



WORKERS' COMPENSATION INFORMATION SYSTEM (WCIS) MEDICAL BILL PAYMENT DATA REPORTING CALIFORNIA VERSION 2.0 UPDATE

Presented by
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Department of Industrial Relations

Division of Workers' Compensation
DWC Educational Conference
Los Angeles CA- February 25-26, 2016
Oakland CA- March 3-4, 2016

MEDICAL BILL DATA REPORTING BACKGROUND

- The WCIS first started collecting medical bill payment data in September of 2006.
 - In 2006 IAIABC Release 1.0 was adopted.
 - In 2011 IAIABC Release 1.1 was adopted .
 - In 2015 IAIABC Release 2.0 the 2014 publication was adopted and is going live April 6, 2016.
- DWC has started rule making to adopt the IAIABC Release 2.0, February 2015 publication.
 - Public comment scheduled for March 28th 2016

VOLUNTARILY REPORTED LOOPS AND SEGMENTS

- The following Loops and Segments are not adopted in the current WCIS regulation but may be reported voluntarily.
 - K3 Original Drug Segment
 - 2410 Drug Identification Loop
 - LIN Drug Identification segment
 - CTP Drug Quantity segment
 - REF Prescription or Compound Drug Association Number segment
 - N401 DN0048 Employee Mailing City
 - N403 DN0050 Employee Mailing Postal Code
 - SV311 COMPOSITE DIAGNOSIS CODE POINTER

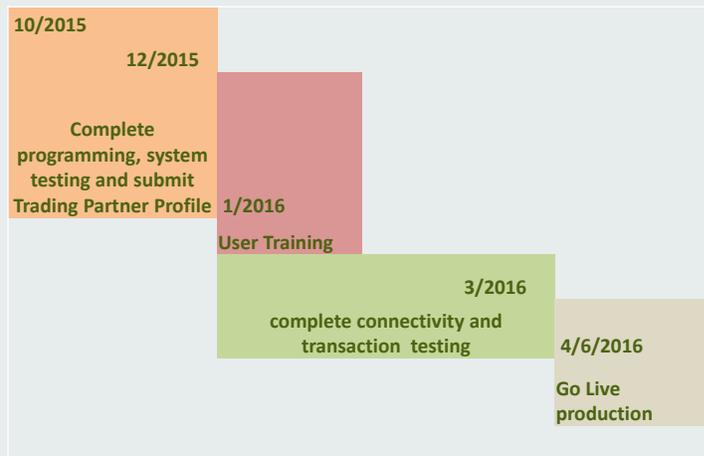
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TRANSITIONING FROM CALIFORNIA VERSION 1.1 TO CALIFORNIA VERSION 2.0

- There will be a transition period between March 23rd and April 5th during which time no 837 files (version 1.1 or version 2.0) will be transmitted to WCIS.
- During the transition period WCIS will send out acknowledgements for all files received prior to March 23rd.
- There will be no parallel reporting of California Version 1.1 and 2.0.

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TIMELINE TO CALIFORNIA VERSION 2.0 GO LIVE



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TRADING PARTNER PROFILE FORM

- **Claims administrators, employers and Third Party administrators - sending own data**
 - Business and Technical contact(s) from the parties listed above.
- **Claims administrators, employers and Third Party administrators - using vendor to send data**
 - Business Contact Claims administrators, employers and Third Party administrator and Technical Contact from the vendor organization
- **Vendors sending data for claims administrators, employers and Third Party Administrators must attach the list of clients.**
 - Business and technical contact(s) from the listed parties

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WHO REPORTS AND WHAT IS REPORTED REMAINS THE SAME IN VERSION 2.0

- **Claims administrators handling 150 or more claims per year should report medical bill data to WCIS.**
- **Reported to WCIS**
 - All medical services that are paid or payment is denied.
 - Lien lump sum payments and settlements.
- **Not reported to WCIS**
 - UR, IMR and IBR costs are not reportable to WCIS. But bills that go through UR, IMR and IBR are reportable.
 - Bills acknowledged at the 277 level are not reported to WCIS.

