

WCIS REGULATIONS	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
9701-9702	The California Workers' Compensation Institute appreciates the Division changing the proposed effective date to 12 months after the approved regulations are filed with the Secretary of State. The Division expects that medical billing standards will be implemented by that date, however it will not know what medical information will be available for reporting to WCIS until the medical billing standards are finalized. The Institute therefore recommends that the Division delay further consideration of changes to the WCIS system until the medical billing standards are finalized.	Brenda Ramirez Claims and Medical Director California Workers' Compensation Institute Written Comment June 10, 2010.	The Division also expects that medical billing standards will be implemented by the effective date of the WCIS regulations. Regardless, the WCIS does not require the submission of data elements that are currently not required to be given by the health care provider to the claims administrator.	None.
9701(c)(2) California EDI Implementation Guide for Medical Bill Payment Records (Version 1.01). Section K, p. 88.	<p>Comment: Former "Section J: Events that trigger required medical EDI reports," has been deleted and replaced with former Section O, "California-adopted IAIABC data elements." By removing former Section J, the "Event table definitions" and "California Event Table" have also been deleted. Information that was provided under the "Event table definitions" now appears as new language in Section K, page 88 under the "Medical data element table" heading.</p> <p>Recommendation: State Fund recommends amending the paragraphs below found on page 88 as follows:</p> <p style="padding-left: 40px;">Specific requirements depend upon the type of transaction reported; original (00), cancel (01), or replacement (05). The transaction type is identified by the Bill</p>	Kathleen Burrows Claims Operations Manager State Compensation Insurance Fund Written Comment June 10, 2010	Agreed. The introduction page to the Medical Data Element Requirement Table in Section K of the proposed CA Medical Guide will be revised to remove references to the deleted Event Table (formerly Section J).	Revise introduction page to the Medical Data Element Requirement Table in Section K of the proposed CA Medical Guide to remove references to the deleted Event Table (formerly Section J).

WCIS REGULATIONS	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>Submission Reason Code (BSRC) Each data element is designated as Mandatory (M), Conditional (C), or Optional (O).</p> <p>The alphabetically-sorted element requirement table provides a tool to communicate the business data element requirements of the DWC to each trading partner. The structure allows for requirement codes (M, C, or O) to be defined at the data element level (DN) for each bill submission reason code (00, 01, or 05). Further, it provides for data element requirements to differ based on report requirements criteria established in the element requirement table. A requirement code is entered at each cell marked by the intersection of a bill submission reason code column and each data element row. The following element requirement table does not apply to medical lien lump sum payments or settlements (See Section O).</p>			
9702(e)	We again suggest removing the words "lien" and "settlement" from Lump Sum discussions and replacing those words with "payments." Liens comprise the bulk of lump sum payments but, on occasion, lump sum payments are negotiated without the	Steven Suchil Assistant Vice President American Insurance Association Written Comment June 10, 2010	The Division intends to limit lump sum payments for disputed bills to those on which a lien has been filed pursuant to Labor Code sections 4903 and 4903.1. To be a reportable medical lien bill, a Notice and	None.

WCIS REGULATIONS	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	existence of a lien. If the "lien" language is not removed, these negotiated payments would not be reportable.		Request for Allowance of Lien must first be filed with the WCAB. Other negotiated payments will not be reportable at this time.	
9701-9702	<p>The changes to the regulations regarding the effective date are welcome, however, concerns still exist that these rules may become final before the Physician Reporting and E-Billing regulations take effect, creating a disconnect between what WCIS reporters are required to submit and what information is coming to them from providers.</p> <p>We recommend holding these regulations, or at least the Medical Reporting portion, until they can be sent to the Office of Administrative Law with the Physician Reporting and E-Billing regulations.</p>	Steven Suchil Assistant Vice President American Insurance Association Written Comment June 10, 2010	See above response to California Workers' Compensation Institute. The Division does not believe that improvements to the WCIS should be delayed pending approval of other regulations.	None.