

THE 14TH ANNUAL
DIVISION OF WORKERS' COMPENSATION
EDUCATIONAL CONFERENCE



February/March 2007

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Workers' Compensation Information System

WCIS



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Goals for WCIS

- Help DWC Manage WC system
- Facilitate Evaluation of Benefits Delivery
- Assist in Measuring Benefit Adequacy
- Provide Statistical Data for Research

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Components of WCIS

- First Reports—FROI
- Subsequent Reports—SROI
- Medical/Bill Payment Reports

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Data Collection – First Report of Injury

	2/2007
■ Trading Partners Submitting Data	162
■ Total Number of Claims	5.6 m

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Data Collection – Subsequent Reports

	2/2007
■ Trading Partners Submitting Data	124
■ Total Number of Claims	1.1m

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Data Collection – Medical Billing Data

	2/2007
■ Trading Partners Submitting Data	107
■ Total Number of Bill Lines	250,000

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Data Uses to Date

- BSA
- CHSWC
- DHS
- DLSR
- DOSH
- DOI
- DWC
- EDD
- LAW ENFORCEMENT
- LEGISLATURE
- RESEARCHERS
- WCIRB

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WCIS Data Enhancements

- Medical Data Collection
- DEU, WCAB and UEF Databases
- EDD Database Linkage

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Major Work-in-Progress Research

- Return-to-Work Study
- Wage Loss Study
- Illness and Injury Incidence Rate Reports
- Timeliness of Payments Reports

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Current Compliance Issues

- Alternatives to Update SROI Information
 - As per Implementation Guide
 - Submit UR and IP
- Compliance Activities: 2003-06
 - Set Deadline for Compliance
 - Require TP Data Submission Plan

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WCIS and Auditing

- Annual Report of Inventory
- Penalties for Non-compliance

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FROI /SROI Task Force

- WCIS Survey of participants

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Characteristics of WCIS Claims and Claimants

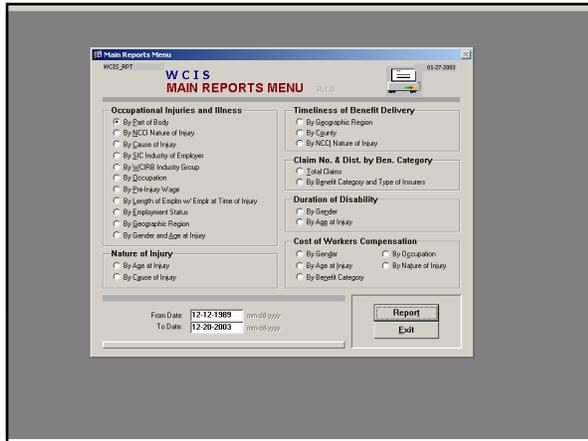
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Current Programmed Reports

Workers' Demographic and Work Characteristics

- Injuries by Part of Body, Nature, Cause
- Claims by Industry and Region; Benefit Category; Insurer Type
- Timeliness of Benefits Delivery
- Cost of Injuries

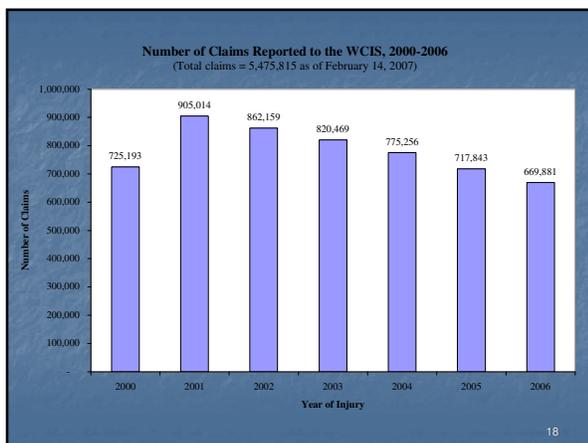
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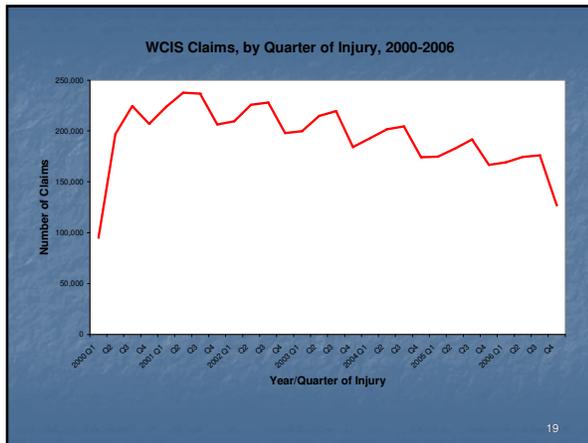


