman, Workers' Compensation Director
City and County of San Francisco

July 20, 2015

Labor Code Section 138.6, originally enacted in 1993, requires the administrative director to develop a cost-efficient workers' compensation information system which is designed to assist the department to manage and facilitate the evaluation of the workers' compensation system in an effective and efficient manner, assist in measuring how adequately the system indemnifies injured workers, and to provide statistical data for research into specific aspects of the Workers' Compensation Program. The data is required to be compatible with the Electronic Data Interchange System of the IAIABC, and the Administrative Director has consistently adopted format standardized by the IAIABC only. The proposed changes to the existing regulations continue that tradition.

Unfortunately, the process for submitting Subsequent Reports of Injury (SROIs) has proven to be extremely difficult for many claims administrators, including for the City & County of San Francisco. This difficulty arises out of the transactional nature of the requirements, which essentially places the responsibility for submitting the information on the claims examiner or

claims assistant. The sequencing process requires each change of benefit to be successfully submitted prior to the next transaction, which in the claims world can happen simultaneously.

The biggest challenge for the staff begins after the initial payment submission, where the trajectory of the claim may not follow a predictable course. An injured employee may, for example, return to temporary modified employment for a few days before returning to a disabled status. Starts and stops happen frequently, which increase the burden on the individual claims person responsible for the transmission. Each transaction must be accepted before the next transaction can be submitted, requiring that the assistant go back into the claim at a later date to perform the next step. Errors in the transmission are common, requiring the person submitting the data to go back into the claim and correct the transaction(s).

Given the other deadlines and responsibilities of claim handling, some administrators have resorted to hiring additional staff just to comply with the WCIS requirements. Even if it takes two minutes per transaction (and I am told that it can take up to 30 minutes just to research an error in the transmission process), the amount of time that is required to comply is staggering, inefficient, and costly.

More than twenty years have passed since Labor Code section 138.6 was enacted, and administrators continue to struggle with the SROI reporting. Rather than continuing to ask administrators to bear this burden, I suggest that the Administrative Director consider other ways to obtain the data she needs to assess the effectiveness and efficiency of the California workers' compensation system. The statute provides broad authority for the Administrative Director to accept alternative formats. One consideration would be to require that the required data elements be submitted on a monthly or quarterly basis similar to the Medical Bill Payment report. In this way, administrators could program the reporting and remove it more properly to the systems side of claims administration and away from the claims desk.

Perhaps convening a focus group of administrators would be helpful to identify how we can more easily supply the required data so that the WCIS could finally be the robust source of information it was originally intended to be.

Lisa Anne Forsythe, Senior Consultant
Coventry WorkComp Services

July 20, 2015

We are submitting these comments in support of the proposal to adopt the 2015 version of the IAIABC Guides to accommodate physician-dispensed billings. This version continues to improve upon the prior IAIABC Version 2.0, and we view its adoption as an appropriate step forward.

Robyn Stryd, Claims Operations Manager
State Compensation Insurance Fund

July 20, 2015

State Compensation Insurance Fund appreciates the opportunity to provide input regarding the Division of Workers' Compensation's (DWC) proposed revisions to WCIS Regulations. State Fund appreciates the DWC's efforts to provide further clarity to the regulations and submits the following comments for your consideration.

Recommended changes are indicated by underscore for additional language and ~~strikeout~~ for deleted language.

§9701 Definitions

Recommendation

(2) For reporting on or after November 15, 2011, but before ~~July 1, 2015~~ (OAL to insert date twelve months after date of filing approved regulation with the Secretary of State), use the California EDI Implementation Guide for First and Subsequent Reports of Injury, Version 3.0, dated November 15, 2011, which is incorporated by reference.

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Discussion

State Fund recommends that the effective date for the proposed reporting requirements include a year for system implementation or programming changes. This will allow sufficient time for the stakeholders to update the system and test the program changes.

