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General Comment	Commenter has reviewed the proposed revisions to the regulations and has no comments as this time.	Peggy Thill Claims Operations Manager State Compensation Insurance Fund (SCIF) January 13, 2015 Written Comment	Acknowledged.	None.
CA EDI Implementation Guide for Medical Bill Payment Records Version 2.0 – 999 Functional processing and sequencing – Page 67	Commenter recommends the following modified language: When the IAIABC Workers' Compensation Medical Bill Data Reporting 837 file is fully accepted with no errors by the WCIS, AK901 = A is returned to the trading partner. If the 837 file is partially accepted due to error in some of the transactions sets submitted, ~~with~~ AK901 = P is returned to trading partners. The following two steps outline the accepted 837 transmission procedure for full acceptance and then for partial acceptance. Commenter notes that the latest revision inserted "with," which introduces confusing language. Commenter recommends deleting	Stacy Jones Senior Research Associate California Workers' Compensation institute (CWCI) January 13, 2015 Written Comment	Agree.	Word "with" removed, as requested.

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	"with" in order to revert to the previous language, which provided more clarity.			
CA EDI Implementation Guide for Medical Bill Payment Records Version 2.0 – Matching medical bill records – page 73	Commenter recommends the following modified language: The Insurer FEIN (DN0006), Employer FEIN (DN0016), and Unique Bill ID Number (DN0500) are utilized to match the original or replacement report (BSRC=00 or 05) to the corrected report (BSRC=02). The DWC/WCIS requires the DN0500 be identical in both, the original (00) and the corrected (02) transactions. If the two DN0500s do not match, the WCIS will return a "TA" for each ST-SE transaction set accepted in the OTI01, an "IR" in a subsequent OTI01 for each bill\transaction rejected, and ~~an~~ error code~~,~~ "117"-Match data value not consistent with value previously reported, will be reported in the LQ02 segment, and the unmatched DN0500 in the RED01 segment in the 824 Acknowledgment returned to the sender. Commenter recommends deleting "an" and enclosing the actual codes in	Stacy Jones Senior Research Associate California Workers' Compensation institute (CWCI) January 13, 2015 Written Comment	Agree.	Quotation marks, comma and the word "an" removed, as requested.

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	parentheses, as was done when identifying "TA" as the returned code for an accepted transaction set. The use of "an" implies that there may be an error code in addition to "117" that may be returned in the LQ02 segment. Commenter opines that the recommended revisions would provide greater clarity in identifying the defined codes and their usage.			
CA EDI Implementation Guide for Medical Bill Payment Records Version 2.0 – Medical date elements table – page 49	Commenter notes that the Data Element DN0547 (Line Number) reporting of cancellation was changed from "MC" to "NA." Commenter states that the current IAIABC Medical Bill Data Element Table has this field an F for Cancellation. Commenter states that the instruction document for the Medical Bill Data Element Table indicates the following description for Fatal fields: F – Fatal Technical. Data elements that are essential for a transmission/transaction to be accepted into a Jurisdiction's workers'	Kathy Garrety Sr. Business Analyst Systems Regulatory Date Management Liberty Mutual January 12, 2015 Written Comment	The DWC believes that reporting a line number on a bill that is being canceled is unnecessary. That is why it was changed from "MC" to "NA." Although IAIABC lists an "F" for DN0547, DWC disagrees that this difference will result in rejection of a report simply for not reporting this line number versus reporting it with an "F."	None.

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	compensation administration database or acknowledgement back to the claim administrator. If the data is missing or invalid, a 997 Functional Acknowledgment batch reject may result. Commenter states that the requirement for Cancellations for does not mirror the requirements of the current IAIABC table.			
CA EDI Implementation Guide for Medical Bill Payment Records Version 2.0 – Implementation Data Element Syntax Error code IK4 segment and IK4 Error Codes for 999 Acknowledgments – page 18	Commenter states that the label for the I10 error code is "Implementation "Not Used" data element present." Commenter notes that on the California adopted matrix by DN number, the I10 Label does not match. It states: I10 Implementation "Not Us value previously reported"	Kathy Garrety Sr. Business Analyst Systems Regulatory Date Management Liberty Mutual January 12, 2015 Written Comment	Agree.	Recommended change made.
CA EDI Implementation Guide for Medical Bill Payment	Commenter states that the existing billing rules indicate that California has no jurisdiction governing out-of-state providers; as such, said providers	Lisa Anne Forsythe Senior Consultant Regulatory Business Consulting and	Claims administrators must report a claim within ten business days of the claims administrator's knowledge of the claim. They are	DWC will work with Trading Partners to help them clear all their unmatched

