

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 45 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Appendix A – Item 24</p>	<p>Commenter states that for acquired claims without a <u>new</u> indemnity payment since the acquisition, the AN and FN would be rejected.</p> <p>Commenter recommends that the new sequencing allow the SROI AN or FN to follow the FROI AU. Commenter opines that this would allow the new TPA to provide a FINAL or an ANNUAL until the time when a new indemnity benefit (e.g. settlement) is due.</p> <p>Commenter recommends the following revised language for Item 24 (and would include all other references to the same item throughout the implementation guide/tables):</p> <p>“For indemnity claims, the SROI AN and FN must be preceded by a FROI AU, SROI IP, AP, CD, FS, PY or UR, as applicable.”</p>	<p>Leisha Reynolds EDI Manager March 21, 2016 Written Comment</p>	<p>Agree.</p>	<p>In Appendix A, number 24, language has been added to allow only the FROI AU to be submitted prior to the submission of the MTC code AN or FN on an indemnity claim.</p> <p>In addition, in response to this and other comments, language was changed language in Section M, in the “Open Benefits” table, where the AN Annual, the FN Final, and the **bullet point language were removed. Language for AN Annual and the *bullet point and language were added to the “Other” table. Language for FN Final and the *bullet point and language were added to the “Close Benefits” table. The same *bullet point and language was</p>

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				also added under the "Periodic Reports" table.
9701(b)(2) and (3)	<p>Commenter recommends changing the OAL insertion date from six months to twelve months.</p> <p>Commenter recommends that the effective date for the proposed reporting requirements include twelve months for system implementation or programming changes. Commenter opines that this will allow sufficient time for stakeholders to update the system and test program changes.</p>	Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment	Agree.	<p>Under Reg. 9701 (b)(2) and (3), changed language to reflect twelve month implementation date following the date inserted by OAL.</p> <p>Changed language on the California implementation guide title page and footers to reflect a 12 month implementation date following the date inserted by OAL.</p>
9702 (b) and (c) – DN8 and DN9	<p>Commenter states that the proposed new name and use for DN8 and DN9 does not appear to be consistent with the definition in the International Association of Industrial Accident Boards and Commissions (IAIABC) Guide release 1 for FROI/SROI. Commenter opines that for claims</p>	Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment	DWC disagrees. The DWC's proposed changes to the names of data elements DN6 and DN7 from "Third Party Administrator FEIN and Third Party Administrator Name" to "Claim Administrator FEIN and	None.

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	<p>with no Third Party Administrators, the proposed changes would require adding the insurer name and FEIN in these two data elements, but this is already provided in DN6 and DN7.</p> <p>Commenter is concerned that if the proposed change to DN8 and DN9 is implemented, it is unclear if Trading Partners are required to update DN8 and DN9 by sending in a FROI MTC=02 or if WCIS has a plan in place for claims initially submitted to WCIS prior to this implementation date. For claims that are currently active under a self-administered insurer, DN8 and DN9 should not contain a value (since there is no TPA), but if the proposed changes become applicable, then all FROI submissions on or after implementation date, a value is expected for DN8 as a Key Data Element for certain transmissions. Commenter questions whether the WCIS will auto-populate DN8 and DN9 in the WCIS database for self-administered insurers using the values of DN6 and DN7 and notify</p>		<p>Claim Administrator Name” provides consistency between the data element names used in the guide and in 8 C.C.R. §9811(a).</p> <p>DWC’s proposal does not require trading partners to send FROI 02s to update their claim administrator data. However, any new FROI transaction on existing claims will be required to populate the DN6, DN7, DN8 and DN9 fields. DWC will not auto-populate across the insurer and claim administrator fields.</p>	
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	impacted Trading Partners so DN8 performs as expected as a Key Data Element after the implementation date.			
9702(c), Footnote No. 5	<p>Commenter recommends the following revised language:</p> <p>(5) The Date of Injury (DN31) is required under subdivisions (b), (d), (f), and (g), except acquired first report transmissions <u>and cancellation of first reports sent in error</u> under subdivision (b).</p> <p>Commenter states that per the proposed FROI/SROI EDI Guide, the Date of Injury (DN31) remains required for all change and correction reports for both first and subsequent reports. Change and correction reports are described under subdivision (f). Commenter opines that a reference to subdivision (f) should be included for clarity.</p> <p>Commenter recommends Date of Injury (DN31) remain optional for the Cancel (MTC=01) report. Commenter states that without this</p>	Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment	Agree.	<p>In section 9702(c), footnote 5, DWC added language to remove the requirement for the Date of Injury on Cancel transactions.</p> <p>In the FROI/SROI Guide, Section K, Data Requirements for First Reports of Injury table, (DN 31) Date of Injury changed from M/F (Mandatory/Fatal) to Optional (O) on MTC Cancel (01).</p> <p>In the FROI/SROI Guide, Section M, FROI Matching Process for Cancel '01' MTC diagram, DWC removed Date of Injury as a required element for canceling a claim in</p>

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	exception, Trading Partners may have to send an intermediate report FROI MTC=02 to update the Date of Injury before sending FROI MTC=01 to cancel. (Such as when the Date of Injury change itself necessitates the Cancel.)			WCIS. In the FROI/SROI Guide, Appendix A, item number 28, regarding Date of Injury on cancelled claims, was deleted.
9702(c), Footnote No. 6	<p>Commenter recommends the following revised language:</p> <p>(6) The Employee Date of Birth (DN52) is required on all first report transmissions under subdivision (b), <u>except for transmissions to cancel a first report.</u></p> <p>Commenter recommends that the employee date of birth (DN52) remain optional for the FROI Cancel. Commenter opines that without this exception, Trading Partners may have to send an intermediate FROI MTC=02 to update the DOB before sending FROI MTC=01 to cancel.</p>	Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment	Agree.	<p>In section 9702(c), footnote No. 6, DWC added language to remove the requirement for the Date of Birth on a Cancel transaction.</p> <p>In the FROI/SROI Guide, Section K, Data Requirements for First Reports of Injury table, (DN 52) Date of Birth changed requirement from M/F (Mandatory/Fatal) to Optional (O) on MTC Cancel (01).</p> <p>In the FROI/SROI Guide, Section M, in the FROI Matching Process</p>

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				<p>for Cancel '01' MTC diagram, Date of Birth was removed as a required element for canceling a claim in WCIS.</p> <p>In the FROI/SROI Guide, Appendix A, item number 29, regarding Date of Birth on cancelled claims, was deleted.</p>
<p>9702(c), Footnote No. 9 and the California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI)</p>	<p>Commenter recommends no changes to the requirements for DN32, Time of Injury.</p> <p>Commenter opines that if this implementation were to proceed, then commenter requests resolution of the discrepancy between the proposed footnote (9) and the FROI/SROI EDI Guide text.</p> <p>Commenter provides the following explanation:</p> <p><u>Point 1: Difficulty to obtain and alternative available:</u> This field may</p>	<p>Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment</p>	<p>DWC Disagrees. Time of Injury is a data requirement of the DWC 1 and 5020 Forms.</p> <p>If the data is missing on the DWC 1 and 5020 forms or cannot be obtained at the time of injury prior to the 10 calendar day FROI reporting requirement, the claim administrator is instructed to report the time of injury as blank, and then report a correction within the next 60 days. This is the same</p>	<p>None.</p>