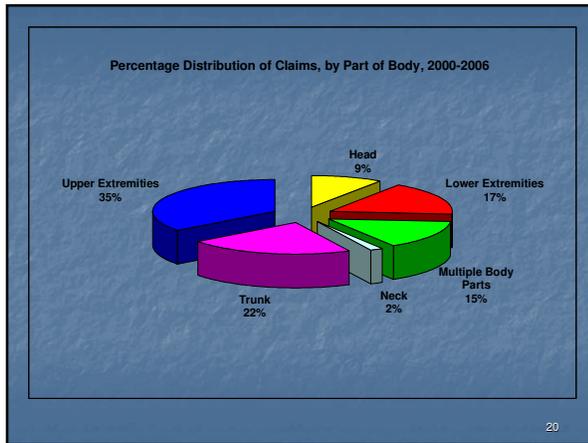
Tables/Reports on WCIS Webpage

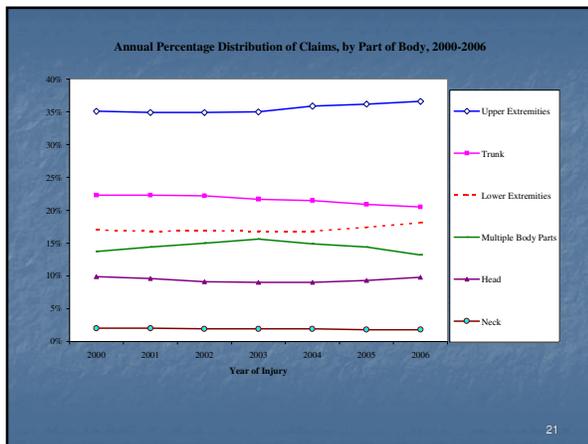
Tables (by Year of Injury, 2000-2006):

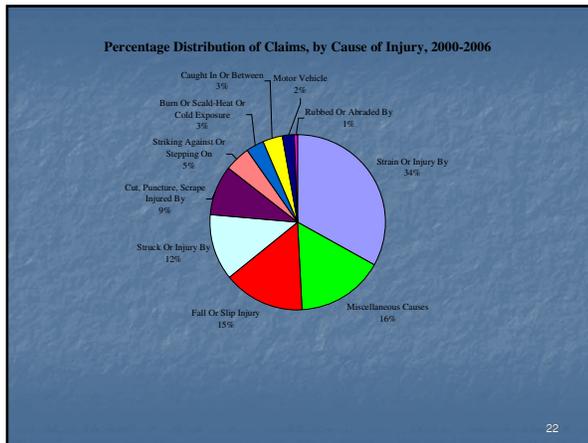
- Nature of Injury
- Part of Body
- Cause of Injury
- Age and Gender
- Type of Insurer
- Age & Gender by Insurer Type
- WCIS reports can be found online at:
 - http://www.dir.ca.gov/dwcc/wcis/WCIS_Reports.html

