

DWC 22nd Annual Educational Conference
Los Angeles CA February 9-10, 2015
Oakland CA February 19-20, 2015

Workers' Compensation Information System (WCIS)

Medical Bill Payment Data Reporting Proposed CA Version 2.0

Presented by
Genet Daba
Research Program Specialist

Division of Workers' Compensation
Department of Industrial Relations



Overview CA Medical Version 2.0



- The WCIS collects data on
 - First Report and Subsequent Report of Injury data, using IAIABC Release 1.0. standard
 - Medical Bill Payment Reporting.
 - Currently the WCIS collects medical bill data using the IAIABC Release 1.1 standard which is based on ASC X12 4010.
 - Proposed regulation is in rulemaking to switch to IAIABC Release 2.0 standard which is based on ASC X12 005010. (California Version 2.0)

Who reports, what is reported, and when is it reported?



- All claim Administrators handling 150 or more claims per year should report medical bill data to WCIS.
- Medical bills with a date of service on or after September 22, 2006 and a date of injury of March 1, 2000 and beyond are reported.
- Bills are due for reporting within 90 calendar days of a medical bill payment or final payment denial or lump sum payment or settlement (CCR §9702(e)).

CA Version 1.1 vs 2.0



	CA version 1.1	CA version 2.0
No. of DNs	132	147
BSRC	00, 01 and 05	00, 01, 02 and 05
Element Requirements	M, C, O	M, MC, AR and AA
Acknowledgements	997 and 824	999 and 824
Medical/FROI matching	Primary Match is JCN. If JCN or no Matching JCN then Secondary Match using Claim Administrator Claim number and Insurer FEIN	Only Primary Match – combination of JCN, Claim Administrator Claim number and Insurer FEIN

4

Version 1.1 vs 2.0



	CA version 1.1	CA version 2.0
Lien bill reporting	Line level reporting	Only Bill level reporting
Balancing Rules	No Balancing rules	4 Balancing rules
Transaction/Batch Status	TA TE TR, BA BR	IA IR, TA TR (No TE)
JCN	Conditional for 00 and optional for 01 and 05	Mandatory for all BSRC
Types of Bills Collected	Professional, institutional, dental and pharmacy.	Professional, institutional, dental and pharmacy.

5

Acknowledgements



- Each 837 is acknowledged with a 999 unless the file has structural errors e.g. Missing ISA,IEA segment, File size is zero.
- The 999 provides syntactical and relational analysis of the 837 file.
- 999 informs the submitter about the syntactical, compliance and relational errors.

Reporting Requirements



- Examples of fields that are mandatory.
 - DN0005 JCN
 - JCN search is available at [JCN Search](https://www.dir.ca.gov/dwc/jcn/JCNsearch.asp)
:<https://www.dir.ca.gov/dwc/jcn/JCNsearch.asp>
 - DN 0516 Total Amount Paid per Bill is mandatory for all bill types.
 - DN 0527 Prescription Date(s) Range is mandatory for pharmacy bills.
 - DN 0504 Facility Code requirement is now “Fatal”.

Matching FROI and Medical Bill



- If a Jurisdiction Claim Number is not reported the bill will be rejected.
- The combination of Jurisdiction Claim Number (DN0005), Claim Administrator Claim number (DN0015) and Insurer FEIN (DN0006) is used to match an incoming bill to a reported FROI.
- JCN Search : <https://www.dir.ca.gov/dwc/jcn/JCNsearch.asp>

File naming convention



- File naming convention
 - 837 file example,
837_123456789_946125698_20140113_135012_T_001
 - 999 file example,
999_123456789_946125698_20140113_135012_T_001
 - 824 file example,
824_123456789_946125698_20140113_135012_T_001

Reporting Provider Agreement Code (DN0507)



- The CA adopted IAIABC Release 2 has the following codes: H, N, P and Y for DN0507.
- In California code 'P' is utilized to report if the provider is in an Medical Provider Network (MPN). This code should be reported if the injured worker and the treating provider both belong to the same MPN.

Reporting Lump Sum Lien Settlement



- Lien bills will not have line level reporting. Aggregated information is reported at the bill level.
- Lien bills will be identified using DN (0293) Lump Sum Payment/Settlement Code.
 - SF= Settlement in full.
 - SP= Settlement partial.
 - AW= Award.