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REPORTING TIMELINE REMAINS THE SAME IN CALIFORNIA VERSION 2.0

- **Bills are due for reporting within 90 calendar days of:**
 - A medical bill payment.
 - A final payment denial.
 - A lump sum payment.
 - A settlement. (8 CCR §9702(e)).

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CALIFORNIA VERSION 1.1 VERSUS 2.0 HIGHLIGHTS

	CA version 1.1	CA version 2.0
Bill Submission Reason Code (BSRC)	00, 01 and 05	00, 01, 02 and 05
Element Requirements	M, C, O	F, M, MC, AR and AA
Acknowledgements	997 and 824	999 and 824
Medical bill/FROI matching	Primary Match is JCN. If no 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

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CALIFORNIA VERSION 1.1 VERSUS 2.0 HIGHLIGHTS CONT'D.

	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

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DATA QUALITY MONITORING

- **More frequent data quality assessment using:**
 - Acknowledgment reports
 - Content consistency reports
 - Timeliness of reports

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999 ACKNOWLEDGEMENTS

TA1 SEGMENT

- **Included in 999 when requested by sender in ISA14 of the 837.**
- **The TA1 provides information whether the interchange header/trailer pair was accepted or rejected and if an error occurred it shows the error.**
- **California only adopts A = received and no error and R = rejected because of errors for use in TA1 .**

- Note: ASC X12 Nomenclature, Loops, Segments, Error codes and descriptions mentioned for instructional purpose only. Detailed information on ASC X12 Document is available at <http://store.x12.org/Store/healthcare-5010-original-guides>

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999 ACKNOWLEDGMENTS

OTHER SEGMENTS

The WCIS has adopted the following 999 segments:

- ST - Shows the start of the 999 transaction set.
- AK1 - Appears once in every 999 file. Describes the functional group the 999 is responding to.
- AK2 - Contains the file type (837) that the 999 is responding to. To identify the transaction set, it shows the Transaction Set Control number for the ST02 from the 837 file. It may repeat as many times as there are transaction sets in the 837 file.

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999 ACKNOWLEDGMENTS

OTHER SEGMENTS CONT'D.

- IK3 - Required for all errors and shows the segment that contains the error.
- IK4 - Required for element level errors and Shows the data element (DN) position number, error code and copy of bad data.
- IK5 - Acknowledges the transaction set referred to in AK2 with 'A' Accepted or 'R' Rejected. WCIS uses only "A" Accepted or 'R' Rejected.

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999 ACKNOWLEDGMENTS

OTHER SEGMENTS CONT'D.

- AK9 - Acknowledges the functional group referred to in AK1 with 'A' if all transaction sets accepted, 'R' if all transaction sets are rejected and 'P' when some transaction sets are accepted and some are not. It also gives the transaction set counts with respect to the following: total transaction sets received, number of accepted transaction sets.
- SE - Shows the end of the transaction set.
- California adopted error codes for IK3, IK4, IK501 and IK502 are provided in Section 5 of the CA Guide.

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EXAMPLE OF A 999

```
ISA*00*      *00*
*ZZ*943160882_36391*ZZ*123456789_12345*160122*1617*
<*00501*000008484*0*T*:~
TA1*000002736*140904*0921*A*000~
GS*FA*943160882_36391*123456789_12345*20160122*1617
*8484*X*005010I20~
ST*999*12484~
AK1*HC*2756*005010I20~ → Same info as in GS06 of 837
AK2*837*11466656~
IK3*CLM*19**8~ → Shows segment in error
IK4*19**7*04~ → Shows the bad data
IK5*R*5~
AK9*R*1*1*0~
SE*8*12484~
GE*1*8484~
IEA*1*000008484~
```

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REPORTING REQUIREMENTS

- **ISA GS Segments – Correction**
 - ISA02 and ISA04 should be blank spaces not 0s
 - ISA 06 = 9 digit FEIN followed by underscore (_) followed by 5 digit postal code (e.g. 123456789_12345)
 - ISA 08 = 9 digit FEIN followed by underscore (_) followed by 5 digit postal code (e.g. 987123456_53246)
 - ISA Information ISA09 and GS04 don't need to be the same value. Will be corrected in the CA Implementation Guide.
 - ISA10 and GS05 don't need to be the same value. Will be corrected in the CA Implementation Guide.
- ISA14 should be '1' = Interchange Acknowledgment Requested then (TA1) will be included in ISA-IEA segment. If ISA14 is '0' = No Interchange Acknowledgment Requested, TA1 will not be included in ISA-IEA.
- Segments and loops necessary for an 837 structure must be reported.
 - Cancellation bills
 - Lien bills
- Trading partners reporting out-of-state Jurisdiction codes need to contact their EDI- contact prior to reporting.
- Both charged and paid DNS are reported even if the values are the same.

