

WCIS FORUM COMMENTS

Jose Ruiz, Claims Operations Manager
Claims Medical and Regulatory Division
State Compensation Insurance Fund

October 30, 2018

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

§9701 Definitions

Recommendation

Text Changes

(b)(3) For reporting on or after March 27, 2018, but before the date of the California EDI Implementation Guide for First and Subsequent Reports of Injury, Version 4.0, dated (Date inserted by OAL, twelve months after date of OAL approval), use the California EDI Implementation Guide for First and Subsequent Reports of Injury, Version 3.1, dated March 27, 2018, which is incorporated by reference.

(b)(4) For reporting on or after (~~six months after~~ Date inserted by OAL, twelve months after date of OAL approval), use the California EDI Implementation Guide for First and Subsequent Reports of Injury, Version 4.0, dated (date inserted by OAL, twelve months after date of OAL approval), which is incorporated by reference.

Discussion

State Fund recommends that the revised California EDI Implementation Guide becomes effective one year after OAL approval. This will allow sufficient time for all stakeholders to implement the significant changes and appropriately test and update their reporting systems.

§9702 Electronic Data Reporting

Recommendation

Text Changes

(d) Each claims administrator shall submit to the WCIS within thirty (30) calendar days of the close of a quarter, the following data elements, whenever indemnity or medical benefits of a particular type and amount are ~~started, changed, suspended, restarted, stopped, delayed,~~ or denied, or when a claim is closed, or when the claims administrator is notified of a change in employee representation. Submissions under this subsection are required only for claims with a date of injury on or after July 1, 2000, ~~and shall not include data on routine payments made during the course of an uninterrupted period of indemnity benefits.~~

WCIS FORUM COMMENTS

Discussion

State Fund recommends removal of languages related to starting, suspending, restarting, stopping, and delaying benefits as the requirements for the corresponding Maintenance Type Codes (MTC) are being removed in the CA EDI Implementation Guide.

Section I: The SFTP (SSH (Secure Shell) File Transfer Protocol) Transmission Modes

Pages 49-50 File Naming Conventions

Recommendation

Text Change

The 46th character is the file type indicator, “F” for FROI or “S” for SROI, for 148 and A49 files.

FROI 148 file name example:

148_123456789_946125698_20140113_135012_T_001F.txt

SROI A49 file name example:

A49_123456789_946125698_20140113_135012_T_001S.txt

FROI AK1 file name example:

AK1_123456789_946125698_20140113_135012_T_000602101.F.txt

Discussion

State Fund recommends additional clarification to the file type indicator (46th character) requirement for the file naming convention. Per Appendix A: Revised WCIS System Updates, the file type indicator (46th character) requirement specifically applies to the 148 and A49 files. State Fund also recommends the subsequent file name examples to be amended accordingly.

Section J: Events that Trigger Required EDI Reports

Pages 54-55: SROI Reportable Events

Recommendation

MTC	MTC Name	Event	Time Report is Due
QT	Quarterly	At end of the quarter, Cumulative totals of payments in any benefit category (including medical), as of the last day of the quarter must be reported on all open -claims <u>that had been open during the previous quarter.</u>	Must be accepted within 30 calendar days of the closed of the quarter.

WCIS FORUM COMMENTS

Discussion

State Fund recommends the additional language to clarify the requirement to also report MTC=QT on claims that were closed during the past quarter (but were open at some point during the quarter). This is consistent with the subsequent language that, for closed claims, a SROI QT or SROI 04 must be submitted and accepted within 30 calendar days of the close of the quarter.

Recommendation

MTC	MTC Name	Event	Time Report is Due
02	Change	A previous benefit report has changed or Employee representation has changed.	By next date a submission is due for the claim.

State Fund recommends addition guidelines on when and how the SROI MTC=02 should be used.

Discussion

State Fund seeks further clarification on the purpose of the SROI MTC=02 and the data elements, in addition to the Date of Representation, covered under the SROI MTC=02. In the current form of the revised CA EDI Implementation Guide, all benefit payment information will have already been updated through the quarterly SROI MTC=QT until the claim is closed. It is contradictory to use the SROI MTC=02 to update a previously reported and accepted SROI MTC=QT or SROI MTC=04 when the SROI MTC=02 is not actually due until SROI=QT or SROI MTC=04 is submitted.

Recommendation

Text Change

For ~~closed claims with only one SROI submission~~ that were closed within the past quarter, a SROI QT or SROI 04 must be submitted and accepted within 30 calendar days of the close of the quarter, as applicable, with the Claim Status Code (DN 73) = “closed” or “reopened/closed” (C or X).