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	<p>be difficult to obtain at the time of case make up, may change multiple times over the course of witness statements, 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.</p> <p>For the minority of cases where a second injury for the same injured and employer is required to be reported, the Claims Administrator would still have the option to report a time to avoid a duplicate FROI submission error. This would not negatively impact the majority of submissions where there is only a single injury that day.</p> <p><u>Point 2: Resolution Requested between CCR 9702(c) and FROI/SROI EDI Guide</u> Footnote 9 reads The Time of Injury (DN32) is required on first report</p>		<p>procedure currently followed for every FROI/SROI Conditional/Serious data requirement.</p> <p>Agree.</p>	<p>In Section 9702(c), Footnote 9, DWC changed the language to reflect that Time of Injury (DN 32) is required on all first report transmissions</p>
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	<p>transmissions except acquired first report transmissions under subdivision (b) with a Date of Injury (DN31) on or after the implementation date of the California EDI Implementation Guide for First and Subsequent Reports of Injury, Version 3.1.</p> <p>Emphasis added to indicate the entire bolded portion is not broken by punctuation. Because of this, the stated requirement is Footnote (9) is actually that TOI is required on all first reports when it the first report is not an acquired first report with a DOI >= Implementation date. This is a much smaller exclusion than likely intended. (This would mean all claims with DOI < Implementation date would fall under the requirement to send DN32 since they all fail the exception.)</p>			<p>except acquired reports and denied, changed and corrected reports that have been previously acquired.</p>
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	<p>Pages 59 and 61 of the proposed FROI/SROI EDI Guide implies DN31 is Mandatory if all of the following are true</p> <ul style="list-style-type: none"> • MTC=00, AU, 04, 02/CO (page 59) • Date of Injury (DN31) >= Date of FROI/SROI Guide version 3.1 Implementation • Nature of Injury Code (DN35) is not between 60 and 80 <p>The two sets of criteria are not equivalent. How the DOI, transmission type AU and 01, and nature of injury impacts whether or not this requirement applies to the claim or not is inconsistent between the two referenced sections. Additional clarification is requested.</p> <p>If Time of Injury continues to be conditionally required, then resolution of the discrepancy between the two cited sections is requested. Cleanup to the conditional requirements of DN32 (end part of</p>		Agree.	<p>In the FROI/SROI Guide Section K, Data Requirements for First Reports of Injury table, Time of Injury (DN 32), DWC changed MTC=AU requirement for C/S (Conditional/Serious) to O (Optional).</p> <p>In the FROI/SROI Guide, Section K, FROI Conditional rules and Implementation Notes table, for Time of Injury (DN 32), DWC changed language to resolve the discrepancy between the proposed regulation and the proposed guide.</p> <p>In the FROI/SROI Guide, Appendix A, Number 17, DWC removed language referring to the Acquire (AU) claims.</p>
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	<p>sentence) may be advisable.</p> <p>Once the discrepancy is resolved, the nature of injury exception (if still applicable) should also be referenced on the FROI Matching Process for Original '00' MTC flowchart's note about the Time of Injury, on page 97 of the FROI/SROI EDI Guide.</p>			
<p>9702(f) and California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI)</p>	<p>Commenter states if the proposed change in deadline to submit correction reports were to proceed, this section needs to be updated.</p> <p>Commenter states that this subdivision does not reflect the changes proposed in the FROI/SROI EDI Guide that updates the Time Report of Due requirement for MTC=CO for FROI and SROI.</p>	<p>Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment</p>	<p>Agree.</p>	<p>Changed language in the California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) to make it consistent with language in 9702(f), by changing the time allotted to submit a correction from 30 calendar days to 60 calendar days.</p> <p>This change is reflected in Section J: First Report of Injury Table; Section J: Subsequent Reports of Injury Table; Section M: Changed or Corrected Data; Appendix A,</p>

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<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Implementation Date</p>	<p>Commenter recommends the following revised language to the Cover and all footnote references:</p> <p>(DATE TO BE INSERTED BY OAL - <u>6</u> 12 MONTHS FOLLOWING APPROVAL AND FILING WITH SECRETARY OF STATE)</p> <p>Commenter recommends that the effective date for the proposed reporting requirements include twelve months for system implementation or programming changes. Commenter opines that this will allow sufficient time for stakeholders to update the system and test program changes.</p>	<p>Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment</p>	<p>Agree.</p>	<p>Number 22 and Appendix B, Section J.</p> <p>In Section 9701(b)(2) and (3), DWC changed the language to reflect an implementation date twelve months following the date the regulations are approved by OAL.</p> <p>DWC also changed language on the California FROI/SROI EDI implementation guide title page and footers to reflect a 12 month implementation date following the date of approval by OAL.</p>
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Electronic Data Interchange Trading</p>	<p>Commenter would like clarification if Trading Partners need to submit copies of the new forms, and if so, what the timeframe is for submitting the copies.</p>	<p>Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment</p>	<p>DWC will require that all trading partners resubmit their trading partner profiles prior to the effective date of the new guide.</p>	<p>None.</p>

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Partner Profile				
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Data Completeness and Accuracy Quality Requirements</p>	<p>Commenter states that additional clarification is needed regarding the following two guidelines for data quality in the FROI/SROI EDI Guide:</p> <p>At Least 95% of all required FROI and SROI reports should be submitted on-time and accurately. At least 95% of transmitted reports should be free of any uncorrected errors in mandatory/fatal and conditional/fatal data elements.</p> <p>Regarding the first bullet: commenter notes that “accurately” will be measured is not specified. Does this mean 95% of all required FROI receives a TA acknowledgement? If so, are certain TE rejections excluded for consideration (such as for international postal codes, or TE errors for FROI MTC=01 for certain fields)? Commenter requests that the Division provide written clarification on how this requirement is to be met.</p> <p>Regarding the second bullet:</p>	<p>Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment</p>	<p>Agree.</p> <p>In the proposed California FROI/SROI EDI Implementation Guide, the levels for data accuracy and timeliness apply to all transactions and data elements.</p> <p>In the proposed California</p>	<p>In the FROI/SROI Guide, Section G, under Data Completeness and Accuracy Quality Requirements, clarifying language for bullet points one and two was added.</p>

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	<p>Commenter questions that when counting the 5% allowance for “uncorrected errors”, if there are multiple TR rejections for one claim, do individual TR rejections for a single claim count as one or multiple when adding up to the 5% allowance?</p> <p>Commenter would like to know if a single TE/TA acknowledgement subsequent to those TR rejections disregard all the prior TR’s from “uncorrected” count, even if the prior TR’s were for different MTC’s than the one receiving the TE/TA acknowledgement.</p>		<p>EDI FROI/SROI Implementation Guide, rejected transactions (TR) are not included when determining the overall accuracy rate of data submitted.</p> <p>In the proposed California EDI FROI/SROI Implementation Guide, subsequent TRs would not impact a trading partner’s overall accuracy rate because rejected transactions are not included in this calculation.</p>	
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section J – Events that Trigger Required EDI Reports – First</p>	<p>Regarding Maintenance Type Code CO, commenter recommends that the Time Report be due within 60 calendar days instead of 30 calendar days.</p> <p>Commenter states that trading partners are provided <u>60 days of original first report submission</u> to update incomplete First Reports</p>	<p>Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment</p>	<p>Agree.</p>	<p>Changed language in the California EDI FROI/SROI Implementation Guide to make it consistent with language in Section 9702(f), by changing the time allotted to submit a correction from 30 calendar days to 60</p>

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Report of Injury- Page 53	(under FROI MTC=02, also on the same table.) However, if the incomplete First Report leads to a TE acknowledgement, then under the proposed change for FROI MTC=CO submissions, this leads to a parallel deadline of 30 calendar days of the acknowledgement. Commenter opines that updating this new deadline to 60 days of the original TE acknowledgement would resolve this parallel deadline discrepancy.			calendar days. This change is reflected in Section J: First Report of Injury Table; Section J: Subsequent Report of Injury Table; Section M: Changed or Corrected Data; Appendix A, Number 22 and Appendix B Section J.
California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section J – Events that Trigger Required EDI Reports – Subsequent Report of Injury – Page 54	Regarding Maintenance Type Code CO, commenter recommends that the Time Report be due within 60 calendar days instead of 30 calendar days. For consistency purposes, commenter recommends changing the deadline to 60 calendar days of original TE acknowledgement.	Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment	Agree.	Changed language in the California EDI FROI/SROI Implementation Guide to make it consistent with language in Section 9702(f), by changing the time allotted to submit a correction from 30 calendar days to 60 calendar days. This change is reflected in Section J: First Report of Injury Table; Section J: Subsequent Reports of Injury Table; Section

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				M: Changed or Corrected Data; Appendix A, Number 22 and Appendix B Section J.
California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section K – DN8 Third Park Administrator FEIN and DN9 Third Party Administrator Name Recommendation	<p>Commenter recommends no changes to data element name and requirements for DN8 and DN9 in the FROI/SROI EDI Guide under</p> <ul style="list-style-type: none"> • Data Requirements for First Report of Injury • SROI Conditional Rules and Implementation Notes • California-Specific-Data Edits Adopted IAIABC Data Elements Lists <p>Commenter recommends modification of FROI/SROI matching process in the FROI/SROI EDI Guide to</p> <ul style="list-style-type: none"> • List DN8 references as TPA_FEIN (DN8) • Confirm null value for DN8 on file considered a match with null value submitted for DN8 	Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment	<p>DWC disagrees. DWC's proposed changes to the names DN6 and DN7 from Third Party Administrator FEIN and Third Party Administrator Name to Claim Administrator FEIN and Claim Administrator Name will make this language consistent with the language in 8 C.C.R. §9811 (a).</p> <p>DWC disagrees. Because there is no inconsistency, there is no need to change the matching process.</p>	None. None.