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MANAGED CARE INFORMATION

- **DN0507 Provider Agreement Code**
 - Service rendered under an HMO agreement will be reported using code 'H'.
 - Service provided under a PPO is reported using code 'Y'.
 - Service provided under a Medical Provider Network (MPN) is provided using code 'P'.

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MANAGED CARE INFORMATION CONT'D.

- When code 'P' is reported for DN0507 Provider Agreement Code, the following are required:
 - DN0208 Managed Care Organization ID number and
 - DN0704 Managed Care Organization FEIN.
- Where to get this information
 - Obtain the MPN approval number from the claims administrator. The first 9 digits of the approval number is DN0704 and the last 4 digits are DN0208.

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RULE 1 BALANCING CHARGE AMOUNTS

Professional, dental and institutional bills

DN0501 Total Charge Per Bill =
Sum of DN0552 Total Charge Per Line

Prescription bills

DN0501 Total Charge Per Bill =
Sum of DN0572 Drugs/Supplies Billed Amount

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RULE 2

BALANCING PAYMENT AMOUNTS

Applies to all bill types except lien bills

DN0516 Total Amount Paid Per Bill =

Sum of DN0574 Total Amount Paid Per Line

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RULE 3

BILL LEVEL BALANCING

Applies to all bill types

DN0501 Total Charge Per Bill =

DN0516 Total Amount Paid Per Bill

+ Sum of DN0545 Bill Adjustment Amount

+ Sum of DN0733 Service Adjustment Amount

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RULE 4 LINE LEVEL BALANCING

Applies when DN0545 Bill Adjustment Amount is zero.

o Professional, dental and institutional bills

DN0552 Total Charge Per Line =
DN0574 Total Amount Paid Per Line
+ Sum of DN00733 Service Adjustment Amount

o Pharmacy bills

DN0572 Drugs/Supplies Billed Amount =
DN0574 Total Paid Per Line
+ Sum of DN00733 Service Adjustment Amount

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Professional/ Dental / Institutional Bill Balancing

Bill Level

DN0501 Total Charge Per Bill	500.00
DN0516 Total Amount Paid Per Bill	370.00
DN0545 Bill Adjustment Amount	0.00

Service Line Level

Line 1

DN0552 Total Charge Per Line	250.00
DN0574 Total Amount Paid Per Line	100.00
DN0733 Service Adjustment Amount	10.00
DN0574 Total Amount Paid Per Line	120.00
DN0733 Service Adjustment Amount	20.00

Line 2

DN0552 Total Charge Per Line	150.00
DN0574 Total Amount Paid Per Line	125.00
DN0733 Service Adjustment Amount	25.00

Line 3

DN0552 Total Charge Per Line	100.00
DN0574 Total Amount Paid Per Line	25.00
DN0733 Service Adjustment Amount	75.00

Rule 1: Medical Bill Charge Amounts

DN0501 Total Charge Per Bill
= Sum of DN0552 Total Charge Per Line
Ex. $250+150+100=500$

Rule 2: Medical Bill Payment Amounts

DN0516 Total Amount Paid Per Bill
=Sum of DN0574 Total Amount Paid Per Line
Ex. $100+120+125+25=370$

Rule 3: Medical Bill Charge/ Payment/Adjustment Amounts

DN0501 Total Charge Per Bill
= DN0516 Total Amount Paid Per Bill
+ Sum of DN0545 Bill Adjustment Amount
+ Sum of DN0733 Service Adjustment Amount
Ex. $370+0+(10+20+25+75)=500$