Discussion

State Fund recommends amending the language to clarify the requirement on reporting for closed claims. The reference to “only one SROI submission” is ambiguous and State Fund seeks further clarifications to the intent of the reference.

WCIS FORUM COMMENTS

Section K: Required Data Elements

Recommendation

Text Change

Code		Description
C/F	Condition/Fatal	Reporting is Conditional. Validity errors are Fatal when reporting conditions are present and will result in rejection of the faulty record (<u>Application Acknowledgement Code (DN111) = TR</u>).

Discussion

State Fund recommends the additional language to maintain consistency with the description for code M/F – Mandatory/Fatal

Page 68-70: Data Requirements for Subsequent Reports of Injury

Recommendation

Text Change

DN#	Release 1 Data Element Name	QT	04	02, CO
56	Date Disability Began***	C/S	O	C/S
71	Return to Work Qualifier	€/S O	O	€/S-O
72	Date of Return/Release to Work	€/S O	O	€/S-O

Discussion

*State Fund recommends changing data requirements for DN71 and DN72 to Optional (O) for MTC=QT and MTC=02, CO. The Return-to-Work status (and the associated RTW Date) may change over the course of a quarter, and without further clarifications, it may be difficult to gather accurate and meaningful information from these data elements. State Fund also recommends the removal of the asterisks (***) on DN56 because there is not a corresponding note on the table.*

Pages 72-78: SROI Conditional Rules and Implementation Notes

Recommendation

Text Change

DN#	Release 1 Data Element Name	Notes of explanation of Conditional Requirements (C/F or C/S)

WCIS FORUM COMMENTS

2	Maintenance Type Code	If MTC = IP, AP, FS, CD, 4P, CA, CB, RE, P1-9, PJ, S1-S9, SJ, RB, <u>PY, FN, AN, UR, VE, BM, BW, MN, or SA</u> , reported transaction will be rejected.
56	Date Disability Began	If reporting temporary disability benefits (DN85=050, 051, or 070 and <u>DN86>0</u>), then Mandatory. If Nature of Injury Code (DN35) is not between 60 and 80, then DOI (DN 31) ≤ DDB (DN 56) is Mandatory.
57	Employee Date of Death	If MTC transaction includes any Payment/Adjustment Code (DN85) = [010 or 510] <u>and DN86>0</u> , then Mandatory. If Paid to Date/Reduced Earnings/Recoveries code (DN95) = 300 <u>and DN96>0</u> , then Mandatory.
91	Payment/Adjustment Days Paid	If [MTC={4P, AN, FN, QT, UR, 4P, SROI 02, or CO}] AND DN85 = 010, 020, 030, 040, 050, 051, 070, 080, 090, 240, 410 <u>AND DN86>0</u> , then Mandatory

Discussion

State Fund recommends the inclusion of PY, FN, AN, and UR on the list of rejected MTCs transaction as the corresponding data requirements are removed from the CA EDI Implementation Guide. This would be consistent with the Rules Specific to Transaction-Level MTC section under Section M: System Specifications on page 97 of the revised CA EDI Implementation Guide.

State Fund recommends the additions of the inequality edits DN86>0 and DN96>0 to the conditional rules for DN56, DN57, and DN91. This would ensure a non-zero amount is actually reported before the conditional rules trigger. This is also consistent with the SROI conditional rules and notes for other comparable data elements.

State Fund also recommends the removal of MTC=4P, AN, FN, UR, 4P and the addition of MTC=QT to the conditional rules for DN91 to remain consistent with the conditional rules for DN90 – Payment/Adjustment Weeks Paid.

Page 73: SROI Conditional Rules and Implementation Notes

Recommendation

Page 73 should be removed. SROI Conditional Rules and Implementation Notes for DN1 through DN76 are already updated on pages 71-72.

Discussion

State Fund recommends removal of the SROI Conditional Rules and Implementation on page 73 in its entirety.

Section M: System Specifications

WCIS FORUM COMMENTS

Page 93: Subsequent Reports

Recommendation

Text Change

For Subsequent Reports, each Maintenance Type Code (MTC) identifies a reportable event. _

Discussion

State Fund recommends correction of the typographical error.

Amy Donovan, Esq., Vice President
Legislative & Regulatory Affairs
Keenan

We would like to thank the DWC for its continued efforts to improve the First Report of Injury and Subsequent Report of Injury (FROI/SROI) reporting process and for today's informative webinar. Initially, we were not confident that the proposed regulations eliminated the daily SROI submissions, but today John Gordon was able to confirm that the goal of the changes was to substantially reduce reporting and that the daily SROI submission requirements were being eliminated together with extending reporting timeframes. We welcome these improvements as it will significantly improve the reporting process for our examiners by both reducing the volume/frequency and eliminating invalid sequencing errors.