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	<p>Please refer to comments provided regarding section 9702 (b) and (c) – DN8 and DN9. Commenter requests that if the DN8/DN9 references are to be updated as proposed, do the Trading Partners need to submit an updated “California EDI Trading Partner Insurer/Claim Administrator ID List”, specifically identify it as Trading Partner Type 5 and write in “Claims Administrator” on the line for “Other (Please specify)” in order to clear the California-Specific edit for DN8. If the updated list is needed, commenter would like to know the timeframe for submission.</p>		<p>The proposed changes to the California EDI FROI/SROI Implementation Guide will require that all trading partners resubmit the California EDI Trading Partner Insurer/Claim Administrator ID List prior to the effective date of the updated Guide. When submitting the updated Claim Administrator ID list, the trading partner should indicate the type of insurer/claim administrator for whom they are submitting data.</p>	<p>None.</p>
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section K – DN31 Date of Injury</p>	<p>Commenter requests that the Division leave submission of this data element as optional under FROI MTC=01 Cancel in these parts of the FROI/SROI EDI Guide.</p> <ul style="list-style-type: none"> • Data Requirements for First Report of Injury • FROI Matching Process for Cancel ‘01’ MTC 	<p>Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment</p>	<p>Agree.</p>	<p>In Section 9702(c), Footnote 5, DWC eliminated the requirement to submit Date of Injury on a Cancel transaction.</p> <p>In the FROI/SROI Guide, Section K, Data Requirements for First Reports of Injury table, (DN 31) Date of Injury,</p>

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	<p>Commenter request modification of FROI/SROI matching process in the FROI/SROI EDI Guide to</p> <ul style="list-style-type: none"> Remove DN31 Date of Injury edit for FROI Cancel '01' MTC <p>Please refer to comments provided regarding section 9702 (c) for Footnote No. 5.</p>			<p>DWC changed the requirement from M/F (Mandatory/Fatal) to Optional (O) on MTC Cancel (01) transactions.</p> <p>In the FROI/SROI Guide, Section M, FROI Matching Process for Cancel '01' MTC diagram, DWC removed Date of Injury as a required element for canceling a claim in WCIS.</p> <p>In the FROI/SROI Guide, Appendix A, item number 28, regarding Date of Injury on cancelled claims, was deleted.</p>
California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section K – DN32	<p>Commenter recommends leaving submission of this data element as optional with no conditional rules in the FROI/SROI EDI Guide under</p> <ul style="list-style-type: none"> Data Requirements for First Report of Injury 	Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment	<p>DWC disagrees. Time of Injury is a data requirement of the DWC 1 and 5020 forms.</p> <p>If the data is missing on the DWC 1 and 5020 forms or</p>	In Section 9702(c), Footnote 9, DWC changed the language to reflect that Time of Injury (DN 32) is required on all first report transmissions

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Time of Injury	<ul style="list-style-type: none"> FROI Conditional Rules and Implementation Notes <p>Commenter recommends modification of FROI/SROI matching process in the FROI/SROI EDI Guide to</p> <ul style="list-style-type: none"> Confirm null value for DN32 (Time of Injury) on file is 		<p>cannot be obtained at the time of injury prior to the 10 calendar day FROI reporting period, the claim administrator is instructed to report the time of injury as blank, and then report a correction within the next 60 days. This is the same procedure currently followed for every FROI/SROI Conditional/Serious data requirement.</p> <p>DWC disagrees. In the proposed California EDI FROI/SROI Implementation Guide, Time of Injury is only used to reject a new transaction if a submitted original FROI transaction</p>	<p>except acquired reports and denied, changed and corrected reports that have been previously acquired.</p> <p>In the California EDI FROI/SROI Guide, Section K, Data Requirements for First Reports of Injury table, Time of Injury (DN 32), DWC changed MTC=AU requirement for C/S (Conditional/Serious) to O (Optional).</p> <p>In the California EDI FROI/SROI Guide, Section K, FROI Conditional rules and Implementation Notes table, DNC changed Time of Injury (DN 32) language to correspond to the change made to the regulation.</p>
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	<p>considered a match with null value submitted for DN32</p> <p>Please refer to comments provided regarding section 9702 (c) for Footnote No. 9.</p>		<p>(MTC=00) matches what is already in the database. It is not used to create a new transaction. If a trading partner submits a null value for time of injury, and the combination of the other matching criteria is unique, the transaction will be accepted with a TE (transaction accepted with errors) for time of injury. The trading partner will then have 60 calendar days to correct the TE.</p>	<p>None.</p>
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section K – DN39 Initial Treatment</p>	<p>Commenter requests that the Division leave the submission of this data element as optional with no conditional rules in the FROI/SROI EDI Guide under</p> <ul style="list-style-type: none"> • Data Requirements for First Report of Injury • FROI Conditional Rules and Implementation Notes <p>Commenter states that Initial Treatment information may be</p>	<p>Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment</p>	<p>Agree.</p>	<p>In the California EDI FROI/SROI Guide, Section K, Data Requirements for First Reports of Injury table, Initial Treatment Code (DN 39), replaced C/S (Conditional/Serious) requirement with O (Optional) requirement.</p> <p>In the California EDI FROI/SROI Guide, Appendix A, Number 17</p>

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	<p>difficult to obtain at the time of case makeup. Trading partners may not be able to consistently classify claims because</p> <ul style="list-style-type: none"> • Values 2, 3, and 5 are poorly defined • Some pairs of values (such as pairs {2, 5}, {3,5}, and {4,5}) have scenarios where both would be applicable, and it is unclear which one should be used. <p>If this data element is required, commenter requests additional clarification on how the values supersede each other if more than one applies.</p>			<p>and in Appendix B, deleted language referring to Initial Treatment Code (DN 39).</p>
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section K – DN52 Employee Date of Birth</p>	<p>Commenter requests that the Division leave the submission of this data element as optional FROI MTC=01 Cancel in the FROI/SROI EDI Guide under</p> <ul style="list-style-type: none"> • Data Requirements for First Report of Injury • FROI Matching Process for Cancel '01' MTC 	<p>Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment</p>	<p>Agree.</p>	<p>In Section 9702(c), Footnote 6, DWC added language to remove the requirement for the Date of Birth on Cancel transactions.</p> <p>In the California EDI FROI/SROI Guide, Section K, Data Requirements for First Reports of Injury table,</p>

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	<p>Commenter requests modification of FROI/SROI matching process in the FROI/SROI EDI Guide to</p> <ul style="list-style-type: none"> Remove DN52 Date of Injury from matching process for FROI Cancel '01' MTC <p>Please refer to comments provided regarding section 9702 (c) for Footnote No. 6.</p>			<p>Date of Birth (DN 52), changed requirement from M/F (Mandatory/Fatal) to Optional (O) on MTC Cancel (01) transactions.</p> <p>In the California FROI/SROI Guide, Section M, FROI Matching Process for Cancel '01' MTC diagram, Date of Birth (DN 52) was removed as a required element for canceling a claim in WCIS.</p> <p>In the California EDI FROI/SROI Guide, Appendix A, number 29, the language requiring reporting on canceled transactions was deleted.</p>
California EDI Implementation Guide for First and	Commenter recommends updating the data requirement to C/S for FROI MTC=00, AU, and 02/CO in the	Karin L. Sims Assistant Claims Operations Manager	Agree.	In the California EDI FROI/SROI Guide, Section K, Data