Rule 4: Line Level Balancing

Occurs independently for each service line if the sum of DN0545 Bill Adjustment Amount = 0
DN0552 Total Charge Per Line
= Sum of DN0574 Total Amount Paid Per Line
+ Sum of DN0733 Service Adjustment Amount
Ex. Line 1: $(100+120)+(10+20) = 250$
Line 2: $125+25 = 150$
Line 3: $25+75 = 100$

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Pharmacy Bill Balancing

Bill Level

DN0501 Total Charge Per Bill	500.00
DN0516 Total Amount Paid Per Bill	370.00
DN0545 Bill Adjustment Amount	0.00

Service Line Level

Line 1

DN0572 Drugs/Supplies Billed Amount	250.00
DN0574 Total Amount Paid Per Line	100.00
DN0733 Service Adjustment Amount	10.00
DN0574 Total Amount Paid Per Line	120.00
DN0733 Service Adjustment Amount	20.00

Line 2

DN0572 Drugs/Supplies Billed Amount	150.00
DN0574 Total Amount Paid Per Line	125.00
DN0733 Service Adjustment Amount	25.00

Line 3

DN0572 Drugs/Supplies Billed Amount	100.00
DN0574 Total Amount Paid Per Line	25.00
DN0733 Service Adjustment Amount	75.00

Rule 1: Medical Bill Charge Amounts

Sum of DN0572 Drugs/Supplies Billed Amount
= DN0501 Total Charge Per Bill
Ex. $250+150+100=500$

Rule 2: Medical Bill Payment Amounts

Sum of DN0574 Total Amount Paid Per Line
= DN0516 Total Amount Paid Per Bill
Ex. $100+120+125+25=370$

Rule 3: Medical Bill Charge/ Payment/Adjustment Amounts

DN0501 Total Charge Per Bill
= DN0516 Total Amount Paid Per Bill
+ Sum of DN0545 Bill Adjustment Amount
+ Sum of DN0733 Service Adjustment Amount
Ex. $370+0+(10+20+25+75)=500$

Rule 4: Line Level Balancing

Occurs independently for each service line if the sum of DN0545 Bill Adjustment Amount = 0
Sum of DN0574 Total Amount Paid Per Line
+ Sum of DN0733 Service Adjustment Amount
= DN0572 Drugs/Supplies Billed Amount
Ex. Line 1: $(100+120)+(10+20) = 250$
Line 2: $125+25 = 150$
Line 3: $25+75 = 100$

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BALANCING WHEN PAID AMOUNT IS GREATER THAN CHARGE AMOUNT

Bill Level

DN0501	Total Charge Per Bill	504.26
DN0516	Total Amount Paid Per Bill	551.45
DN0545	Bill Adjustment Amount	0.00

Service Line Level

Line 1

DN0552	Total Charge Per Line	10.36
DN0574	Total Amount Paid Per Line	10..20
DN0733	Service Adjustment Amount	0.16

Line 2

DN0552	Total Charge Per Line	493.90
DN0574	Total Amount Paid Per Line	541.25
DN0733	Service Adjustment Amount	-47.35

Adjustments DECREASE the payment when the adjustment amount is POSITIVE.

- Adjustments INCREASE the payment when the adjustment amount is NEGATIVE.

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BALANCING WHEN PAID AMOUNT IS GREATER THAN CHARGE AMOUNT CONT'D.

- DN0501 Total Charge Per Bill
- = DN0516 Total Amount Paid Per Bill
+Sum of DN0545 Bill Adjustment Amount
- + Sum of DN0733 Service Adjustment Amount

- Ex. $504.26 = 551.45 + 0 + (0.16 - 47.35)$

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WCIS TRADING PARTNER CONTACTS:

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phone: 510-286-6772
Trading partner letters A, C, G, I-L, S-V, Z

Elisema Cantu
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Trading partner letters B, D-F, H, M-R, W-Y

Antoinette Esqueda
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phone: 510-286-6773
Medical reports technical contact

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○QUESTIONS

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BILLING QUESTIONS

- All billing questions should be sent to
 - DWCfeeschedule@dir.ca.gov

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FROI/SROI DATA COLLECTION UPDATE DWC 23rd Annual Educational Conference



Los Angeles: February 25 - 26, 2016
Oakland: March 3 - 4, 2016

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Today's Discussion Outline

- Claim Administrators Reports Available at WCIS@DIR.CA.GOV
- Proposed FROI/SROI Guide. DWC rulemaking page:
http://www.dir.ca.gov/dwc/rulemaking/dwc_rulemaking_proposed.html

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Claim administrators and FROI/SROI Reporting

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Reports and Claim Listings Now being sent to Claim Administrators

All available by signing-up at WCIS@DIR.CA.GOV. Only have to ask to sign-up once, to received all reports.