Balancing Rules



- Total Charge Per Bill or Drug/Supplies Billed Amount = sum of Total Charge Per Line.
- Total Paid Per Bill = sum of Total Paid Per Line.
- Total Charge Per Bill = Total Paid Per Bill + (sum of Bill Adjustment Amount + sum of Service Adjustments Amount)

Balancing Rules



- When no adjustment is done at the bill level,
Total Charge Per Line = Total Paid Per Line
+ sum of Service Adjustment Amounts for
the service line.

Reporting a bill for a cumulative injury claim



- The WCIS relaxes the validation edits “must be >= date of injury” for some data elements including the following:
 - Service line date (DN605) ,Service bill dates (DN509) ,Date insurer paid bill (DN512) ,Date insurer received bill (DN511)
- Claims with cumulative injury are identified using the FROI Claims with Nature of Injury codes with one of the following codes: 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, or 80.



NPI reporting

- Billing Provider NPI, Rendering Line Provider NPI, Rendering Bill Provider NPI, Supervising Provider NPI, Facility NPI, and Referring Provider NPI are required if the provider name is reported and the provider is eligible to receive an NPI.
- Free NPI lookup table is available at <https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistrySearch.do?subAction=reset&searchType=ind>



Matching 837 Health Care Claim to 824 Application Advice

837	824
Sender ID (DN0098)	Receiver ID (DN0099)
Date transmission sent (DN0100)	Original date transmission sent (DN0102)
Time Transmission Sent (DN0101)	Original time transmission sent (DN0103)
Originator Transaction Identification number (DN0532)	Originator Transaction Identification number (DN0532)

Compound and repackaged drug reporting



- California medical billing rules allow for billing of compound drugs and repackaged drugs.
- IAIABC IRR Med 759R2.0, dealing with reporting of repackaged drug, was passed and the supplement is being updated.
- IRR Med764R2.0 is still being reviewed. California will adopt these IRRs as they get published.

Timeliness of Reporting



- 90 Days from the date of bill payment, denial of payment or for lien bills payment or settlement.
- For bills paid in 2013 around 40% were reported late.
- Starting for 2015 reporting Trading Partners will be contacted about their timeliness of medical bill data reporting.

Data Accuracy



- All incoming data are validated using validation logics.
- Periodically the WCIS team will check Data elements to see consistency and accuracy of data. Checks for :
 - Reasonable use of codes
 - Consistency over different fields.

Timeline



- At the time of printing of these slides the WCIS Regulations were posted for the 3rd 15 day comment period.
- Possible date of implementation for CA Medical Release is early 2016.



Questions ?

DWC 22nd Annual Educational Conference
Los Angeles CA February 9-10, 2015
Oakland CA February 19-20, 2015

Research Using the Workers' Compensation Information System (WCIS)

Presented by
Rebecca Jackson
Research Program Specialist
WCIS@dir.ca.gov



Workers' Compensation Information System (WCIS)



- Electronic repository
- Submitted by claims administrators
- Coverage
- Two parts
 - First Report of Injury (FROI) and Subsequent Report of Injury (SROI)
 - Medical bill payment data

Information Collected by WCIS



● Employee and Employer

Occupation Description	Bus Operator (P/T)
Employer Name	PRMA – Metropolitan Transit Au
Class Code	7382 Bus or Limousine Operations
Industry Code	

● Injury

Part of Body Injured	30	Upper Extremities/Multiple Upper Extremities
Cause of Injury	60	Strain/Strain or Injury by, NOC
Nature of Injury	52	Sprain or strain
Injury Description	Repetitive continuous use and turning of both arms while operating the bus has caused severe pain, to upper extremities both hands, wrist, arms, sh	

● Medical Bills

717.7	Chondromalacia of Patella
847.1	Thoracic Sprain
847.2	Lumbar Sprain

WCIS Research Projects in 2014



- Agricultural worker injuries
- Construction injuries
- Cumulative trauma disorders
- Health care workplace violence
- Health care musculoskeletal disorders
- Hispanic injuries
- Needlesticks in non-healthcare settings
- Injuries in temporary and subcontracted workers
- Pharmacy claims and costs
- Police and fire claims for cancer
- Valley Fever surveillance
- Violence against young workers
- Waste Worker injuries
- Women in the workforce