CA DWC Billing and Payment Guide

Discussion

Medical reporting is based on the data or information reflected on a bill. The provider and carrier will not be able to identify a Compound or Repackaged drug if the data elements and parameters are not in a standard billing format used by physicians.

Recommendations

State Fund recommends that the DWC create a standard on billing and identifying a Compound or Repackaged drug which will result in consistent reporting results.

California EDI Requirements (pg. 3)

Discussion

The Subsequent Report of Injury discussion on this page seems to indicate reopening a claim itself as a triggering requirement for a SROI submission. However, there does not seem to be to be a SROI MTC identifying the reopening of a claim as an event to send a transmission, and the DWC's WCIS FAQ's answer to "How is a reopened claim reported" seems to indicate other events as triggers for sending a submission for a reopened claim.

Recommendation

Delete "reopened" from the text, update punctuation to accommodate deletion.

Section F: Trading Partner Profile

Discussion

A new "FROI/SROI Electronic Data Interchange Trading Partner Profile" is proposed

Comment

Please clarify if existing trading partners will need to submit a new form. If required, please specify timeframe for the updated trading partners agreement.

Third Party Administrator FEIN (DN8)

Discussion

The proposed regulatory change will rename this field to the Claim Administrator FEIN and change the requirements for this data element.

The new name and use of this data element does not appear to be consistent with the definition in the International Association of Industrial Accident Boards and Commissions (IAIABC) guide release 1. For claims with no third party administrators, the proposed change would require adding the insurer FEIN here, but that is already provided in DN 6.

Recommendation

State Fund recommends no changes to this field's definition and requirements since it is not consistent with the definition in the IAIABC guide release 1.

Third Party Administrator Name (DN9)

Discussion

The proposed regulatory change will rename this field to the Claim Administrator name and change the requirements for this data element.

The new name and use of this data element does not appear consistent with the definition in the International Association of Industrial Accident Boards and Commissions (IAIABC) guide release 1. For claims with no third party administrators the proposed change would require adding the insurer name here (instead of submitting no data), but that is already provided in DN 7.

Recommendation

State Fund recommends no changes to this field's definition and requirements since it is not consistent with the definition in the IAIABC guide release 1.

Time of Injury (DN32)

Discussion

The proposed regulatory change will make this field mandatory for FROI submissions on claims with date of injury on or after implementation date of v3.1, where DN35 is not between 60 and 80, except for MTC = 04 (Cancel).

This field may be difficult to obtain at the time the case is made up, may change multiple times over the course of witness statements being gathered, or may be unavailable if the injury is contested (since the employer cannot verify the time of injury and injured may not provide this on the claim form.) This may increase the number of change reports required.

Recommendation

State Fund recommends leaving Time of Injury (DN32) as an optional field.

Initial Treatment (DN39)

Discussion

The proposed regulatory change will make the field mandatory if the DOI is on or after the implementation date of v3.1. The current definition under IAIABC First Report and Subsequent Report of Injury Release 1 is "A code used to identify the extent of medical treatment received by the employee immediately following the accident." The definition does not clearly define a time range for the determination to take place "immediately following the accident". The data reported may be inconsistent.

Recommendation

State Fund recommends leaving Initial Treatment (DN39) as an optional field.

Time Report is Due for FROI Change (MTC=02) Submission on Incomplete First Report

Discussion

The proposed regulatory change will now require the transmission to be sent within 30 calendar days of the original first report if the previously sent first report was incomplete.

Recommendation

State Fund recommends no change.

Time Report is Due for FROI Correction (MTC=CO) Submission**Discussion**

The proposed regulatory change will require a correction submission to be sent within 30 calendar days of original TE acknowledgement.

Recommendations

State Fund recommends correction submissions by 60 calendar days from the original TE acknowledgement.

Employee Date of Birth (DN52)**Discussion**

The proposed regulatory change will make the field Mandatory/Fatal for all FROI except MTC=AU (Acquired/Unallocated). The employee may not have provided the employer with his or her date of birth and may initially refuse to or be unable to provide this information. Also, the DWC-1 does not have a field for the Date of Birth.