- Data Quality Reports to Claim Administrator-Sent Monthly
- Timeliness of FROI Reporting-Sent Semi-Annually
- ARI-WCIS Comparison Report (measures completeness) -Sent Annually.

10th of Every Month WCIS sends out an Aggregate Data Quality Report to all Claim Admins.

FROI/SROI Data Quality Report Accepted (TA), Accepted with Error (TE), and Rejected (TR) Acknowledgment Records
 FROI-SROI Acknowledgments Processed: Aug 1, 2015 - Aug 31, 2015

CLAIM ADMINISTRATOR NAME: ██████████

INDEX NUMBER	FIR - NAME	TRANS	MTC	ERROR CODE	ERROR MESSAGE	DN	DN NAME	ACCEPT (TA)	ACCEPT with ERRORS (TE)	REJECT (TR)	TOTAL				
62	██████████	FROI	00-Original		Create Acknowledgment, No errors		Create Acknowledgment, No errors	1	0	0	1				
				011	Wage Period Code Invalid	63	Wage Period	0	16	0	16				
				014	Class Code (WICRB) Invalid	59	Class Code	0	4	0	4				
					Create Acknowledgment, No errors		Create Acknowledgment, No errors	1	0	0	1				
				02-Change	Create Acknowledgment, No errors		Create Acknowledgment, No errors	2	0	0	2				
				04-Denial	Create Acknowledgment, No errors		Create Acknowledgment, No errors	2	0	0	2				
				CO-Correction	Create Acknowledgment, No errors		Create Acknowledgment, No errors	2	0	0	2				
				Subtotal, FROI Acknowledgments								6	26	0	26
				SROI	██████████	SROI	04-Denial	053	No matching FROI (140)	2	Maintenance Type Code	0	0	2	2
									Create Acknowledgment, No errors		Create Acknowledgment, No errors	4	0	0	4
CO-Correction	Create Acknowledgment, No errors		Create Acknowledgment, No errors					1	0	0	1				
029	Must be a valid date (CCYYMMDD)	56	Date Disability Began					0	3	0	3				
FN-Final	024	Payment/Adjustment Code Invalid	85					Payment/Adjustment Code	0	0	4	4			
IP-Instal Payment	Create Acknowledgment, No errors		Create Acknowledgment, No errors					2	0	0	2				
029	Must be a valid date (CCYYMMDD)	56	Date Disability Began					0	3	0	3				
063	Invalid event sequence/relationship	2	Maintenance Type Code					0	0	1	1				
P1-Partial Suspension, returned to work	Create Acknowledgment, No errors		Create Acknowledgment, No errors					1	0	0	1				
020	Return to Work Qualifier Code Invalid	71	Return to Work Qualifier					0	1	0	1				
029	Must be a valid date (CCYYMMDD)	72	Date of Return/Release to Work	0	1	0	1								
061	Event Criteria not met	2	Maintenance Type Code	0	0	3	3								
P7-Partial Suspension, Benefits Exhausted	Create Acknowledgment, No errors		Create Acknowledgment, No errors	3	0	0	3								
Subtotal, SROI Acknowledgments								11	8	10	29				
Total FROI AND SROI Acknowledgments								17	28	10	55				
Grand Total								17	28	10	55				

Last sent February 10, 2016. If you did not received yours, please e-mail us at WCIS@DIR.CA.GOV.

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Timeliness of FROI Reporting

WCIS sends out a bi-annual report of individualized Timeliness of FROI reporting reports to its Trading Partners. Next Mailing in January 2016.

