

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
CA EDI Implementation Guide for FROI/SROI – Section K – Page 68, DN56	<p>Commenter notes that the Date Disability Began (DN56) remains consistent with the prior DWC definition of “the first date of lost time on the current benefit period” for the SROI report. As previously communicated in prior comments the intended use of Date Disability Began (DN56) is the “first day” - meaning the very first Date Disability Began on the claim and that date doesn’t reset throughout the life of the claim.</p> <p>Commenter opines that the purpose of the IAIABC Data Dictionary definition statement “or as otherwise defined by the jurisdiction” was/is intended for jurisdictions that define the “first day” Date Disability Began differently. For example:</p> <ul style="list-style-type: none"> • The injured worker <u>wasn't</u> paid for the Date of Injury - the Date of Injury may be determined to be the Date Disability Began • If the injured worker <u>was</u> paid for the Date of Injury - the day following the Date of Injury may be determined to be the Date 	George Poulin Manager Special Projects Commercial Insurance June 6, 2015 Written Comment	Agree.	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).

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	<p>Disability Began</p> <ul style="list-style-type: none"> • The first day <u>after</u> the 'waiting/grace period' prior to when indemnity/wage replacement benefits are owed may be determined to be the Date Disability Began • The injured worker loses more than half the day from work on the Date of Injury - the Date of Injury may be determined to be the Date Disability Began <p>Commenter states that the IAIABC Release One standard has only one data element for the Date Disability Began (DN56). The claim administrators capture only one Date Disability Began (DN56) in their claim system consistent with the IAIABC Release One standard. Commenter would like to confirm that the DWC understands it will receive the same Date Disability Began (DN56) date on both the FROI report and SROI report even when the SROI Date Disability Began (DN56) updates to reflect subsequent period of disability.</p>			

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	<p>Commenter would like to confirm that the DWC understands when the claim administrators send a 14802-Change FROI report on a claim that has that 'subsequent' periods of disability the Date Disability Began (DN56) will be the most current SROI Date Disability Began (DN56) of the subsequent period of disability - possible years out from the Date of Injury. The FROI Date Disability Began (DN56) = the SROI Date Disability Began (DN56) date.</p>			
9702	<p>DN31 Reference in Table under §9702(c), footnote (5)-(6) (Date of Injury)</p> <p>Commenter recommends the following revised language:</p> <p>(5) The Date of Injury (DN31) is required on all transmissions under subdivisions (b), (d) and (g), except acquired and canceled first report transmissions under subdivision (b) <u>and cancellation of first report transmissions under subdivision (b).</u></p> <p>(6) The Employee Date of Birth (DN52) is required on all first report transmissions under subdivision (b),</p>	<p>Karen L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund June 8, 2016 Written Comment</p>	Agree.	<p>Corrected Section 9702(c), footnote 5 and 6 language, to be consistent with the IAIABC Guide Language. New language clarifies which type of report should be submitted.</p>

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	<p>except canceled <u>cancellation of</u> first report transmissions under subdivision (b).</p> <p>Commenter opines that the past tense “canceled” should not be used because the submission of FROI MTC 01 precedes the claim’s actual cancellation in WCIS after the FROI MTC=01 is accepted. (Whereas with acquired claims, they are acquired by the Claims Administrator before the report is sent and “acquired” is part of the name of the report.)</p>			
9702	<p>DN32 Reference in Table under §9702(c), footnote (9) (Time of Injury)</p> <p>Commenter recommends no changes to the requirements for DN32, Time of Injury.</p> <p>Commenter opines that if implementation proceeds, then a resolution of the discrepancy between the proposed footnote (9) and the FROI/SROI EDI Guide text is needed.</p>	<p>Karen L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund June 8, 2016 Written Comment</p>	<p>DWC Disagrees with point 1 and the request to not require Time of Injury on select FROIs. Time of Injury is on multiple data sources filed with the claim administrator. In addition, the proposed regulations allow for a 60-day window to correct any FROI where the time of injury is not available at the time of the original FROI filing.</p> <p>DWC Agrees with point 2 and</p>	<p>Language changes were made in response to point 2 to 9702(c), footnote (9), and to the FROI/SROI Guide Section K, page 61, DN 32 Time of Injury.</p> <p>Language changes were also made to CA EDI Implementation</p>