If the date of birth is unavailable, then carrier cannot proceed with a timely FROI transmission.

Recommendation

State Fund recommends leaving the data requirement for DN52 as Mandatory/Serious.

Wage (DN62)**Discussion**

The proposed regulatory change would change data requirement for this field to Mandatory/Serious for all FROI except 01. There are instances when the wage information is zero such as for volunteers.

Recommendation

State Fund recommends specifying the allowance of 0 for DN 62 if the wages are unknown or if there are no wages.

FROI Matching Process for New Original “00” MTC (pg. 97)**Discussion**

On the proposed diagram, Rejects #2, 3, and 4 results in the same WCIS error code 048. This does not identify at which level submission failed the FROI matching process.

Recommendation

State Fund recommends all error acknowledgements returned as a result of this matching process specify on which level the check process failed.

FROI Matching Process for Cancel '01' MTC (pg. 98)**Discussion**

On the proposed diagram, Rejects #2 and 3 both result in the same WCIS error code 039. This does not identify the data element(s) which failed the matching process.

Recommendation

State Fund recommends all error acknowledgements returned as a result of this matching process specify which data element(s) caused the error.

FROI Matching Process for Change '02' or Correction 'CO' MTC (pg. 99)**Discussion**

On the proposed diagram, Rejects #2 and 3 both result in the same WCIS error code 039. This does not identify the data element(s) which failed the matching process.

Recommendation

State Fund recommends all error acknowledgements returned as a result of this matching process specify which data element(s) caused the error.

FROI Matching Process for Denial '04' MTC (pg. 100)**Discussion**

On the proposed diagram, Rejects #2 involves multiple DN that could potentially be a mismatch compared to the WCIS data.

Recommendation

State Fund recommends all error acknowledgements returned as a result of this matching process specify which data element(s) caused the error.

FROI 04 and Policy Information (for non-self-insured claims)**Discussion**

On the proposed revision, under the FROI Conditional Rules and Implementation Notes for DN 28-30, FROI 04 was the only transmission type removed for those claims where Self Insured Indicator = N. For claims where FROI 04 is the initial FROI transmitted, this allows a JCN to be assigned where Self Insured indicator = N, but the policy information was never provided under FROI

Recommendation

For claims where Self Insured Indicator = N, please provide clarification when a FROI 04 (denial) would be required that does not need the policy information.

DN73 Claim Status**Discussion**

On the Data Requirements for Subsequent Report of Injury, Claim Status (DN73) is changed to Mandatory/Fatal for FN and AN submissions.

Recommendation

State Fund recommends this data element continue to be optional for AN reporting in order to avoid sequencing errors.

DN 74 Claim Type**Discussion**

Under the proposed regulations, DN74 is now Mandatory/Fatal under all SROI transmissions except for CD, 02, and CO.

Recommendation

State Fund recommends this data element continue to be optional for all SROI transmissions.

Time Report is Due for SROI Correction MTC = CO**Discussion**

Under the proposed regulations, the time SROI MTC = CO has changed to 30 calendar days of original TE acknowledgement.

Recommendation

State Fund recommends the time report is due be changed to within 60 calendar days of the original TE acknowledgement.

DN56 Date Disability Began (SROI)**Discussion**

New SROI definition for DN56 does not appear to be consistent with the IAIABC Release 1 for FROI/SROI's definition of the same data element. It is not specified whether the proposed SROI or FROI definition of DN56 is involved in the California-specific edit on pages 74 and 75. If the proposed SROI definition is used, then any submission including DN68 Date of Return to Work and/or DN 70 Date of Maximum Medical Improvement may fail the California-specific edit since DN68 and DN70 remain static while DN56 may change under SROI.

The SROI Conditional Rules and Implementation Notes for DN56 were also updated.

Recommendation

State Fund recommends leaving the definition of DN56 unchanged, but updating the proposed text change on page 70 under SROI Conditional Rules and Implementation Notes for DN56.