Part 1. Timeliness of FROI Reporting

Dates Reported to Claim Administrator: Jan 1, 2013 - Jun 25, 2015

Claim Administrator: ██████████

Report Year	Total FROI Reported (a)	Total Valid FROI Reported (b)	Median Days to Report (c)	Average Days to Report (d)	On-time (#) (e)	Late (#) (f)	On-time (%) (g)	Late (%) (h)
2013	29,327	29,327	5	12	19,316	10,011	66%	34%
2014	28,142	28,142	4	9	20,015	8,127	71%	29%
2015	11,288	11,288	4	8	8,473	2,815	75%	25%

Notes:

(a) Total FROI Reported are all FROIs reported to WCIS by Date Reported to Claim Administrator (DN41), including Denials (MTC = 04), Excluding Acquired Claims (MT=AU).

(b) Total Valid FROI Reported is a count of all FROIs with valid values in both Date Reported to the Claim Administrator (DN41) and Date of Transmission (DN100) to WCIS.

(e) and (g) To be determined as on-time, a FROI must have a Date of Transmission (DN100) within 10 business days after the Date Reported to Claim Administrator (DN41).

Totals and percentages may not always add up due to rounding.

Last sent January 2016, If you did not received yours, please e-mail us at WCIS@DIR.CA.GOV.

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Reports on Measuring Compliance with other Regulations

- Timeliness of Payment as measured by WCIS (March)
- FROI-SROI Inventory (available upon request)
- FROI-SROI Data Inquires (validation of FROI-SROI Report). Starting April 2016

All available by signing-up at WCIS@DIR.CA.GOV

Timeliness of TD Payment (March 2016)

State of California, Department of Industrial Relations
Division of Workers' Compensation
Workers' Compensation Information System (WCIS)

Claim Administrator: [REDACTED]

Part 1. Timeliness of Temporary Disability (TD) Payments
Measured as the number of days between Date Disability Began (DOB) and date of first Indemnity Payment (IP)
Dates Reported to Claim Administrator: Jan. 1, 2015 - Dec. 31, 2015.

Report Year	Total FROI Claims Reported (a)	Total TD Claims Reported (b)	% TD Claims Reported to FROI (c)	Total Valid TD Claims Reported (d)	% Valid TD Claims Reported to Total TD Claims Reported (e)	Median Days Between Date Disability Began and IP (f)	Average Days Between Date Disability Began and IP (g)	Number of Valid TD Claims Paid in 0-14 Days (h)	Number of Valid TD Claims Paid in 15-21 Days (i)	Number of Valid TD Claims Paid in 22-28 Days (j)	Number of Valid TD Claims Paid in > 28 Days (k)	% Valid TD Claims Paid in 0-14 Days (l)	% Valid TD Claims Paid in 15-21 Days (m)	% Valid TD Claims Paid in 22-28 Days (n)	% Valid TD Claims Paid in > 28 Days (o)
2015	33,800	5,835	17.3	2,004	34%	4	18	1,651	74	34	245	82%	4%	2%	12%

Notes:
 (1) Details, acquired claims, and claims without Date Reported to Claim Administrator (DR 41) are excluded from Total FROI Claims Reported (Column a).
 (2) Total TD Claims Reported (Column b) are defined as those claims with benefit payments for temporary disability (TD) made during the reporting period, with the following WCIS categories for Payment/Adjustment Code (DN 85): Temporary Total (050); Temporary Total Catastrophic (051); and Temporary Partial (070). Excluding: Acquired Claims with Payment (MTC=AP); Claims with a valid Late Reason Code (DN 77); Claims with reported Full Salary (MTC = FS) prior to an Initial Payment (MTC = I).
 (3) Total Valid TD Claims Reported (Column c) are the counts of claims with valid values in both Date Disability Began (DN 56) and Date of First Indemnity Payment.
 (4) The number and percentage of claims with an "IP" during each period (Columns h-o).
 (5) Date of first indemnity payment is defined as the MTC date for the first claim event of "IP" that contains an indemnity benefit type code with an amount greater than 0.

Part 2. Timeliness of Temporary Disability (TD) Payments: Claim Administrator Index Number, Index Name, FEIN, Claim Administrator Name

Index Number	Index Name	FEIN	Claim Administrator Name
207	[REDACTED]	[REDACTED]	[REDACTED]

All available by signing-up at WCIS@DIR.CA.GOV

Timeliness of TD Payment (March 2016)

Displays the timeliness of First TD Payment from Date Disability began.