We wanted to share some of the other issues that we are experiencing and ask that you consider these issues in the final regulations and revised Implementation Guide.

- Acquired Claims Errors -- When we have acquired claims from a prior TPA that improperly submitted or failed to submit prior FROI/SROIs, our reporting current SROIs causes validation errors and the SROIs have been rejected with errors.
- FEIN or administrator ID database mismatch with the State-- Each time there is a mismatch between the FEIN or administrator ID we have on file and what the state has in its database, we have to reach out directly to our WCIS contact to fix each error in the WCIS database manually so that the FROI transmission will be accepted.
- Pre-4.0 errors – We often have a backlog of errors, usually a stacking of errors. When 4.0 becomes effective, what impact will this have on prior errors? Will these still need to be cleaned up under 3.1 rules or will there be any leniency?
- Improvements for examiners moves responsibilities to IT Department – We handle about 15,000 open claims for our clients. The annual SROI record takes our IT Department about 3 weeks to process, at about 5,000 claims per week. Moving the SROI submissions to quarterly will add substantial processing time for our IT team as the SROI quarterly summary records will be similar to the annual process that has been eliminated.

WCIS FORUM COMMENTS

- Error Resolution Timeline – we have experienced inconsistent response time, sometimes up to 3 weeks. With the change from designated representatives to a general support group, is there feedback that you can give us as to the timeframe to receive a response?
- Data Quality Reports – can the error reports be provided to reporting entities on a regular basis?

Once again, we are grateful for the opportunity to work with you on a better, more streamlined system of reporting, and eager to continue to work toward a solution that results in the timely reporting of accurate data into the WCIS system.

Janice Bell, Assistant Vice President
Zenith Insurance Company

October 30, 2018

Zenith Insurance supports the proposed revisions to the WCIS Implementation Guide for First and Subsequent Reports of Injury. We feel this is a positive step to reduce the cost, labor, and upkeep of the more complicated SROI processing currently in place.

Stacy Jones, Senior Research Associate
California Workers' Compensation Institute

October 30, 2018

Recommended revisions to the proposed regulation are indicated by underscore and ~~strikeout~~. Comments and discussion by the Institute are identified by *italicized text*.

Recommendation:

Section § 9702 Electronic Data Reporting.

(d) Each claims administrator shall submit to the WCIS within thirty (30) calendar days of the close of a quarter, the following data elements, whenever indemnity benefits of a particular type and amount are started, changed, suspended, restarted, stopped, delayed, or denied, or when a claim is closed, or when the claims administrator is notified of a change in employee representation. Submissions under this subsection are required only for claims with a date of injury on or after July 1, 2000, and shall not include data on routine payments made during the course of an uninterrupted period of indemnity benefits.

Discussion:

The proposed language, “thirty (30) calendar days of the close of a quarter”, was not underlined in the draft revisions signifying new text. This error needs to be corrected when the proposed revisions are posted for formal rulemaking.

WCIS FORUM COMMENTS

The Institute supports the proposed revisions to WCIS regulations 9701 and 9702, as well as the proposed revisions and additions to the California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI). The proposed change that requires quarterly reporting of SROI data rather than event-based reporting should decrease the administrative and technical burden on submitters, and increase compliance with reporting requirements.

Shannon Frieze, Senior Client Executive
OrigamiRisk

October 17, 2018

I love the proposed changes for SROI MTCs! This will make EDI reporting much easier for many, many trading partners. Kudos!

My only questions are:

- 1.) What is the proposed date for implementation? Or, is this not determined until after the comments period ends?
- 2.) Is this the place where we submit corrections to the proposed guide? Or, is there a different time/place for that QA to take place?

George Poulin, Principle Business Analyst II
Liberty Mutual Insurance

October 16, 2018

The Annual Report is being replaced with the Quarterly Report and CA DWC will no longer require a Final Report - correct? If the claim has no monies paid on it does the DWC still want a Quarterly Report on it - meaning no benefit segments and possible no Other Benefit Type Paid...

~~SUBMISSION OF DATA FOR THE REPORTED CLAIM.~~

(g) ~~No later than January 31 of every year, C~~elaims administrators shall report, for each claim open, denied, re-open, closed, or re-closed during the previous quarter, the total paid in any payment category ~~in the previous calendar year~~ by submitting the following data elements, within thirty (30) calendar days of the close of the quarter:

WCIS FORUM COMMENTS

~~(h) Final reports (MTC = FN) are required only for claims where indemnity benefits are paid or claims where no benefits are paid. For medical only claims or claims with only non-indemnity benefit payments, the final report may be reported under this section or on the annual report (MTC = AN) with Claim Status (DN0073) = "closed."~~