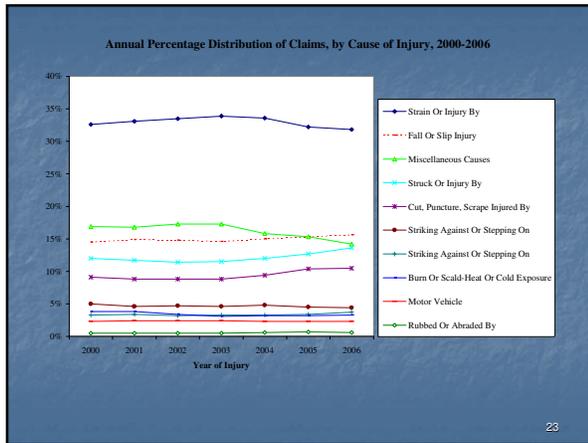


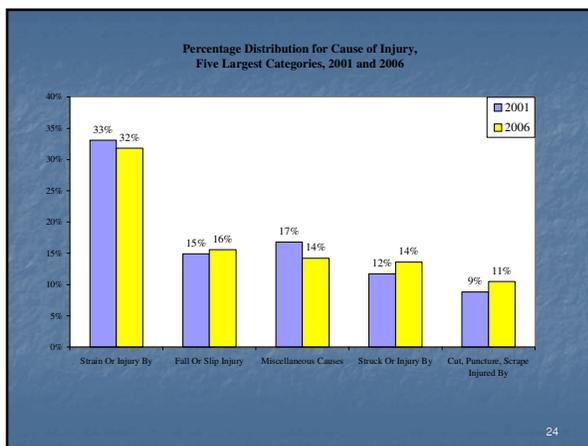


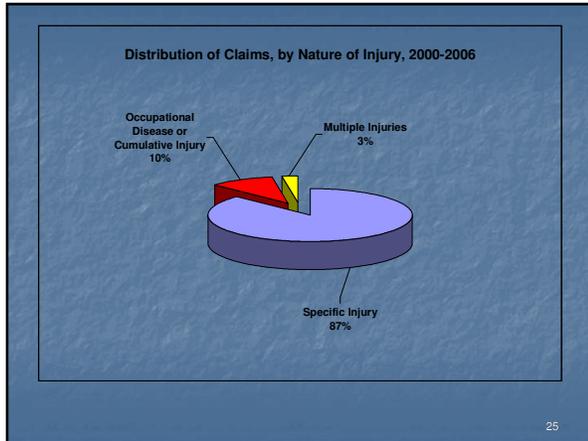


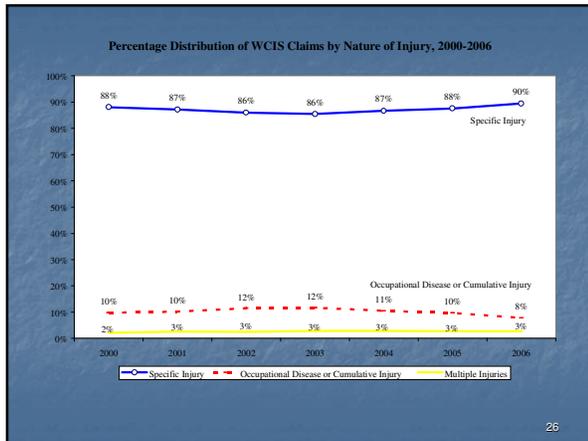


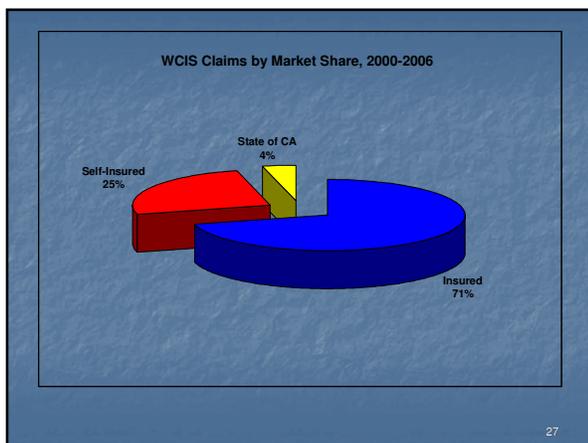


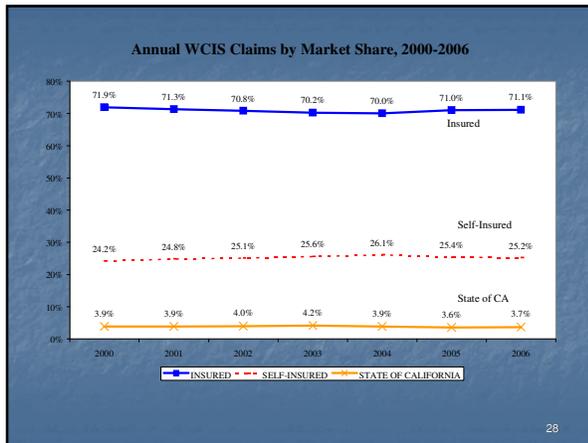


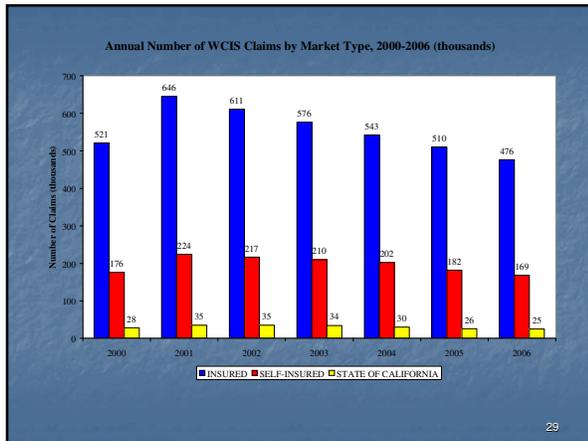


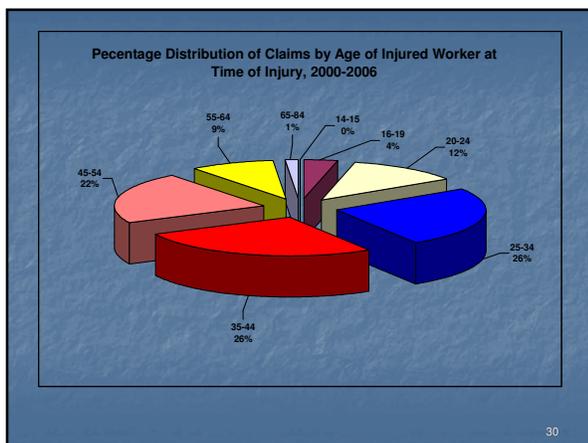