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Subsequent Reports of Injury (FROI/SROI) – Section K – DN53 Class Code	<p>FROI/SROI EDI Guide under</p> <ul style="list-style-type: none"> Data Requirements for First Report of Injury <p>Commenter notes that in the table under §9702(b), Class Code is annotated with footnote (3) which reads “Required for insured claims only; optional for self-insured claims.” On page 64 of the proposed FROI/SROI EDI Guide there is also a note that indicates self-insured can send a code or no code at all. Commenter opines that this is contradictory to the M/S (Mandatory/Serious) data requirement currently listed for DN59 in FROI MTC=00, AU, 02/CO.</p>	State Compensation Insurance Fund March 28, 2016 Written Comment		<p>Requirements for First Reports of Injury table, Class Code (DN 59) the requirement was changed from M/S (Mandatory/Serious) to Conditional/Serious (C/S) for MTCs 00, AU, and 02, CO.</p> <p>In the California EDI FROI/SROI Guide, Appendix A, Number 24, FROI AU was added.</p>
California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section K - DN62 Wage and DN63 Wage Period	<p>Commenter recommends no changes to the data requirements in the FROI/SROI EDI Guide under</p> <ul style="list-style-type: none"> Data Requirements for First Report of Injury <p><i>Text Changes:</i> Commenter recommends the addition of the following text in the FROI/SROI EDI Guide for DN62 and DN63</p>	Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment	Agree.	In the California EDI FROI/SROI Guide, Section K, Data Requirements for First Reports of Injury table, Wage (DN 62) the (Mandatory/Serious) M/S requirement was replaced with the original

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	<p>under "FROI Conditional Rules"</p> <p>"Required only when provided to the claims administrator."</p> <p>Commenter notes that in the table under §9702(b), Wage and Wage Period are both annotated with footnote (1) which reads "Required only when provided to the claims administrator." The proposed change to make these two data elements mandatory is inconsistent with this footnote. Commenter opines that it should be left as conditional with the condition noted in the FROI Conditional Rules and Implementation Notes section.</p>			<p>(Conditional/Minor) C/M requirement. For Wage Period (DN 63), the (Mandatory/Serious) M/S requirement was replaced with the (Conditional/Serious) C/S requirement.</p> <p>In the California EDI FROI/SROI Guide, Section K, FROI Conditional Rules and Implementation Notes table, language for Wage Period (DN 63) was added stating that if Average Wage (DN 62) was provided, then reporting of DN 63 is M (Mandatory).</p> <p>In the California EDI FROI/SROI Guide, Appendix A, Number 30, the first sentence regarding Wage (DN62) and Wage Period (DN63) was deleted.</p>
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				In the California EDI FROI/SROI Guide, Appendix B, Section K, reference to Wage (DN62) and Wage Period (DN63) were deleted.
California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section K – DN74 Claim Type	<p>Commenter recommends no change to data requirements OR further clarification of possible values with Public Comments period.</p> <p>Commenter notes that the IAIABC Guide Release 1's definition of DN74 indicates this is a code representing the current benefit classification of the claim as interpreted by the jurisdiction. Beyond the values M and I, it is unclear how the other codes (N, B, L, T) are interpreted by the WCIS. As such, the commenter is unable to determine how long it would take for her organization to update their systems and processes to capture the</p>	Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment	DWC Disagrees. The Claim Type (DN 74) is proposed by DWC to improve DWCs ability to understand the completeness of SROI reporting. DWC will interpret the Claim Type codes as they are written in the IAIABC FROI/SROI Release 1 Guide. SROI transactions should have an N (Notification Only) for any SROI where there is a notification, but no payment of benefits. B =Became Medical Only, L=Became Lost Time, and T=Transfer (Claim Jurisdiction Change).	None.

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	<p>information for classifying claims under these other codes. Commenter requests either no change or publication of clarification with additional Public Comment Period.</p>			
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section K – DN56 Date Disability Began (SROI)</p>	<p>Commenter recommends no change to definition of this field for SROI in the FROI/SROI EDI Guide under</p> <ul style="list-style-type: none"> • Data Requirements for Subsequent Report of Injury • SROI Conditional Rules and Implementation Notes <p>Commenter states that the 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.</p> <p>The commenter opines that the strict inequality comparing DOI (DN31) to DDB (DN56) in the Conditional</p>	<p>Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment</p>	<p>DWC disagrees. The definition for Date Disability Began (DN 56) is being revised to allow for more effective evaluation of the benefit delivery system as required under Labor Code Section 138.6(b)(2).</p> <p>Agree.</p>	<p>None.</p> <p>In the California EDI FROI/SROI Guide, Section K, SROI</p>

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	Rules will fail for claims where the employer does not pay for the first date of loss time and disability actually began on the date of injury.			Conditional Rules and Implementation Notes table, DWC changed “<” to “≤” for Date Disability Began (DN 56), Payment/Adjustment Start Date (DN 88) and Payment/Adjustment End Date (DN 89), and in Appendix A, Number 26, changed “<” to “≤.”
California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section K – DN70 Date of Maximum Medical Improvement	<p>Commenter recommends the following Text Change in the FROI/SROI EDI Guide under “Data Requirements for Subsequent Report of Injury” for DN70</p> <p>If reporting and closing permanent disability benefits (DN85=020, 021, 030, 040, or 090), DN31 < 1/1/2013, and MMI date is known, then Mandatory. If reporting and closing permanent disability benefits (DN85=020, 021, 030, 040, or 090), DN31 >=</p>	Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment	Agree.	In the California EDI FROI/SROI Guide, Section K, in the Data Requirements for Subsequent Reports of Injury table, a note was added to the bottom of the table that the SROI Date Disability Began (DN 56) is defined by DWC as the first date of lost time for the current benefit period. Language has been changed in CA EDI Implementation Guide (FROI/SROI)

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	<p>1/1/2013, then Mandatory.</p> <p>Commenter states that the conditional requirement indicates when reporting and closing permanent disability benefits, then further requirements apply. However, the only two SROI MTC that lists DN70 as conditional are FN and UR, neither of which closes benefits per EDI Guide 3.0 (page 80) or the proposed EDI Guide 3.1 (pages 91-92).</p>			<p>Section K pages 60, 63, 66, 68, 70 and p. 124 (Appendix A) to more accurately reflect IAIABC reporting standards regarding different variables that may affect the determination of the Date Disability Began (DN56) following the initial comment period.</p> <p>In the California EDI FROI/SROI Guide, Appendix A, Number 18, the two references to “and closing” were deleted.</p>
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section K, Footnote on Page 56</p>	<p>Commenter recommends the removal of this footnote (or re-label if keeping change for DN56)</p> <p>Commenter opines that this proposed footnote was likely added for the proposed DN56 change. However, “*” is already used for labeling SROI MTC=04 on the Denial column on</p>	<p>Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment</p>	<p>Agree.</p>	<p>In the California EDI FROI/SROI Guide, in Section K, Data Requirements for Subsequent Reports of Injury table, DN 56 Date Disability Began, the “*” notation was changed to “***” and</p>

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	pages 65-68, with the note itself relating to SROI MTC=04 listed on page 68.			<p>was moved from the bottom of the page to the bottom of the table with the remaining notes.</p> <p>Subsequently, language has been changed in CA EDI Implementation Guide (FROI/SROI) Section K pages 60, 63, 66, 68, 70 and p. 124 (Appendix A) to more accurately reflect IAIABC reporting standards regarding different variables that may affect the determination of the Date Disability Began (DN56).</p>
California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section K – DN83	<p>Commenter recommends the following revised language to FROI/SROI EDI Guide under “SROI Conditional Rules and Implementation Notes” for DN 83</p> <p>“... If [MTC={FN or UR}</p>	Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment	Agree.	In the California EDI FROI/SROI Guide, in Section K, Data Requirements for Subsequent Reports of Injury table, for Permanent Impairment