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	<p>Commenter raises the following points:</p> <p><u>Point 1: Difficulty to obtain and alternative available:</u> Due to the difficulty in obtaining Time of Injury (TOI) information and the limited scenarios where it would be used to distinguish claims, commenter continues to recommend the previously proposed alternative from the 45-day comment period that her organization submitted in March 2016.</p> <p><u>Point 2: Resolution Requested between CCR 9702(c) and FROI/SROI EDI Guide</u> Commenter opines that Footnote (9)'s criteria may be incorrectly written. It does not match what is stated in the FROI/SROI EDI Guide.</p> <p>Commenter notes that the term "previously acquired" as used in footnote (9) and FROI/SROI EDI guide is not defined. Commenter opines that based on the use of "acquired" in the sentence in footnote (9), this is a likely definition</p>		<p>with the request to update the matching criteria for FROI 00 original transmissions as it pertains to the time of injury logic issue.</p>	<p>Guide (FROI/SROI) Section M, in response to commenter request for updated logic to the FROI 00 original matching criteria and on p. 124 (Appendix A).</p>

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	<p>A claim for a claims administrator is considered “previously acquired” if that the same claims administrator submitted a FROI MTC=AU previously that was accepted. If this is incorrect, commenter requests clarification of the term “previously acquired” as used in footnote (9) and in FROI/SROI EDI Guide with an additional period for public comments.</p> <p>The proposed footnote (9) reads:</p> <p>The Time of Injury (DN32) is required on all first report transmissions except acquired reports and denied, changed and corrected reports for claims that have been previously acquired under [sic] subdivision (b) with a Date of Injury (DN31) on or after the implementation of the California EDI Implementation Guide for First and Subsequent Reports of injury, Version 3.1</p> <p>Commenter opines that using the above definition for the term “previously acquired”, the statement would mean FROI submissions that meet either of</p>			

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	<p>the below requirements are exempt from submitting the TOI</p> <ul style="list-style-type: none"> • Submission is FROI MTC=AU • Submission is FROI MTC=04, 02, or CO for a claim that has an accepted AU transmission by the same administrator and the claim has DOI on or after the implementation date. <p>Commenter notes that pages 59-61 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"> • FROI MTC=00, 04, 02, and CO (page 59, MTC's with C/S) • Date of Injury (DN31) >= Date of FROI/SROI Guide version 3.1 Implementation • Nature of Injury Code is not between 60 and 80, and • Submission is not a FROI MTC=04, 02, CO where there is an accepted AU transmission by the same administrator and the claim has DOI on or after the implementation date. 			

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	<p>Commenter states that these two sets of conditions do not produce the same subsets of claims that require/not require submission of TOI; under footnote (9), the group where TOI is required is much larger. For example, all MTC=00 submissions with DOI before the implementation do not fall under either of the exceptions stated in footnote (9), so TOI is required. Those same claims, under the conditions put forth in the EDI guide, ARE excluded from the TOI requirement since it does not meet Date of Injury (DN31) >= Date of FROI/SROI Guide Version 3.1 Implementation. Footnote (9) also does not mention anything about Nature of Injury Code as a possible exception. The two references define different groups of claims where TOI is required/not required.</p> <p>Commenter requests that if the Time of Injury continues to be conditionally required, then resolution of the discrepancy between the two cited sections is requested as well as a clarification of “previously acquired” is requested.</p>			

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	<p>Commenter opines that 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>			
9702(f)	<p>Commenter states that if the proposed change in deadline to submit correction reports proceeds that this section should be updated.</p> <p>Commenter notes that this subdivision does not reflect the changes proposed in the FROI/SROI EDI Guide that updates the Time Report is Due requirement for MTC=CO for FROI and SROI. Section §9702(f) still states the time requirement as "no later than the next submission of data for the affected claim" instead of being updated to match the proposed FROI/SROI EDI Guide, pages 53-54, which gives a deadline of "60 calendar days of original TE acknowledgement."</p>	<p>Karen L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund June 8, 2016 Written Comment</p>	Agree.	Language changed by splitting the subsection into parts (1) and (2).
CA EDI Implementation	Commenter opines that correction and/or clarification are needed	Karen L. Sims Assistant Claims	Agree regarding first point.	Language change made to CA EDI