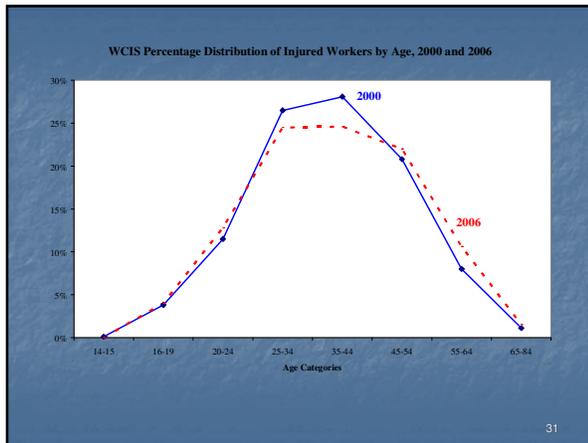


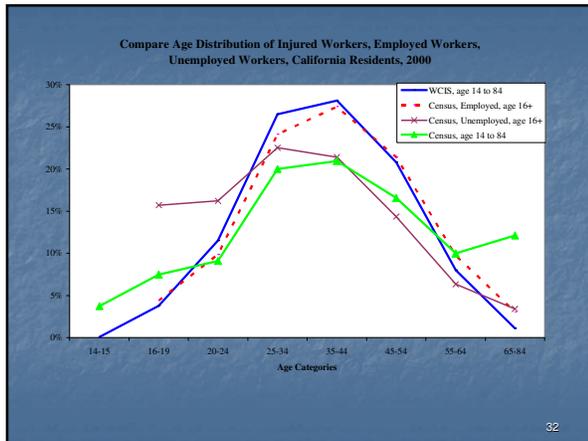


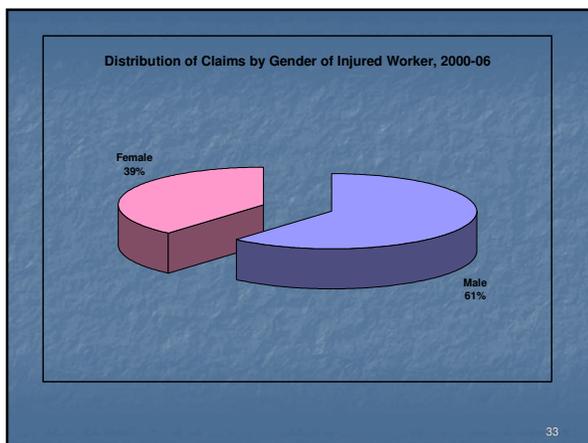


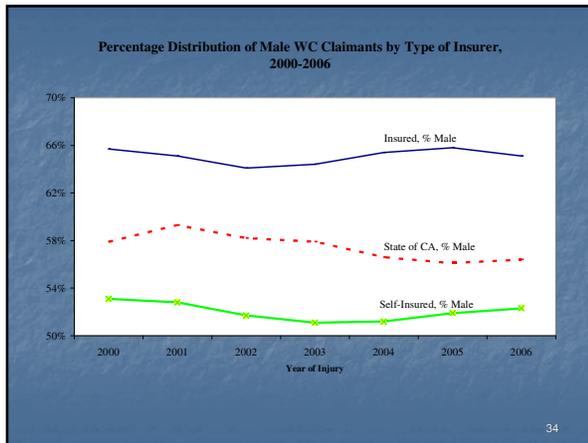




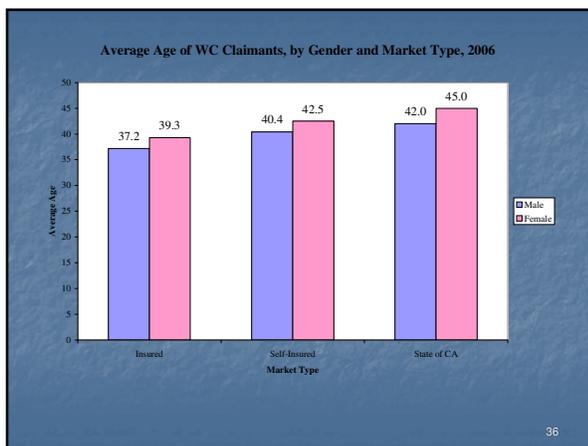


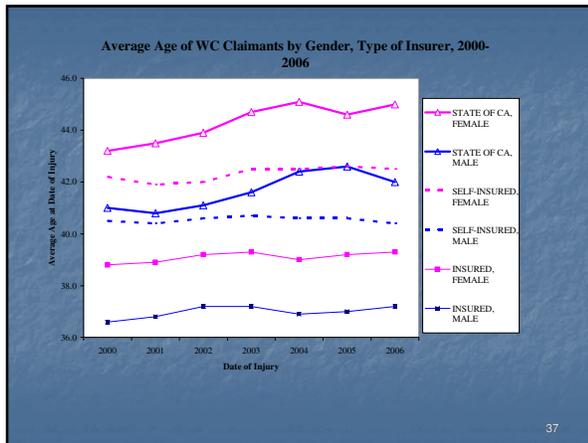












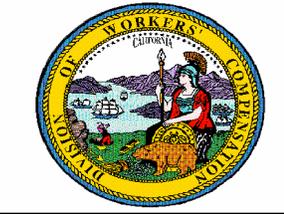
WCIS Medical Data Collection

- ## Uses of Medical Data
- Monitor the care injured workers receive
 - Monitor the cost of various medical services
 - Monitor utilization of medical services and products
 - Monitor how insurers/claims administrators are following standardized treatment guidelines
 - Monitor system performance by tracking medical costs and medical service delivery

Uses of Medical Data (cont'd)