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<p>and DN84 – Permanent Impairment Body Part Code/Percentage Recommendation</p>	<p>AND starting, denying or updating PD benefits (i.e. DN86>0 AND DN85={DN85=020, 021, 030, 040, or 090, or 520, 521, 530, 540, or 590});] then Mandatory.”</p> <p>Commenter recommends the following revised language to FROI/SROI EDI Guide under “SROI Conditional Rules and Implementation Notes” for DN84</p> <p>“... If [MTC={FN; or UR} AND reporting PD benefits (i.e. DN86>0 AND DN85={DN85=020, 021, 030, 040, or 090, or 520, 521, 530, 540, or 590});] then Mandatory.”</p> <p>Commenter opines that the Definition of “PD benefits” in both should match changes proposed in DN70, which do not involve DN85=the 500 series Benefit Type Codes. Also recommend cleanup of text describing relevant subset of</p>		<p>DWC disagrees regarding removal of Permanent Disability Payment and Settlement Codes. Claim administrators’ knowledge of settlements with PD benefits includes knowledge of both the Permanent Impairment Body Part (DN 83) and the Permanent Impairment Percentage (DN 84). Exclusion of the Permanent Disability Payment and Settlement Benefit Type Codes from the Date of Maximum Medical Improvement (DN 70) requirement is to allow claim administrators to report any permanent disability</p>	<p>Body Part Code (DN 83), reporting was changed to O (Optional) except for in categories FN (Final) and UR (Upon Request), which were changed to F (Fatal).</p>
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	DN85.		payments paid prior to settlement when the Date of Maximum Medical Improvement is unclear or unknown.	None.
California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section K – DN88 and DN89 Payment/Adjustment Start/End Date	<p>Commenter recommends the following revised language to FROI/SROI EDI Guide under “SROI Conditional Rules and Implementation Notes” for DN88</p> <p>“...If Nature of Injury Code (DN35) is not between 60 and 80, then DOI (DN31) \leq Start Date (DN88) is Mandatory.”</p> <p>Commenter recommends the following revised language to FROI/SROI EDI Guide under “SROI Conditional Rules and Implementation Notes” for DN89</p> <p>“...if Nature of Injury Code (DN35) is not between 60 and 80, then DOI (DN31) \leq End Date (DN89) is Mandatory”</p>	Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment	Agree.	<p>In the California EDI FROI/SROI Guide, Section K, SROI Conditional Rules and Implementation Guide table, (DN 88) Payment/Adjustment Start Date, DWC amended language to allow the benefit start date to equal the Date of Injury.</p> <p>In the California EDI FROI/SROI Guide, Section K, SROI Conditional Rules and Implementation Guide table, (DN 89) Payment/Adjustment End Date, DWC amended language to allow the benefit end date to equal the Date of</p>

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	<p>Commenter opines that the proposed strict inequality against DN31 of both precludes the situations where</p> <ul style="list-style-type: none"> • Benefits are paid on Date of Injury, which occurs when lost time is incurred on the first day and employer does not cover salary on Date of Injury • Benefits paid start and end of the Date of Injury, which may occur when lost time is incurred initially on the first day of injury only but becomes payable when the waiting period is waived due to a separate period of disability meeting or exceeding 14 days in total. 			Injury.
California EDI Implementation Guide for First and Subsequent Reports of Injury	Commenter notes that there are missing or incorrectly labeled pages in this section. The proposed regulations jump from page 75 to page 81.	Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund	Agree.	Pagination of the California EDI FROI/SROI Implementation Guide will be corrected at the

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(FROI/SROI) – Section L		March 28, 2016 Written Comment		conclusion of the rulemaking process.
California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) Section M – Changed or Corrected Data - Page 88	<p>Commenter recommends the following revised language:</p> <p>...If the data in a previously submitted first report was incomplete, then a Change Report should be submitted within 30<u>60</u> calendar days of the original first report submission. If the data in a previously submitted first report has changed, then a Change Report should be submitted by the next date a submission is due on the claim. Correction Reports (MTC=CO) are sent in response to a TE (transaction accepted with error) acknowledgement from WCIS. Correction Reports are due within 30<u>60</u> calendar days of original TE acknowledgement. If a claim administrator needs to make changes to some data elements while making corrections to other elements for a given claim, the changes and corrections should be combined on a Correction Report, <u>except for Change Reports submitted within 60 days of</u></p>	Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment	Agree.	<p>Changed language in the California EDI FROI/SROI Implementation Guide to be consistent with language in Section 9702(f), by changing the time allotted to submit a correction from 30 calendar days to 60 calendar days.</p> <p>This change is reflected in Section J, First Report of Injury Table; Section J, Subsequent Reports of Injury Table; Section M, Changed or Corrected Data section, Appendix A, Number 22 and Appendix B, Section J.</p>

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	<p><u>the original first report submission for incomplete data.</u></p> <p>Commenter notes that Page 53 of the proposed FROI/SROI EDI Guide provides 60 days from the original first report submission for Trading Partners to submit a Change Report, not 30 calendar days.</p> <p>Commenter opines that in the case where a Change Report or a Correction Report are combined for a single submission, if an allowance is not provided for Trading Partners to submit a Change Report instead of a Correction Report when it is still within the 60 days of the original first report, then Trading Partners will be deprived of</p> <ul style="list-style-type: none"> • the full 60 days of the original first report when submitting incomplete data when the case is first reported if the requirement for CO reports remains at 30 days • the ability to send a Change Report (instead of a Correction Report) for 			
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	<p>incomplete first reports as described the first listing of MTC=02 in the table on page 53 of the FROI/SROI EDI Guide.</p> <p>Commenter requests that if there is more than one unaddressed TE with different MTC dates is to be reported under one Correction Report, that the Division please clarify which MTC date should be used. If combing multiple Corrections in a single Correction Report is allowed, commenter requests that the Division address if this combination affects the metrics alluded to on page 44 of the proposed FROI/SROI EDI Guide.</p>			
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section M – Pages 91-93</p>	<p>Commenter recommends that for pages 91-93 of the FROI/SROI EDI Guide, not adding AN and FN to “Open Benefits” Table, keeping FN in “Other” events table. Moving the ** footnote from “Open Benefits” table to both the “Other” and “Periodic Reports” table for FN and AN, respectively.</p> <p>Commenter opines that AN and FN</p>	<p>Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment</p>	<p>Agree.</p>	<p>DWC changed language in the California EDI FROI/SROI Implementation Guide, Section M, Open Benefits table, where DWC deleted the AN Annual, FN Final, and **bullet point language.</p> <p>In addition, DWC added</p>

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	<p>do not fit the description “These Maintenance Type Codes are used to report the start of a benefit period.” Neither opens benefits.</p> <p>Commenter states that placing AN in the “Open Benefits” table contradicts its placement under “Periodic Reports” table and the description for “Periodic Reports” that “...Periodic Reports should not be used to report that a benefit period is opening, closing, or being updated.”</p> <p>Commenter notes that FN is used to report the closing of a claim, which does not coincide with the beginning of any benefit payment so she opines that it should not be in the “Open Benefits” table. Removal of FN from the “Other” table contradicts the description for that table “...(3) the MTC reports the closing of a claim (FN).”</p> <p>Commenter recommends that clarification for AN and FN reports for indemnity claims should cited in a footnote in the table where they are</p>			<p>language for AN Annual and FN Final in the Other table, and a note under the table that, “*(f)or indemnity claims, must be preceded by a FROI AU, SROI IP or AP, CD, FS, or PY, as applicable.”</p> <p>DWC added a note under Periodic Reports table that, “*(f)or indemnity claims, must be preceded by a FROI AU, SROI IP or AP, CD, FS, or PY, as applicable.”</p>
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<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section M – Paragraph 2, Page 93</p>	<p>located.</p> <p>Commenter recommends the following revised language:</p> <p style="padding-left: 40px;">It is important to understand that the sum of the 5xx codes submitted for a particular settlement should equal the total settlement amount, <u>less advances already paid.</u></p> <p>Commenter questions if the Claims Administrator is expected to reclassify the other BTC deducted from the final total settlement amount as one of the 500 series codes in order to comply with "...the sum of the 5xx codes submitted for a particular settlement should equal the total settlement amount".</p> <p>Commenter stated that this question was submitted to their WCIS Liaison last year and they were advised to keep the BTC previously reported for any pre-settlement advances (e.g. BTC=030 for Permanent Partial Disability payments), but to report</p>	<p>Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment</p>	<p>Agree. The settlement amount should equal the total settlement amount less any advances paid.</p>	<p>In the California EDI FROI/SROI Guide, Section M, the suggested language was added.</p>
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	<p>them with the balance issued for the settlement (coded under BTC=5xx) in the same MTC=PY submission if it was to be deducted from the total settlement amount. Commenter notes that this is contrary to the unchanged sentence "It is important to understand that the sum of the 5xx codes submitted for a particular settlement should equal the total settlement amount." Additional clarification is requested.</p>			
<p>California Electronic Data Interchange (EDI) Implementation Guide for Medical Bill Payment Records</p>	<p>Commenter has no comment to offer on this guide.</p>	<p>Karin L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund March 28, 2016 Written Comment</p>	<p>Acknowledged.</p>	<p>None.</p>
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Appendix A – Number 1</p>	<p>Commenter notes that for claims with <u>date of injury after the implementation date of this guide</u>, the Standard Industrial Classification (SIC) codes will not be accepted as valid Industry Codes (DN 25) Only North American Industry Classification System (NAICS) codes will be accepted.</p>	<p>Kathleen Bissell, CPCU Liberty Mutual Insurance Company March 28, 2016 Written Comment</p>	<p>Under the DWC's proposed regulations, a claims administrator would be allowed to report a SIC or NAICS code on any claim with a date of injury prior to the implementation date of version 3.1.</p>	<p>None.</p>