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Guide (FROI/SROI)	<p>regarding the revised guidelines for data completeness and accuracy.</p> <p>Commenter opines that at least 95% of all required FROI and SROI reports should be submitted on-time and accurately</p> <ul style="list-style-type: none"> For FROI reports 95% of FROI should be submitted and accepted (Application Acknowledgement codes TA or TE), within 10 business days of the Date Reported to Claims Administrator (DN41). SROIs should be submitted within 15 days of the triggering event <p>First sentence: Commenter opines that the inclusion of “and accepted” as a condition to occur within 10 business days seems to imply that the submission deadline is actually some time before the 10 business days and that Trading Partners need to provide allowance for the WCIS to accept or reject the submission within the 10 business days. This is contradictory to the deadline provided for FROI MTC =</p>	<p>Operations Manager State Compensation Insurance Fund June 8, 2016 Written Comment</p>	<p>DWC disagrees with the recommendation to lower the benchmark of 95% at this time. The 95% benchmark is the same benchmark trading partners must meet during their testing phase. The proposed guideline will require the trading partner to maintain the same compliance threshold.</p> <p>DWC disagrees with the commenter’s request to establish within the CA EDI Implementation Guide (FROI/SROI) a formal method for monitoring compliance with the established thresholds.</p>	<p>Implementation Guide (FROI/SROI) Section G, page 44, to provide clarification on data submission timeliness and accuracy requirements.</p>
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	<p>00, 04, AU, and 04 in Section J of the proposed Guide 4 (page 53). The sentence also does not exclude FROI change and correction reports, which have different deadlines per Section J.</p> <p>Second sentence: Commenter opines that, as stated, this implies that all SROI's should be submitted within 15 days of triggering event, and does not exclude the different deadlines for SROI MTC=02 and CO in Section J (page 54) of the proposed Guide.</p> <ul style="list-style-type: none"> For FROI and SROI reports, of the reports accepted (Application Acknowledgement codes TA and TE), no more than 5% should have an uncorrected TE (Application Acknowledgement code = TE.”. [sic] This is the same as saying that at least 95% of the accepted reports are free of any errors in mandatory/serious or conditional/serious data elements. 			

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	<p>Commenter opines that the first and second sentences in the sub-bullet do not align. The first sentence states no more than 5% should have an uncorrected TE. However, it is NOT the same as the requirement "95% of the accepted reports are free of any errors in mandatory/serious or conditional/serious data elements." The second sentence does not exclude from the count claims that were ultimately corrected.</p> <p>Commenter requests that the benchmark for both bullets be set at 90% as opposed to 95%.</p> <p>Commenter requests clarification on the scope and frequency anticipated to be used for the monitoring, and if an allowance time will be provided to address corrections to help meet the second sub-bullet.</p> <p>Commenter notes that the current proposed regulations includes a number of changes, including:</p> <ul style="list-style-type: none"> • How the submissions are matched to existing WCIS files 			

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	<ul style="list-style-type: none"> • Escalation of data requirements from optional to conditional as well as from conditional to mandatory (for both serious and fatal errors) • Increasing the scopes of when conditional requirements apply • Reduction of time allowed for correction submissions • Definition changes to three data elements <p>Due to the numerous changes needed to comply with the new requirements, commenter recommends that the DWC allow a period for Trading Partners to adapt to the new requirements with a modification of the proposed benchmarks to 90% for both benchmarks.</p>			
CA EDI Implementation Guide (FROI/SROI) – SROI Table Footnote – Page 54	<p>Commenter recommends the following revised language:</p> <p>If the advance or settlement is the first indemnity payment, send the Initial Payment (IP) instead. Examples of an advance are a permanent disability advance or a temporary disability</p>	Karen L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund June 8, 2016 Written Comment	Agree.	Clarifying language change made in CA EDI Implementation Guide (FROI/SROI) Section K, SROI Table MTC PY Footnote on page 54.