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Records Version 2.0 – Medical elements data table – page 51	would theoretically be exempted from the state's mandatory "clean bill" provisions as mandated in the Medical Billing and Payment Guide. However, a lack of parity exists with respect to the state reporting rules; as currently proposed, payers are still required to *report* many state-specific fields. Commenter states that a specific example of such as field is found in ID 0595, Rendering Line Provider Specialty Code (as listed on Page 52 of the Companion EDI Guide). Commenter opines that as a practical matter, it is highly unlikely that an out-of-state provider would populate this California-specific field when billing which creates issue when the payer is still mandated to report it. Commenter suggestion the following three options to solve this issue: (a) the billing rules could be altered to require *all* providers (regardless of their out-of-state status) to populate the fields as specified in the Medical Billing and Payment Guide,	Analysis Coventry Workers' Compensation Services January 13, 2015	required to report a medical bill within 90 business days of payment or denial of a bill or payment or settlement of a lien. Looking at the time span between these two requirements, we believe there is ample time to co-ordinate the reporting of FROI and medical bill data. Furthermore, evidence from existing data with the "TE" status indicates that the majority of bills are not matched because our Trading Partners reported a different claims administrator claim number than what is reported on the First Report of Injury.	claims.

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	(b) the state reporting rules could be modified to relax the requirement that payers "all state-specific fields" for non-California provider bills, and/or (a) the state could allow the payer the right to deny non-conforming bills and return them to the provider to populate the state-specific fields.			
CA EDI Implementation Guide for Medical Bill Payment Records Version 2.0 – Medical elements data table – page 46	Commenter notes that a change is being proposed with respect to field number 0005, Jurisdictional Claim Number. Under the current rules, field 0005 is only populated for state reporting "…when the First Report of Injury has been filed and a jurisdiction claim number is available…", and for those bills that have been received/evaluated prior to issuance of a First Report of Injury (FROI) (such as for first aid/emergent care), Field 0005 is not populated by the provider, nor is it reported by the payer. Today, these bills are accepted by WCIS and assigned a status of "TE" (indicating that the bill could not be matched to a	Lisa Anne Forsythe Senior Consultant Regulatory Business Consulting and Analysis Coventry Workers' Compensation Services January 13, 2015	Claims administrators must report a claim within ten business days of the claims administrator's knowledge of the claim. They are required to report a medical bill within 90 business days of payment or denial of a bill or payment or settlement of a lien. Looking at the time span between these two requirements, we believe there is ample time to co-ordinate the reporting of FROI and medical bill data. Furthermore, evidence from existing data with the "TE" status indicates that the majority of bills are not matched because our Trading Partners reported a	DWC will work with Trading Partners to help them clear all their unmatched claims.

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	corresponding FROI, but was accepted anyway "with errors"), and remains in "TE" status until receipt of the corresponding Jurisdictional Claim Number. However, under the proposed rules (and in direct response to the anticipated move to the 5010), this field is now required for ALL bills, creating a quandary for bills that are received by the payer in advance of the assignment of the Jurisdictional Claim Number. Commenter states that during the advisory meeting in the summer of 2014, WCIS indicated that they would not be migrating bills with a "TE" status to the 5010 database once the migration is announced, and that could cause problems with downstream adjustments to those bills. Commenter recommends that the state provide direction to payers for how to handle pre-FROI bills from a state reporting perspective. Furthermore, given that "TE" status bills that exist in the 4010 system today will not be migrated to the 5010, commenter		different claims administrator claim number than what is reported on the First Report of Injury.	