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	<p>Commenter's organization has an operating system with legacy claims which presently uses the SIC codes.</p> <p>Commenter would like to know if it would be possible for the claim administrator to migrate from the SIC Code to the NAICS code on claims with a <u>date of injury prior</u> to the implementation of version 3.1.</p>			
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Appendix A – Number 7</p>	<p>Commenter states that the Agency Claims Number/jurisdiction Claim Number (DN 5), Insurer FEIN (DN 6), Claim Administrator FEIN (DN 8), <u>Claim Administrator Claim Number (DN 15)</u>, Date of Injury (DN 31), Employee Date of Birth (DN 52), the first two characters of Employee First Name (DN 44), Employer FEIN (EMP_FEIN) (DN 16), and Time of Injury (DN 32) are now used in the claim matching process.</p> <p>Commenter recommends that a Claim Administrator's Claim Number (DN15) not be used as part of a primary match. Commenter opines that using this number is</p>	<p>Kathleen Bissell, CPCU Liberty Mutual Insurance Company March 28, 2016 Written Comment</p>	<p>DWC disagrees. The claims administrator claim number is already being used as part of the alternative matching process. The proposed change moves its use from an alternative source for validating a claim to a primary validation element. The DWC proposal is made to ensure the integrity of the claim within the WCIS database and the assignment of the JCN. In addition, WCIS currently requires each claims administrator to maintain and update its claim numbers in the FROI/SROI system.</p>	<p>None.</p>

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	<p>impractical because the Claim Administrator Claim Number can change over the life of the claim for a number of reasons: For example: a) Migration from a legacy claim system to a new claim system; b) Third Party Administrator acquires claims from another Third Party Administrator and c) Claim handling transfers within a claim administrator's claim operations.</p>			
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Appendix A – Number 15</p>	<p>Commenter notes that the SROI Date Disability Began (SROI DN 56) is now defined by DWC as the first date of lost time for the current benefit period. The FROI Date Disability Began (FROI DN 56) remains the original date of the lost time.</p> <p>Commenter opines that this proposal is inconsistent with the IAIABC Release One Claim EDI Standards.</p> <p>Commenter recommends that the proposal be amended to be consistent with the IAIABC Release One standard or adopt the IAIABC Release Three standard for consistency.</p>	<p>Kathleen Bissell, CPCU Liberty Mutual Insurance Company March 28, 2016 Written Comment</p>	<p>DWC disagrees. The definition for Date Disability Began (DN 56) is being revised to allow for more effective evaluation of the benefit delivery system as required under Labor Code Section 138.6(b)(2).</p>	<p>None.</p>

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<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Appendix A – Number 17</p>	<p>Commenter notes that the Time of Injury (DN 32) and <u>Initial Treatment (DN 39)</u> are now Conditional/Serious on the FROI 00, AU, 04, 02 and CO.</p> <p>In reference to the Initial Treatment (DN 39), commenter opines that the use of this data field will not be useful for research purposes. This is because, typically, claims are reported to the claim administrator and to the DWC as a FROI in many instances before the knowledge of the medical treatment is received. Therefore, the quality and accuracy of this data will be low and of little use. Commenter recommends that, instead, the DWC rely on the medical bill data available from the medical billing data reported annually.</p>	<p>Kathleen Bissell, CPCU Liberty Mutual Insurance Company March 28, 2016 Written Comment</p>	<p>Agree.</p>	<p>In the California EDI FROI/SROI Implementation Guide, Section K, Data Requirements for First Reports of Injury table, for the Initial Treatment Code (DN 39), the C/S (Conditional/Serious) requirement was replaced with the (Optional) O requirement.</p> <p>In the California EDI FROI/SROI Implementation Guide, Section K, FROI Conditional Rules and Implementation Notes table, for the Initial Treatment Code (DN 39), the conditional requirements were deleted.</p> <p>In addition, in Appendix A, Number 17, language</p>
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				referring to the Initial Treatment Code (DN 39) was deleted and in Appendix B, Section K: language referring to Initial Treatment Code (DN 39) was also deleted.
California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Appendix A – Number 19	<p>Commenter notes that the Claim Status (DN 73) is now Mandatory/Fatal on the SROI FN and AN. <u>The Claim Status (DN 73) must = C or X on the SROI FN.</u></p> <p>Commenter states that the claim must be closed on a Final Report.</p> <p>Commenter states that Claim Administrators currently send Final Reports while the claim remains open in the claim administrator's claim system for administrative reasons. Commenter opines that the fact that a claim remains open in a computer system should have no bearing or impact on the filing and acceptance of a Final Report filing. Commenter recommends that the DWC remove this proposed requirement.</p>	Kathleen Bissell, CPCU Liberty Mutual Insurance Company March 28, 2016 Written Comment	DWC disagrees. The SROI FN was established in the IAIABC Guide (2002), which, at pages 6-25, defines the FN as being “a closed claim, no further payments of any kind.” Requiring the Claim Status Code to reflect the status required by the IAIABC SROI FN definition is consistent.	None.

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California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Appendix A – Number 26	<p>Commenter notes that the SROI Date Disability Began (DN 56), if Nature of Injury Code (DN 35) is not between 60 and 80, then DOI (DN 31) < DDB (DN 56) is Mandatory.</p> <p>Commenter opines that this field may be related/impacted by the proposed change to Appendix A, Number 15.</p> <p>Commenter would like clarification that if the inquiry was immediate and continuous on the Date of Injury and when the injured worker was not paid their wages for the date of injury, would DN 56 Date Disability Began equal the Date of Injury? Clarification is required.</p>	Kathleen Bissell, CPCU Liberty Mutual Insurance Company March 28, 2016 Written Comment	<p>Agree.</p> <p>In the stated scenario, the date of injury would be reported as equal to the date disability began.</p>	In the California EDI FROI/SROI Guide, Section K, SROI Conditional Rules and Implementation Notes table, DWC changed “<” to “≤” for Date Disability Began (DN 56), Payment/Adjustment Start Date (DN 88) and Payment/Adjustment End Date (DN 89), and in Appendix A, Number 26, changed “<” to “≤.”
California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Appendix A – Number 30	Commenter notes that the Wage (DN 62) and Wage Period (DN 63) are now Mandatory/Serious on FROI Original (MTC=00), Acquired/Unallocated (MTC=AU), Denial (MTC=04), Change (MTC=02), and Correction (MTC=00). Wage Period (DN 63) is now Mandatory/Serious on SROI Initial Payment (MTC=1P), Acquired Payment (MTC=AP), Change in	Kathleen Bissell, CPCU Liberty Mutual Insurance Company March 28, 2016 Written Comment	Agree.	In the California EDI FROI/SROI Guide, Section K, Data Requirements for First Reports of Injury table, for Wage (DN 62), the (Mandatory/Serious) M/S requirement was replaced with the (Conditional/Minor) C/M requirement. For