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	<p>advance for a Qualified Medical Evaluation (QME) appointment...</p> <p>Commenter states that the first sentence of the footnote contradicts the change made on the proposed page 92 under "Reporting Advances and Settlements". Page 54 instructs to send an IP if an advance or settlement is also the first indemnity payment on the claim, but page 92 instructs the reader to send PY in the same situation.</p>			
CA EDI Implementation Guide (FROI/SROI) – DN62, page 64	<p>Commenter requests the addition of the following text under "FROI conditional Rules":</p> <p>"Required only when provided to the claims administrator."</p> <p>Commenter opines that the proposed addition will match the conditional requirement as stated in the table under section 9792(b) in footnote (1) which reads "Required only when provided to the claims administrator."</p>	Karen L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund June 8, 2016 Written Comment	Agree.	Clarifying language change made in CA EDI Implementation Guide (FROI/SROI) DN62 and DN63 on page 64.
CA EDI Implementation Guide (FROI/SROI) –	<p>Commenter recommends no change to this section.</p> <p>If implementation proceeds,</p>	Karen L. Sims Assistant Claims Operations Manager State Compensation	DWC disagrees. Time of Injury is on multiple data sources filed with the claim administrator. In addition, the	None.

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DN32 – Time of Injury	<p>commenter recommends the resolution of the discrepancy between the proposed footnote (9) and the FROI/SROI EDI Guide text.</p> <p>Commenter refers to previous remarks made regarding DN32 Reference Table under section 9702(c), footnote (9).</p>	<p>Insurance Fund June 8, 2016 Written Comment</p>	<p>proposed regulations allow an additional 60 day window to submit time of injury data if it is not available at the time of the original FROI filing.</p>	
CA EDI Implementation Guide (FROI/SROI) – 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. Except for the values M and I, it is unclear how the remaining codes (N, B, L, and T) are interpreted by the DWC. Commenter cannot determine how long it would take for her organization to update their systems and processes to capture the information for classifying claims under these codes. Commenter requests either no change or publication of clarification with additional Public Comment Period.</p>	<p>Karen L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund June 8, 2016 Written Comment</p>	<p>DWC Disagrees. The Claim Type (DN 74) is proposed by DWC to improve DWC's 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).</p>	None.

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CA EDI Implementation Guide (FROI/SROI) – Pages 76-80	<p>Commenter requests that the Division correct the pagination on proposed regulations to include pages 76-80 in the guide.</p> <p>Commenter notes that the proposed regulations jump from page 76 to Page 81 with no intermediate pages.</p>	<p>Karen L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund June 8, 2016 Written Comment</p>	Agree.	The pagination of the FROI/SROI Guide will be corrected when the Guide is finalized at the end of the rulemaking process.
CA EDI Implementation Guide (FROI/SROI) – Subsequent and Periodic Reports – Page 92	<p>Commenter recommends not adding AN to the “Other” table.</p> <p>Commenter states that AN does not correspond with any of the three reasons listed on the paragraph immediately preceding the “Other” table. Commenter opines that since it is already in the “Periodic Reports” table on page 93, that it does not need to be added here as it does not provide additional clarification or information.</p>	<p>Karen L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund June 8, 2016 Written Comment</p>	Agree.	Language has been changed in the CA EDI Implementation Guide (FROI/SROI) – Subsequent and Periodic Reports – Other Table, on p. 92, where “AN” was removed and corrected the footnote at the end of the table was corrected to reflect the change.
CA EDI Implementation Guide (FROI/SROI) – Version 3.0 and Version 3.1	<p>Commenter opines that changes to reflect 15-day Public Comment period should be added.</p> <p>17. The Time of Injury (DN32) and are is now Conditional/Serious on the FROI 00, 04, 02, and CO. 23. Class Code (DN59) is now optional</p>	<p>Karen L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund June 8, 2016 Written Comment</p>	Agree.	Language has been changed in the CA EDI Implementation Guide (FROI/SROI), Appendix A, numbers 17 and 23, on pages 123 and 124, to reflect the