Calculate Rates of Carpal Tunnel Syndrome (CTS) from 2006-2011



- Identify cases
- Industry code cases
- Match cases to denominator

CTS Case Classification Scheme



Procedure code	ICD-9 Dx Code	Number of Acceptable Criteria Variables				
		4	3	2	1	0
64721 or 29848	Any	Probable	Probable	Possible	Uncertain	Uncertain
Any	354 or 354.0	Probable	Probable	Possible	Uncertain	Uncertain
Other or N/A	Other or N/A	Possible	Uncertain	Uncertain	Uncertain	Uncertain

Acceptable Values for Criteria Values



Criteria Variable	Acceptable Values	
Nature of injury	78, Carpal tunnel syndrome 49, Sprain or tear 52, Strain or tear 80, All other cumulative injury	
Cause of injury	97, Repetitive motion 60, Strain or injury by 98, Cumulative 94, Rubbed or abraded by	
Part of body	33, Lower arm 34, Wrist 35, Hand 36, Finger(s)	37, Thumb 39, Wrist(s) & Hand(s) 30, Multiple upper extremities 90, Multiple body parts
Injury description	Contains a variation of the term "carpal," "CTS," etc. or "numbness" or "tingling"	
Procedure Code	64721 or 29848	
Diagnosis Code	354 or 354.0	

77

CTS Case Characteristics, WCIS 2006-2011

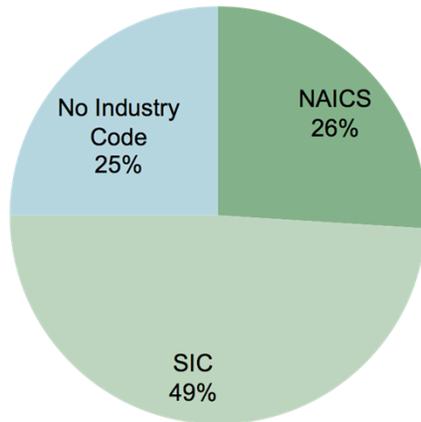


Characteristic	Cases	Denominator	Rate x 100,000 FTE (95% CI)
Overall	89,762	84,063,352	106.8 (106.3—107.3)
Age Category			
15-24	4,663	9,250,600	50.4 (49.6—51.1)
25-34	18,178	21,204,757	85.7 (84.9—86.5)
35-44	23,390	21,250,744	110.1 (109.0—111.2)
45-54	28,126	19,384,346	145.1 (143.8—146.4)
55-64	13,877	10,799,772	128.5 (130.3—126.7)
65 +	1,254	2,155,828	58.2 (56.4—60.1)
Gender			
Male	24,116	47,427,627	50.8 (50.6—51.1)
Female	65,121	36,635,726	177.8 (176.5—179.0)