- Identify needed fee schedule adjustments to ensure physician and other professional participation
- Provide detailed information on other medical services
 - Outpatient surgical facilities
 - Pharmaceuticals
 - Emergency rooms
 - Durable medical equipment
 - Home health care
- Provide information to help develop adjustments to the existing fee schedule such as a resource based relative value payment system
- Determine if capped price and capitated services are adequate
- Compare costs on an intra-state basis

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**Workers' Compensation Information System (WCIS)
California EDI Implementation Guide
for
Medical Bill Payment Records
Version 1.0
December 2005**

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Medical Data

<p>Nature of Presenting Problem</p> <p>31 DATE OF INJURY</p> <p>521 PRINCIPLE DIAGNOSIS CODE</p> <p>522 ICD-9 CM DIAGNOSIS CODE</p> <p>535 ADMITTING DIAGNOSIS CODE</p> <p>557 DIAGNOSIS POINTER</p> <p>Where Treatment was Provided</p> <p>504 FACILITY CODE</p> <p>656 RENDERING BILL PROVIDER POSTAL CODE</p> <p>542 BILLING PROVIDER POSTAL CODE</p> <p>555 PLACE OF SERVICE BILL CODE</p> <p>600 PLACE OF SERVICE LINE CODE</p> <p>678 FACILITY NAME</p> <p>679 FACILITY FEIN</p> <p>680 FACILITY STATE LICENSE NUMBER</p> <p>681 FACILITY MEDICARE NUMBER</p> <p>688 FACILITY POSTAL CODE</p>	<p>What Treatment was Performed</p> <p>628 HCPCS PRINCIPLE PROCEDURE BILLED CODE</p> <p>715 JURISDICTION PROCEDURE BILLED CODE</p> <p>717 HCPCS MODIFIER BILLED CODE</p> <p>718 JURISDICTION MODIFIER BILLED CODE</p> <p>714 HCPCS LINE PROCEDURE BILLED CODE</p> <p>728 HCPCS LINE PROCEDURE PAID CODE</p> <p>727 HCPCS MODIFIER PAID CODE</p> <p>729 JURISDICTION PROCEDURE PAID CODE</p> <p>730 JURISDICTION MODIFIER PAID CODE</p> <p>737 HCPCS BILL PROCEDURE CODE</p> <p>Payments</p> <p>516 TOTAL AMOUNT PAID PER BILL</p> <p>844 BILL ADJUSTMENT REASON CODE</p> <p>867 DME BILLING FREQUENCY CODE</p> <p>574 TOTAL AMOUNT PAID PER LINE</p> <p>624 INITIAL AMOUNT PAID</p> <p>728 NDC PAID CODE</p> <p>732 SERVICE ADJUSTMENT REASON CODE</p> <p style="text-align: right;">42</p>
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Medical Data

Who Provided the Treatment	When Treatment was Performed
500 UNIQUE BILL ID NUMBER	509 SERVICE BILL DATE RANGE
503 BILLING FORMAT CODE	513 ADMISSION DATE
528 BILLING PROVIDER LAST/ GROUP NAME	514 DISCHARGE DATE
537 BILLING PROVIDER PRIMARY SPECIALTY CODE	518 DRG CODE
559 REVENUE BILLED CODE	524 PROCEDURE DATE
576 REVENUE PAID CODE	604 PRESCRIPTION LINE DATE
586 RENDERING LINE PROVIDER FEIN	605 SERVICE LINE DATE RANGE
589 RENDERING LINE PROVIDER LAST/ GROUP NAME	
592 RENDERING LINE PROVIDER NATIONAL ID	Pharmacy Codes Listed Below
595 RENDERING LINE PROVIDER PRIMARY SPECIALTY CODE	502 BILLING TYPE CODE
599 RENDERING LINE PROVIDER STATE LICENSE NUMBER	503 DRUG NAME
628 BILLING PROVIDER FEIN	570 DRUGS/ SUPPLIES QUANTITY DISPENSED
630 BILLING PROVIDER STATE LICENSE NUMBER	571 DRUGS/ SUPPLIES NUMBER OF DAYS
638 RENDERING BILL PROVIDER LAST/ GROUP NAME	721 NDC BILLED CODE
642 RENDERING BILL PROVIDER FEIN	
643 RENDERING BILL PROVIDER STATE LICENSE NUMBER	
649 RENDERING BILL PROVIDER SPECIALTY LICENSE NUMBER	
651 RENDERING BILL PROVIDER PRIMARY SPECIALTY CODE	