% Valid TD Claims Paid in 0-14 Days (l)	% Valid TD Claims Paid in 15-21 Days (m)	% Valid TD Claims Paid in 22-28 Days (n)	% Valid TD Claims Paid in > 28 Days (o)
82%	4%	2%	12%

If your numbers do not match ours check to see if your TD reports to us are missing Date Disability Began

Total FROI Claims Reported (a)	Total TD Claims Reported (b)	% TD Claims Reported to FROI Claims Reported (c)	Total Valid TD Claims Reported (d)	% Valid TD Claims Reported to Total TD Claims Reported (e)
33,800	5,835	17.3	2,004	34%

Need help in reporting beyond one E-mail or a Report?

One-on-One FROI/SROI Consultations are available at:
Sign-up at WCIS@DIR.CA.GOV

Highlights Proposed FROI/SROI Guide

Proposed FROI/SROI Guide Rulemaking

Formal Rulemaking Process began Feb 12, 2016

45 Day Comment Period is open until March 28, 5pm

Proposed guide can be found at
http://www.dir.ca.gov/dwc/rulemaking/dwc_rulemaking_proposed.html

Send comments questions regarding proposed guide to
dwcrules@dir.ca.gov.

Any comments on the guide highlights mentioned next also should be sent to the formal comment process.

Proposed FROI/SROI Guide

- Proposed guide much like what was posted on Forum on July 20, 2015.
- First proposed guide since last went live 2012.
- All substantive changes are outlined:
 - Appendix A: Differences Between Version 3.0 and Version 3.1 of WCIS
 - Appendix B: Revision History – Summary of Principal Changes from Previous Versions

Noteworthy Proposed Changes

- Changes How WCIS Receives FROI/SROI Data. Only Allow SFTP Transmissions.
- Changes to how New File Naming convention.
- Data Element Changes.
 - JCN required on all non-original transactions (Jurisdiction Control Number)
 - Claim administrator FEIN required on all transactions.
 - Initial treatment code required
 - Time of Injury code now required on non-CT claims
 - Industry code can only be a NAICS code. WCIS will no longer accept SIC codes.
- Corrections (CO) for Transactions Accepted with Error (TE) must be sent in 30 days.
- New Matching Process

Send comments/questions regarding proposed guide to dwcrules@dir.ca.gov

New File Naming Convention

FROI/SROI Naming Convention will match medical billing naming convention

- FILE TYPE (148,A49, AK1) , followed by Underscore
- Sender 9 Digit FEIN, followed by Underscore
- Sender 9 digit Zip Code, followed by Underscore
- 8 Digit Date Stamp- Formatted as (CCYYMMDD) , followed by Underscore
- 6 Digit Time Stamp- Formatted As (HHMMSS), followed by Underscore
- T or P for Testing or Production, followed by Underscore
- Unique 3 digit (148 or A49) or 9 digit counter for (AK1) files , followed by Underscore
- Followed by .txt

Proposed New Matching Process to Better Control the Assignment of the JCN

- Make JCN Mandatory on all FROI non-original transactions and all SROI
- Established criteria for matching received transactions to database:
 - Current Criteria uses the same secondary match attempt on all FROI transactions.
 - This criteria relies on easily inconsistent data elements like part of body and nature of injury for all different types of transactions

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Proposed New Matching Criteria for submitted Transactions.

- Uses a set of common more static elements:
 - Data elements (JCN, Insurer FEIN, Claim Admin FEIN, Claim Admin Claim Number, DOI, DOB, Employee First Name, Employer FEIN, TOI).
- Tailored specifically to each transmission type:
 - The 00, the 01, the 04, and CO/02 have their own matching criteria
 - All SROIs have the same matching criteria

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EDI Contacts

- Johnny Lee
email: jblee@dir.ca.gov
Trading partner letters A, C, G, I-L, S-V, Z
- Elisema Cantu
email: ecantu@dir.ca.gov
Trading partner letters B, D-F, H, M-R, W-Y

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Acknowledgments

DIR Staff

- EDI Staff
 - Programmers
 - Reporting Team
 - Research Staff
-
- Trading Partners

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Questions?