Original Industry Coding in WCIS, CTS Cases 2006 – 2012



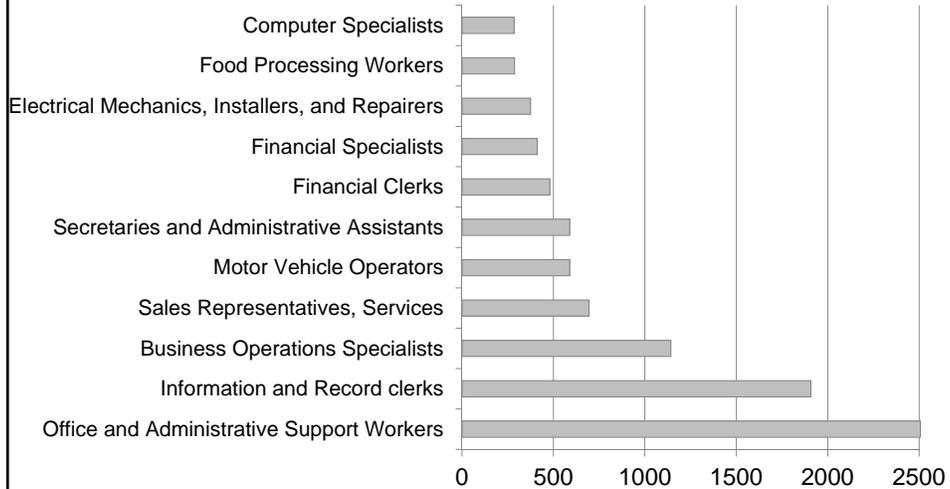
n = 89,762



Industries with highest rates of CTS, California 2006-2011

Rank	Industry Description	Cases	Rate x 100,000 FTE
1	Textile and fabric finishing and coating mills	54	393
2	Animal slaughtering and processing	396	342
3	Sugar and confectionery products	148	326
4	Telecommunications	2674	325
5	Navigational and control instruments manufacturing	588	280
6	Public administration	4752	268
7	Insurance carriers and related activities	3632	262
8	Aluminum production and processing	67	252
9	Bus service and urban transit	808	238
10	Miscellaneous petroleum and coal products	27	234

Prevalent Occupations Among Industries with the 10 Highest CTS Rates, California 2006 - 2011



In spite of everything we know about office ergonomics, there are still 1,000s of cases of CTS among office workers

Reporting Challenges



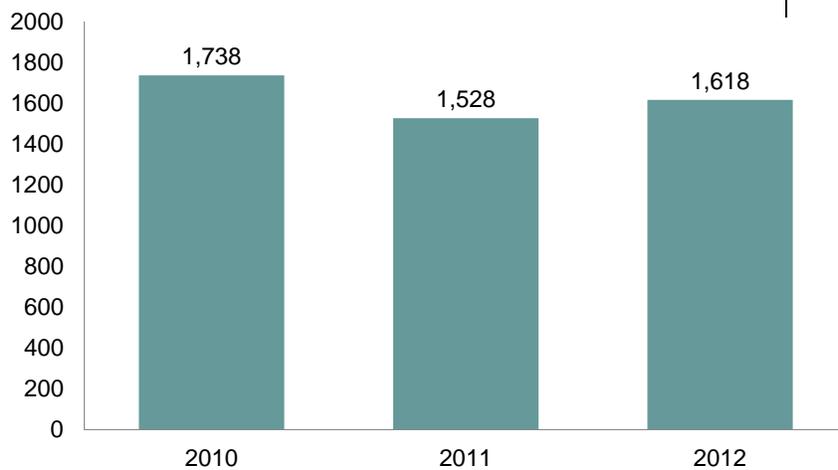
- Accurate, complete data
- Consistent industry coding
- Linking FROI claims with medical bills
- Missing cost data

Identify Cases of Workplace Violence among Health Care Workers, 2010-2012



- Identify violence
 - Cause of injury
 - Injury description
- Identify health care workers
 - Industry code
 - Class Code
 - Occupation description
 - Employer name (confidential)

Workplace Violence Claims among Healthcare workers, California 2010-2012



Demographics of Workplace Violence Claims, California 2010-2012



Characteristic	Cases	%
Overall	4884	100%
Gender		
Female	3393	69%
Male	1466	30%
Age		
14 – 19	22	<1%
20 – 24	573	12%
25 – 34	1234	25%
35 – 44	1024	21%
45 – 54	1339	27%
55 – 64	583	12%
65 - 84	98	2%

What Happens?



Employee was assaulted and robbed in the parking lot of a scenic location during lunch time.

Punch to right side of face/cheek by hospice patient when LPN was trying to calm an agitated patient.

Employee tried assisting resident to the restroom when resident became aggressive hitting and pulling the employee hair, resulting in an unknown injury to the head.

Co-worker made multiple threats and threaten to kill the claimant causing stress.

Workplace Violence Claims among Healthcare workers, California 2010-2012



Facility Type	Cases	Percent
Hospitals	1629	33%
Skilled Nursing and Intermediate Care Facilities	866	18%
Government	583	12%
Residential and Intellectual Disability Facilities	303	6%
Residential Care Facility - Elderly	276	6%
Psych and Substance abuse and Specialty Hospitals	200	4%
Home Health Services	188	4%
Child and Youth Services	162	3%
Ambulance and Ambulatory Care Services	154	3%
Physician Offices	129	3%
Unknown	183	4%

Reporting Challenges



- Accurate, complete data
- Consistent industry coding

- Public sector employees
- Under-reporting of injuries

Conclusions