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Medical Data

Charges	Payment Mechanisms
501 TOTAL CHARGE PER BILL	208 MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER
552 TOTAL CHARGE PER LINE - OTHER	209 MANAGED CARE ORGANIZATION NAME
565 TOTAL CHARGE PER LINE - RENTAL	507 PROVIDER AGREEMENT CODE
566 TOTAL CHARGE PER LINE - PURCHASE	564 BASIS OF COST DETERMINATION CODE
572 DRUGS/ SUPPLIES BILLED AMOUNT	704 MANAGED CARE ORGANIZATION FEIN
579 DRUGS/ SUPPLIES DISPENSING FEE	712 MANAGED CARE ORGANIZATION POSTAL CODE
When Bills/ Payments were Delivered	Other Pertinent Information
510 DATE OF BILL	5 JURISDICTION CLAIM NUMBER
511 DATE INSURER RECEIVED BILL	6 INSURER FEIN
512 DATE INSURER PAID BILL	7 INSURER NAME
527 PRESCRIPTION BILL DATE	15 CLAIM ADMINISTRATOR CLAIM NUMBER
Who Received the Treatment	187 CLAIM ADMINISTRATOR FEIN
42 EMPLOYEE SSN	188 CLAIM ADMINISTRATOR NAME
43 EMPLOYEE LAST NAME	508 BILL SUBMISSION REASON CODE
44 EMPLOYEE FIRST NAME	547 LINE NUMBER
45 EMPLOYEE MIDDLE INITIAL	561 PRESCRIPTION LINE NUMBER
152 EMPLOYEE EMPLOYMENT VISA	
45 EMPLOYEE GREEN CARD	
45 EMPLOYEE PASSPORT NUMBER	

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ANSI Updates since 2005

100 DATE TRANSMISSION SENT
 101 TIME TRANSMISSION SENT
 102 ORIGINAL TRANSMISSION DATE
 103 ORIGINAL TRANSMISSION TIME
 104 TEST/ PRODUCTION INDICATOR
 105 INTERCHANGE VERSION ID
 106 DATE PROCESSED
 109 TIME PROCESSED
 110 ACKNOWLEDGMENT TRANSACTION SET ID
 111 APPLICATION ACKNOWLEDGMENT CODE
 116 ELEMENT NUMBER
 119 ELEMENT ERROR NUMBER
 266 TRANSACTION TRACKING NUMBER
 523 BILLING PROVIDER UNIQUE BILL IDENTIFICATION NUMBER
 525 ICD_9 CM PRINCIPLE PROCEDURE CODE
 526 RELEASE OF INFORMATION CODE
 532 BATCH CONTROL NUMBER
 543 BILL ADJUSTMENT GROUP CODE
 544 BILL ADJUSTMENT REASON CODE
 545 BILL ADJUSTMENT AMOUNT
 546 BILL ADJUSTMENT UNITS
 550 PRINCIPLE PROCEDURE DATE5
 551 DAYS/ UNITS CODE
 554 DAYS/ UNITS BILLED
 562 DISPENSE AS WRITTEN CODE
 593 RENDERING LINE PROVIDER POSTAL CODE
 615 REPORTING PERIOD731 SERVICE ADJUSTMENT GROUP CODE
 733 SERVICE ADJUSTMENT AMOUNT
 736 ICD_9 CM PROCEDURE CODE

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WCIS Timeline for Electronic Medical Data Collection

- Public comment Period – November 22, 2005
 - 45 period
 - 15 period
 - Office of Administrative Law review
- Finalized regulations – March 22, 2006
- Adjustment Period Ends– September 22, 2006
- Variance Period Ends
 - Type A & B - March 22, 2007
 - Type C – September 22, 2007