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	<p>Amount (MTC=CA), Change in Benefit (MTC=CB), Change (MTC=02), Correction (MTC=00) and Upon Request (UR).</p> <p>Commenter opines that requiring the AWW (Average Weekly Wage) be present for all FROI reports, including denials and no lost time/medical only claims will increase the amount of time it takes to file the FROI/Denial with the Division.</p> <p>Commenter states that the claim administrators' general business practice is to send the Wage Statement to the Employer to complete and return to the claims administrators to determine the AWW (wage) on indemnity lost time claims in which benefits are going to be paid. This often takes several business days or longer to receive the completed wage statement from the employer. Commenter opines that this may impact employers who now have to include and/or receive and complete the wage statement for all</p>			<p>Wage Period (DN 63), the (Mandatory/Serious) M/S requirement was replaced with the (Conditional/Serious) C/S requirement.</p> <p>Also in Section K, in the FROI Conditional Rules and Implementation Notes table, for Wage Period (DN 63), language was added that if Average Wage (DN62) provided, then Mandatory.</p> <p>In addition, in Appendix A, Number 30, the first sentence regarding Wage (DN62) and Wage Period (DN63) was deleted.</p> <p>In Appendix B, Section K, reference to Wage (DN62) and Wage Period (DN63) was deleted.</p>
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	claims. Commenter recommends that the mandate apply only to SROI and not FROI reports.			
9702(c)	<p>Commenter recommends the following revised language:</p> <p>Each transmission of data elements listed under subdivisions (b), (d), (e), (f), or (g) of this section shall also include the following elements for data linkage:</p> <p>(6) The Employee Date of Birth (DN 52) is required on all first report transmissions under subdivision (b);</p> <p>(9) The Time of Injury (DN 32) is required on first report transmissions except acquired first report transmissions under subdivision (b) with a Date of Injury (DN 31) on or after the implementation date of the California EDI Implementation Guide for First and Subsequent Reports of Injury, Version 3.1;</p>	<p>Stacy L. Jones Senior Research Associate California Workers' Compensation Institute (CWCI) March 28, 2016 Written Comment</p>	<p>DWC disagrees. While the commenter states accurately that the data elements Employee Date of Birth or Time of Injury are not SROI elements, the DWC proposed requirement for Employee Date of Birth and Time of Injury refer to subdivision (b) submissions only. Subdivision (b) submissions are FROI transactions.</p>	None.

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	<p>Commenter recommends deleting notes (6) and (9) related to the Employee Date of Birth (DN52) and Time of Injury (DN32) respectively.</p> <p>Commenter opines that the data elements requirements for Subsequent Report of Injury (SROI) files does not include the employee's date of birth or the time of injury, so the data elements cannot be used for matching records. Similarly, neither the employee's date of birth nor the time or injury is used for matching medical bill payment records to FROI records.</p>			
9702(h)	<p>Commenter recommends deleting the new language "or where no benefits are paid" from this subsection.</p> <p>Commenter states that the new language changes the requirement for final reports to be filed from only "where indemnity benefits are paid" to whether or not indemnity benefits are paid. Commenter opines that the language also contradicts the following sentence which states that</p>	<p>Stacy L. Jones Senior Research Associate California Workers' Compensation Institute (CWCI) March 28, 2016 Written Comment</p>	<p>DWC disagrees. The proposed language change clarifies an existing requirement. WCIS currently requires an FN on claims with indemnity benefit payments and claims where there were no benefit payments.</p>	<p>Language has been added to Section 9702 (h) to further clarify the FN and AN requirement.</p>

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	<p>medical-only claims for which no indemnity benefits are paid may be reported as closed in the final report or in the annual report.</p>			
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section E – Legal Authorities</p>	<p>Commenter requests the deletion of the following paragraph:</p> <p>WCIS Penalty Regulations</p> <p>WCIS penalties upon approval will be stated in Title 8, California Code of Regulations, section 9705. Link to be determined upon approval</p> <p>Commenter recommends deleting the placeholder for future regulation section 9705.</p> <p>Commenter states that while regulations defining WCIS penalties will be promulgated at a future date, she opines that it is not appropriate to begin a new policy of inserting placeholders in guides that govern processes. Commenter notes that in this instance a future regulation is listed as legal authority for penalties that will not be in place until the new regulation is adopted. Commenter states that if it</p>	<p>Stacy L. Jones Senior Research Associate California Workers' Compensation Institute (CWCI) March 28, 2016 Written Comment</p>	<p>Agree.</p>	<p>In the California EDI FROI/SROI Implementation Guide, Section E, and in Appendix B sections E and G, DWC deleted language referring to the WCIS Penalty Regulations.</p>

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	<p>is the intent to adopt the proposed changes to the FROI/SROI CA Implementation Guide at the same time that new regulation section 9705 is adopted then that should be made clear, and the proposed section 9705 must be made available for public review and comment pursuant to the Administrative Procedure Act.</p>			
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section K – Data Requirements for First Reports of Injury</p>	<p>Commenter notes that Data number 52 (DN52), representing the employee's date of birth is proposed to be changed to Mandatory/Fatal (M/F) in the revised Data Requirements for First Reports of Injury table. Commenter recommends that this data element remain as Mandatory/Serious (M/S).</p> <p>Commenter 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</p>	<p>Stacy L. Jones Senior Research Associate California Workers' Compensation Institute (CWCI) March 28, 2016 Written Comment</p>	<p>DWC disagrees. While the DWC-1 form does not have a field for Date of Birth, the DWC-1 is not the only form in a claim file. Forms 5020 (Employer first report) and 5021 (Doctors first report) both require date of birth and both are required to be submitted to the claim administrator prior to the 10 calendar day requirement to submit a FROI.</p>	<p>None.</p>

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	<p>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.</p>			
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) –</p>	<p>Commenter recommends that data elements 32 (Time of Injury), 39 (Initial Treatment), 52 (Employee Date of Birth) and 62 (Wage) codes not be changed, and to remain as they have been.</p> <p>Commenter notes that data Element Number 32 (DN32), representing the time of injury is proposed to be changed to Conditional/Serious (C/S) in the Data Requirements for First Reports of Injury table, but the claims administrator does not always have the time of injury and does not always require the information be obtained from the employer for medical only or minor injury claims. In these instances the claims administrator may simply pay a medical bill and close the claim.</p>	<p>Stacy L. Jones Senior Research Associate California Workers' Compensation Institute (CWCI) March 28, 2016 Written Comment</p>	<p>DWC Disagrees. Time of Injury is a data requirement for the DWC 1 Form.</p> <p>If the data is missing on the DWC 1 form or cannot be obtained at the time of injury prior to the 10 calendar day FROI reporting period, the claim administrator is instructed to report the time of injury as blank, and then report a correction within the</p>	<p>None. In response to another comment made, the following changes to the proposed Time of Injury data requirements were made: In Section 9702(c), Footnote 9, DWC changed the language to reflect that Time of Injury (DN 32) is required on all first report transmissions except acquired reports</p>