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	<p>on FROI, Denial (MTC=04), and Conditional/Serious on FROI Original (MTC=00), Acquired (MTC=AU), and Change/Correction (02, CO).</p> <p>Commenter states that the typographical errors should be fixed. For 17, cleanup from deletion is needed. For 23, new comma should be removed so statement agrees with FROI table.</p>			changes requested.
CA DWC WCIS Medical Guide	Commenter recommends no proposed changes for this update.	<p>Karen L. Sims Assistant Claims Operations Manager State Compensation Insurance Fund June 8, 2016 Written Comment</p>	Acknowledged.	None.
CA EDI Implementation Guide (Medical)- Matching Medical bill records – Page 72	Commenter asks that when the WCIS provides the error message “ <i>117-Match Data value not consistent with value previously reported, in the LQ02;</i> ” is it also possible to provide data elements DN0006, DN0500, and DN0508 in the 824 Acknowledgment returned to the sender?	<p>Sheri North Senior Regulatory Affairs Specialist Mitchell June 8, 2016 Written Comment</p>	Agree.	The WCIS 824 Program will be amended to report the data element that is creating the mismatch.
CA EDI Implementation Guide (Medical) –	Commenter asks how should the compounding or dispensing fee for physician dispensed compound drugs	<p>Sheri North Senior Regulatory Affairs Specialist</p>	WCIS is awaiting guidance from IAIABC on this issue.	When IAIABC issues its anticipated guidance on this

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Compound Drug Reporting – Page 75	be reported, if S9430 is no longer allowed to be reported?	Mitchell June 8, 2016 Written Comment		issue, WCIS will update its CA EDI Implementation Guide (Medical) to provide appropriate instructions for reporting physician-dispensed compound drugs.
CA EDI Implementation Guide (Medical) – DN535 Admitting Diagnosis Code and 064 Invalid Data Relationship Edit	Commenter notes the DN535 and 064 were recently removed. Commenter would like to know if the “Error Codes for 824 acknowledgments” table on Page 58 be updated to reflect this change.	Sheri North Senior Regulatory Affairs Specialist Mitchell June 8, 2016 Written Comment	Agree.	Error code 064 for DN0535 Admitting Diagnosis code has been removed.
CA EDI Implementation Guide (Medical) – NDC Codes	Commenter would like to know how often (weekly, monthly, etc.) does the state update its list of NDC codes to validate whether a reported NDC code is valid. Commenter questions how the state accounts for NDC codes that become inactive.	Sheri North Senior Regulatory Affairs Specialist Mitchell June 8, 2016 Written Comment	DWC uses the Medispan data to validate NDC code tables. The NDC table is updated weekly.	None.
CA EDI Implementation Guide (Medical) – Pharmacy Billing	Commenter would like to know that when insurers pay penalties and interest or shipping that is due for pharmacy bills, the appropriate NDC code to be	Sheri North Senior Regulatory Affairs Specialist Mitchell	Penalties and interests are reported as adjustments. Adjustment reason code 225 can be reported on CAS02 and	None.

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	reported for that type of payment.	June 8, 2016 Written Comment	a negative adjustment amount is reported on CAS03.	
CA EDI Implementation Guide (Medical) – DN31 Date of Injury	Commenter requests clarification of the definition of DN31 Date of Injury. Commenter opines that it is unclear from the definition provided by Labor Code section 5412 how the date of service (DOS) would be prior to the date of injury (DOI) for cumulative trauma.	Sheri North Senior Regulatory Affairs Specialist Mitchell June 8, 2016 Written Comment	Labor Code section 5412 relates to how we define the DOI for cumulative trauma. Generally, a date is assigned based on when the employee realized that whatever issue they are having (a) needs some sort of medical treatment, and (b) is caused by or contributed to/exacerbated by work. Sometimes it might be during medical treatment that the determination that a cumulative trauma injury exists and a decision regarding what date to use for the date of injury is made, sometimes in consultation with the treating physician.	None.
CA EDI Implementation Guide (Medical) – Page 11	Commenter opines that in the new added sections, it should be GS04 Date. Commenter states that both GS04 and GS05 are listed as time fields in the modification.	Kathy Garrety Senior Business Systems Analyst Liberty Mutual Insurance June 8, 2016 Written Comment	Agree.	Correction is made by replacing GS04 Time with GS04 Date on page 11.