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When to Report Medical Data

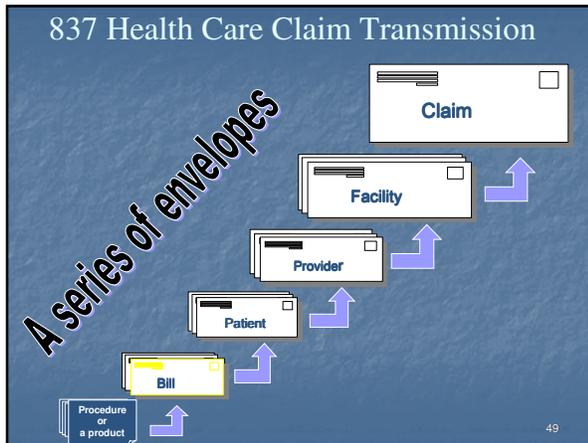
- Within 90 days of payment of medical service
- Frequency of reporting is optional: daily, weekly, monthly, quarterly

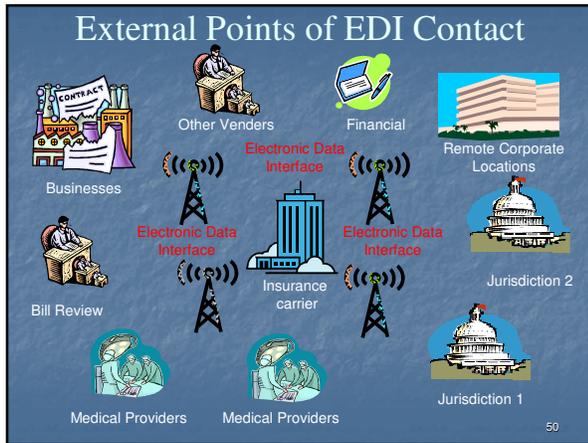
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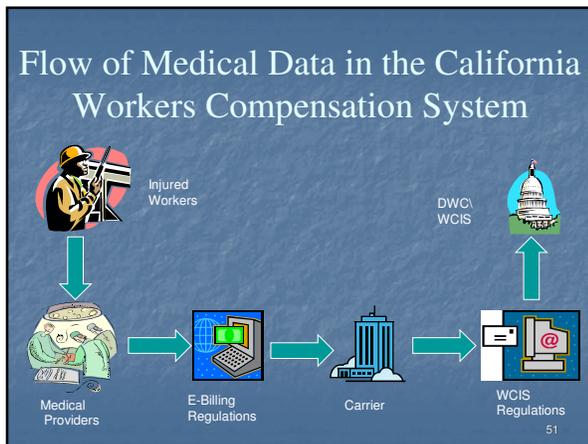
How to Report Medical Data

- ANSI X 12 837
- Internet, via FTP, or traditional VAN

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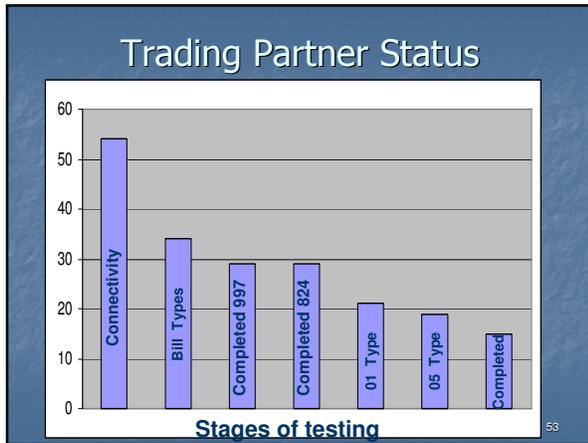




Sources of Data for Medical Reporting

- Legacy Files
- Dental Bills
- Accounts payable
- Look-up Tables
- Insurer
- Sender
- 837 Medical Bill Payment Records File
- Claims
- Professional Bills
- UB92 Medical Bills
- DME Bills
- Jurisdiction Licensing Boards

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WCIS Trading Partner Liaisons

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- David Henderson, Researcher (Medical)
 - dhenderson@dir.ca.gov
- WCIS:
 - <http://www.dir.ca.gov/dwc/WCIS.htm>

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