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	<p>Commenter opines that leaving DN32 as an optional data element would allow for a claims administrator to provide the time of injury if they have it in time for FROI filing.</p> <p>Commenter notes that Data Element Number 39 (DN39), representing the Initial Treatment code is proposed to be changed from Optional to Conditional/Serious (C/S) in the Data Requirements for First Reports of Injury table, but the claims administrator does not always have this information at the time of filing the First Report of Injury. Requiring the Initial Treatment code on the initial</p>		<p>next 60 days. This is the same procedure currently followed for every FROI/SROI Conditional/Serious data requirement.</p> <p>Agree.</p>	<p>and denied, changed and corrected reports that have been previously acquired.</p> <p>In the California EDI FROI/SROI Guide, Section K, Data Requirements for First Reports of Injury table, Time of Injury (DN 32) DWC changed the MTC=AU requirement from C/S (Conditional/Serious) to O (Optional).</p> <p>In the California EDI FROI/SROI Implementation Guide, Section K, Data Requirements for First Reports of Injury table, Initial Treatment Code (DN 39), DWC replaced the C/S (Conditional/Serious) with the O (Optional)</p>
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	<p>FROI may either delay submission of FROI reporting or increase the submission of “no treatment” records. Commenter opines that leaving the data element as optional would allow a claims administrator to report the information if an initial medical bill had been processed for payment prior to FROI reporting without causing delayed reporting or misreporting of the Initial Treatment code.</p> <p>Commenter notes that Data Element Number 52 (DN52) is listed as Mandatory/Fatal (M/F) in the Data Requirements for First Reports of Injury table, but the claims administrator does not always have the employee’s date of birth at the time of claim creation. Electronic First Reports of Injury (FROIs) are required to be submitted within 10 business days of knowledge by the claims administrator. The short time frame for reporting does not allow time to obtain information that may not be immediately available and may result in the unintended consequence of late</p>		<p>DWC disagrees. While the DWC-1 form does not have a field for the Date of Birth, the DWC-1 is not the only form in a claim file. Forms 5020 (Employer first report) and 5021 (Doctors first report) both require date of birth and both are required to be submitted to the claim administrator prior to the 10 day requirement to file a FROI.</p>	<p>requirement. In addition, in Appendix A, Number 17 and in Appendix B, Section K, DWC deleted language referring to Initial Treatment Code (DN 39).</p> <p>None.</p>
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	<p>reporting to comply with the mandatory inclusion of the employee's date of birth or alternatively reporting of a date that does not represent the date of birth. Commenter opines that leaving the requirement as mandatory/serious provides a claims administrator additional time to obtain the information for reporting in a subsequent correction file. It is noted that the date of birth is requested on the Employer's Report of Occupational Injury or Illness, but it is not a required data element for filing.</p> <p>Commenter states that in many instances a claims administrator may not obtain a date of birth for minor injury or medical only claim, opting to pay a medical bill and closing the claim with the information. Requiring the date of birth on every reported claim would require additional time and resources for claims administrators processing claims for medical only/minor injuries.</p> <p>Commenter notes that Data Element Number (DN62) is listed as</p>		<p>Agree.</p>	<p>In the California EDI FROI/SROI Implementation Guide, Section K, Data Requirements for First Reports of Injury table, Wage (DN 62) DWC replaced the (Mandatory/Serious) M/S with the (Conditional/Minor) C/M requirement and for Wage Period (DN 63) replaced the (Mandatory/Serious) M/S with the (Conditional/Serious) C/S requirement.</p> <p>In the California EDI FROI/SROI</p>
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	<p>Mandatory/Serious (M/S) in the Data Requirements for First Reports of Injury table, but the claims administrator may not have obtained wage information from the employer at the time of First Report of Injury reporting. The average weekly wage is not a factor in the majority of claims, which are medical-only. Since the wage calculation is not needed or used until indemnity benefits begin, commenter opines that the wage data should not be required until Subsequent of Report Injury (SROI) reporting.</p>			<p>Implementation Guide, Section K, FROI Conditional Rules and Implementation Notes table, DWC added language for Wage Period (DN 63) stating that if Average Wage (DN 62) was provided, then reporting of DN 63 is M (Mandatory).</p> <p>In the California EDI FROI/SROI Guide, Appendix A, Number 30, the first sentence regarding Wage (DN62) and Wage Period (DN63) was deleted.</p> <p>In the California EDI FROI/SROI Guide, Appendix B, Section K, reference to Wage (DN62) and Wage Period (DN63) were deleted.</p>
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	<p>Commenter notes that §9702(b) states “Each claims administrator shall submit to the WCIS on each claim, within ten (10) business days of knowledge of the claim, each of the following data elements known to the claims administrator...” [emphasis added]. §9702(b) further states “Data elements omitted under this subsection because they were not known by the claims administrator shall be submitted within sixty (60) days from the date of the first report under this subsection”. Commenter states that there is no statutory authority to mandate transmission of data that the claims administrator does not have at the time of FROI reporting.</p>		<p>DWC disagrees. While DWC-1 does not have the Date of Birth, the DWC-1. The DWC-1 is not the only form in a claim file. Forms 5020 (Employer first report) and 5021 (Doctors first report) both require date of birth and both are required to be submitted to the claim administrator prior to the 10 day requirement to file a FROI. In addition, this language is found in existing text and is not being revised in this rulemaking action, and thus it is beyond the scope of this rulemaking action.</p>	<p>None.</p>
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section M – Changed or Corrected Data</p>	<p>Commenter requests that the division change the due date from 30 days to 60 days in this section.</p> <p>Commenter notes that §9702(b) requires information that was unknown at the time of FROI reporting be “submitted within sixty (60) days from the date of the first report”.</p>	<p>Stacy L. Jones Senior Research Associate California Workers' Compensation Institute (CWCI) March 28, 2016 Written Comment</p>	<p>Agree.</p>	<p>DWC changed language in the California EDI FROI/SROI Implementation Guide to make it consistent with language in Section 9702(f), by changing the time allotted to submit a correction from 30</p>

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	<p>Commenter opines that the timeframes for reporting unknown/unavailable information must be reconciled between the regulation and the instructions in the California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) Version 3.1.</p>			<p>calendar days to 60 calendar days. This change is reflected in Section J, First Report of Injury Table; Section J, Subsequent Reports of Injury Table; Section M, Changed or Corrected Data section, Appendix A, Number 22 and Appendix B, Section J.</p>														
<p>California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) – Section M – Transaction Processing and Sequencing – Subsequent Reports</p>	<p>Commenter recommends the following revised language:</p> <p>Open Benefits: these Maintenance Type Codes are used to report the <u>start</u> of a benefit period.</p> <table border="1" data-bbox="485 1040 968 1378"> <thead> <tr> <th>MTC Code</th> <th>MTC Name</th> </tr> </thead> <tbody> <tr> <td>IP</td> <td>Initial Payment</td> </tr> <tr> <td>AP</td> <td>Acquired Payment</td> </tr> <tr> <td>FS</td> <td>Full Salary</td> </tr> <tr> <td>RB</td> <td>Reinstatement of Benefits</td> </tr> <tr> <td>CB</td> <td>Change Benefit</td> </tr> <tr> <td>AN</td> <td>Annual**</td> </tr> </tbody> </table>	MTC Code	MTC Name	IP	Initial Payment	AP	Acquired Payment	FS	Full Salary	RB	Reinstatement of Benefits	CB	Change Benefit	AN	Annual**	<p>Stacy L. Jones Senior Research Associate California Workers' Compensation Institute (CWCI) March 28, 2016 Written Comment</p>	<p>Agree.</p>	<p>DWC changed language in the California EDI FROI/SROI Implementation Guide, Section M, Open Benefits table, where DWC deleted the AN Annual, FN Final, and **bullet point language.</p> <p>In addition, DWC added language for AN Annual and FN Final in the Other table, and a note under the table that, “*(f)or indemnity</p>
MTC Code	MTC Name																	
IP	Initial Payment																	
AP	Acquired Payment																	
FS	Full Salary																	
RB	Reinstatement of Benefits																	
CB	Change Benefit																	
AN	Annual**																	

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	<table border="1" data-bbox="485 310 968 342"> <tr> <td data-bbox="485 310 646 342">FN</td> <td data-bbox="646 310 968 342">Final**</td> </tr> </table> <p data-bbox="485 350 968 456">**For indemnity claims, must be preceded by a SROI IP or AP, CD, FS or PY, as applicable</p> <p data-bbox="485 496 968 894">Other: 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 (1) the MTC reports single, lump sum payments (PY) rather than the payment of ongoing benefits, or (2) the MTC has specific jurisdictional uses (UR) or (3) the MTC reports the closing of a claim (FN).</p> <table border="1" data-bbox="485 935 968 1122"> <tr> <td data-bbox="485 935 716 967">MTC Code</td> <td data-bbox="716 935 968 967">MTC Name</td> </tr> <tr> <td data-bbox="485 967 716 1000">PY</td> <td data-bbox="716 967 968 1000">Payment Record</td> </tr> <tr> <td data-bbox="485 1000 716 1032">UR</td> <td data-bbox="716 1000 968 1032">Upon Request</td> </tr> <tr> <td data-bbox="485 1032 716 1065">FN**</td> <td data-bbox="716 1032 968 1065">Final Report</td> </tr> <tr> <td data-bbox="485 1065 716 1097">AN</td> <td data-bbox="716 1065 968 1097">Annual Report</td> </tr> </table> <p data-bbox="485 1130 968 1235">**For indemnity claims, must be preceded by a SROI IP or AP, CD, FS or PY, as applicable</p> <p data-bbox="485 1276 968 1365">Commenter recommends against moving the Maintenance Type Code for a Final Report (FN) from the</p>	FN	Final**	MTC Code	MTC Name	PY	Payment Record	UR	Upon Request	FN**	Final Report	AN	Annual Report			<p data-bbox="1703 310 2026 456">claims, must be preceded by a FROI AU, SROI IP or AP, CD, FS, or PY, as applicable.”</p> <p data-bbox="1703 496 2026 781">DWC added a note under Periodic Reports table that, “*(f)or indemnity claims, must be preceded by a FROI AU, SROI IP or AP, CD, FS, or PY, as applicable.”</p>
FN	Final**															
MTC Code	MTC Name															
PY	Payment Record															
UR	Upon Request															
FN**	Final Report															
AN	Annual Report															

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	<p>“Other” event table to the Open Benefits Event table because the Final Report of claim closing may occur without any other SROI reporting or it may occur after one or more SROI reports have been submitted for the given claim. The Annual Report is a periodic report with reporting requirements that have been clearly defined in Section M of the California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI) Version 3.1 and these requirements do not follow the logic for inclusion in the Open Benefits event table.</p>			
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