“If Nature of Injury Code (DN35) is not between 60 and 80, then DDB (DN56) >= DOI (DN31) <DDB (DN56) is Mandatory”

Addition of AN and FN to table of MTCs Opening Benefits (pg. 91)

Discussion

Under the proposed regulations, AN and FN are benefit opening Maintenance Type Codes. However, neither actually is indicative of the start of a benefit period. Also, FN is simultaneously listed under the table for “Other” on page 92 which states “These Maintenance type codes don’t fall into the above categories. They don’t open, close, or update benefits in the same manner as other Maintenance Type Codes because ... (3) the MTC reports the closing of a claim (FN).” Similarly, AN is listed under “Periodic Reports” on page 93 which states “...Periodic Reports should not be used to report that a benefit period is opening, closing, or being updated.” Also on page 94, AN and FN are in the “Sequencing Rules” table that indicate they are Periodic Benefit Event Type and “Allow all” is indicated under “Benefit Event Processing Rules to be Applied.”

Recommendation

Excluding the addition of AN and FN to the “Open Benefits” table changes.

Sequencing Requirements for MTC= Px, and Sx (pg. 94)

Discussion

Px and Sx were added to the proposed regulation for the Rules Specific to Transaction-Level MTC.

Recommendation

State Fund recommends clarification of "preceded". Please specify if the MTC date determines which transaction precedes another, or if it is the date/order the transmission is received by WCIS which determines precedence.

SROI Matching Process for All SROI MTCs (pg. 103)

Discussion

On the proposed diagram, Rejects #2-5 all result in the same WCIS error code 039. Some levels also involve more than one data element.

Recommendation

State Fund recommends all error acknowledgements returned as a result of this matching process specify which data element(s) caused the error.

Differences Between Version 3.0 and Version 3.1 of WCIS (pg. 122)

Discussion

On item 33, it indicates SROI MTCs=CA, Px, and Sx must be preceded by at least one previous benefit event of any Payment/Adjustment Code (DN85). However, the addition to page 94 only includes MTC = Px and Sx. It does not reference MTC=CA.

Recommendation

Final change on page 94 should be consistent with the itemized points under “Differences Between Version 3.0 and Version 3.1 of WCIS.”

Maureen Mancini, Director of Business Processes
US HealthWorks Medical Group

July 20, 2015

The requirement that Providers submit BOTH the Original Manufacturer’s NDC code as well as the Pre-package Manufacturer’s NDC could create an unnecessary and significant cost to redesign and rewrite many industry medical providers’ EHR Medical software package. We currently have the ability to enter only 1 set of NDC codes per medication dispensed. Since the Re-packagers NDC # has no value to the Provider or the Carrier as it relates to reimbursement, and due to the limited availability of space on the CMS1500 claim form, we respectfully request this be optional and not required.

Reference below:

Repackaged drug reporting

The K3 segment in loop 2400 is used to report repackaged drugs. The original NDC is reported in the K3 segment with the original NDC prefaced with ‘ORIGN4’. The repackaged NDC is reported in the LIN segment in the 2410 loop

We fully support all other proposals as it relates to the Implementation Guide for Medical Bill Payment Records, 2.0.

Yeggy Easwaran, Business Analyst
One Call Care Management, Inc.

July 14, 2015

For the California Electronic Data Interchange (EDI) Implementation Guide for Medical Bill Payment Records Version 2.0 which is set to go live April 2016, it does look like we don't have the jurisdiction claim number in a lot of instances and we were wondering if that is something we have to make mandatory for the carriers/TPAs to send us so we can report it in turn to the division.

It will be better if you can make it optional to begin with.

Carmella Harrison, Assistant Vice President
Keenan

July 8, 2015

Are there any plans in the works to be able to send copies of Doctor' First Report (5021) to the state electronically, either via e-mail or SFTP, etc? We're moving to a paperless environment and currently ar epritrn

Also, are there any plans in the works to be able to provide the Audit Unit with electronic copies of claim files when onsite vs. having to print claims notes and payment transactions?