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	opines that the state must provide direction as to how a payer should reconcile bills that previously existed in the system in "TE" status to a subsequently-filed corresponding FROI in the 5010 database after the migration.			
9702(e) CA EDI Implementation Guide for Medical Bill Payment Records Version 2.0 – Medical elements data table – page 47	Commenter notes that this subsection of proposed regulations contain reference to the "Managed Care Organization FEIN" (listed as data element identifier 0704), as a required data element to be populated if Field 0209 "Managed Care Organization Name" is populated. Furthermore, on page 47 of the proposed Companion EDI Guide, the definition provides that Field 029 is "…required when the service provided was within an MPN approved by the DWC and both the provider and the injured worker belong to the same MPN…" Therefore, ostensibly any service provided within an MPN must list the Managed Care Organization name (0209) and the corresponding Managed Care Organization FEIN (0704). Furthermore, the rules mandate that field 0208 "Managed	Lisa Anne Forsythe Senior Consultant Regulatory Business Consulting and Analysis Coventry Workers' Compensation Services January 13, 2015	The DWC disagrees that the proposed changes are necessary. DN 0704 (Managed Care Organization FEIN), together with DN 0209 (Managed Care Organization Name) and DN 0208 (Managed Care Identification Number) will allow proper identification of a Managed Provider Network (MPN). The MPN Applicant FEIN, which is the information to be reported under DN0704 (Managed Care Organization FEIN) is a constant number which does not require routine maintenance once provided to the bill review company. The potential confusion the commenter describes is easily resolved because DN 0704 (Managed Care Organization FEIN), DN 0209 (Managed Care Organization Name) and DN	None taken.

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	Care Organization Identification Number" also be populated for MPN-related services (which is defined as the DWC-assigned MPN Approval Number). Commenter states that since MPN's are, by their very nature, contractually-created constructs (as opposed to *legal* entities such as corporations, partnerships, *etc.*), MPN's do not file taxes, hire employees *etc.* in the manner that a legal entity would. As such, MPN's do not have Federal Employee Identification Numbers (FEIN's), so it is unclear from the proposed regulations what is supposed to be populated for Data Element 0704. Commenter notes that 0704 is not the DWC-assigned approval number (which is listed as Data Element 0208). Commenter opines that if the state intended for the MPN Applicant's FEIN to be populated in this field, this would also result in confusion, as a given MPN applicant may have		0208 (Managed Care Identification Number), when considered together, will uniquely identify an MPN. All three of these fields are provided to MPN applicants at the time of MPN approval.	

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	multiple FEIN's (*i.e.*, a one-to-many relationship). Furthermore, this data is properly contained in the original MPN application database, and is *not* routinely maintained at the individual bill review level from a systems perspective. Commenter recommends that this Field 0704 (Managed Care Organization FEIN) be eliminated as a requirement for population.			
CA EDI Implementation Guide for Medical Bill Payment Records Version 2.0 – Medical elements data table – page 51	Commenter notes that page 51 of the proposed EDI Companion Guide contains an example of the changes in regulation related to the National Provider Identification (NPI) number. Field 0592 "Rendering Line Provider National Provider ID" is required when field DN0589 ("Rendering Line Provider Last/Group Name") is present and the provider is *eligible* for the NPI. Commenter opines that this presents a quandary for payers in a situation where this information is not supplied on the bill with the provider. Commenter states that the billing rules need to be modified to require	Lisa Anne Forsythe Senior Consultant Regulatory Business Consulting and Analysis Coventry Workers' Compensation Services January 13, 2015	DWC disagrees that the proposed changes are necessary. The Centers for Medicare and Medicaid Services (CMS) has a free lookup feature in its webiste for NPI numbers. This database is a national database which contains provider information for all providers in the United States, which can be accessed at the following link: https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do	None taken.

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	providers to populate all NPI-related fields marked as "required" for state reporting purposes, or the state reporting regulations need to be modified to list these fields as "optional" in the event that the information is not supplied by the providers with their billing statements. Alternatively, if the state reporting requirement is not modified, then payers must be afforded the authority to deny bills with missing NPI's and requires that the provider re-submit the bill with all required NPI information.			