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CA EDI Implementation Guide (Medical) – Page 75	<p>Commenter states that the repacked NDC must be reported in the LIN segment of the 2410 loop. The IAIABC Guide indicates in a note under the K3 segment on page 2.141:</p> <p>NOTE: The ORIGN4 is required as the prefix to the original NDC number. The repackaged NDC number will be reported in the LIN segment in the 2410 loop.</p> <p>Commenter notes that the original statement is correct. The original NDC is reported in the K3 segment and the repacked NDC is reported in the LIN segment in Loop 2410.</p>	Kathy Garrety Senior Business Systems Analyst Liberty Mutual Insurance June 8, 2016 Written Comment	Agree.	A repackaged NDC number can be reported on both the LIN segment and the SV1 segment. The statements will be combined and will read as follows: “..... LIN segment in the 2410 loop and the SV1 segment in the 2400 loop.”
9702	<p>Commenter recommends the following revised language:</p> <p>(c) 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>(9) The Time of Injury (DN 32) is required on all first report transmissions except those for acquired <u>claims, reports and</u></p>	Stacy Jones Senior Research Associate California Workers' Compensation Institute (CWCI) June 9, 2016 Written Comment	Agree.	Section 9702(c), footnote (9) has been changed to clarify these nuances in reporting Time of Injury. Clarifying language on this point was also added to Section 9702(h).

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	<p>denied, changed and corrected reports for claims that have been previously acquired, 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>(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 or non indemnity benefit only claims, the final report may be reported under this section or on the annual report (MTC = AN) with Claim Status (DN0073) = "closed."</p> <p>Commenter recommends replacing "reports" with "claims" under §9702(c) since the data element is related to an acquired claim that is being reported rather than an acquired report. Commenter also recommends striking the proposed language that has been added to §9702(c) because it is unclear and creates confusion. Commenter has inserted</p>			
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	<p>recommended language that clarifies exemption of all FROI transmissions for acquired claims that would include denials, changes and corrections.</p> <p>Commenter recommends deleting the proposed language that has been added to §9702(h) because it is unclear what is meant by “non-indemnity benefit only claims”. If the language is not removed, then a parenthetical example of what is defined as a “non-indemnity benefit-only claim” should be added.</p>			
CA EDI Implementation Guide (FROI/SROI) – Data Completeness and Accuracy Quality Requirements	<p>Commenter notes that data sent to WCIS will continue to be monitored for completeness and validity. The following are guidelines for data quality that Trading Partners should strive to meet or exceed:</p> <p>At least 95% of all required FROI and SROI reports should be submitted on-time and accurately.</p> <p>Commenter recommends the following revised language:</p> <ul style="list-style-type: none"> • Timeliness 	<p>Stacy Jones Senior Research Associate California Workers' Compensation Institute (CWCI) June 9, 2016 Written Comment</p>	<p>Agree.</p>	<p>Language has been changed in CA EDI Implementation Guide (FROI/SROI) Section G, page 44.</p>

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	<ul style="list-style-type: none"> ○ For FROI Reports: \geq 95% of FROIs should be submitted and accepted (Application Acknowledgment codes TA or TE) within 10 business days of the Date Reported to Claim Administrator (DN 41). ○ SROI Reports: \geq 95% of SROIs should be submitted within 15 business days of the triggering event. • Accuracy FROI and SROI reports - of the reports accepted (Application Acknowledgment codes TA and TE), no more than 5% should have an uncorrected TE (Application Acknowledgment code = TE)." no more than 5% of the accepted FROI and SROI reports (Application 			
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Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p><u>Acknowledgment codes TA and TE) should have an uncorrected TE (Application Acknowledgment code = TE).</u> This is the same as saying that at least 95% of the accepted reports are free of any errors in mandatory/serious or conditional/serious data elements. <u>The 5% error calculation excludes TE records that are not correctable.</u></p> <p>Commenter recommends formatting changes to improve the readability of the requirements being defined for timeliness and accuracy of FROI and SROI reporting.</p> <p>Circumstances arise that do not allow for correction and resubmission in response to a TE acknowledgement. The following information has been posted by DWC on the WCIS FAQ webpage in response to a question related to the</p>			

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
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	<p>reporting of foreign zip codes:</p> <p>“Although the WCIS only validates United States and Canadian postal codes, all foreign postal codes should be reported when applicable. A transaction accepted with error (TE) acknowledgment may be sent to the trading partner but if the foreign zip code is valid, the TE acknowledgment can be ignored”.</p>			
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