

# **WORKERS' COMPENSATION INFORMATION SYSTEM ANNUAL ADVISORY COMMITTEE MEETING *INTRODUCTION***



Oakland: October 18, 2014

# The Goals of WCIS

- Help DWC manage WC system
- Facilitate Evaluation of Benefit Delivery
- Measure Benefit Adequacy
- Provide statistical data for research on trends, emerging conditions and problems

# Why do we need WCIS

- Understanding the injuries and claims
  - Who is being injured
    - Gender, age, industry, location, tenure,
  - What are the causes and nature of injury
  - What types of injury are occurring
- Understanding areas of medical care

# How was WCIS used this year

- Agricultural Workers Injuries
- Construction Injuries
- Police and Fire – Cancer related conditions
- Cumulative Trauma Disorders
- Health Care Workplace Violence
- Health Care Workers Musculoskeletal Disorders
- Hispanic Workers Injuries
- Needlesticks in non-Healthcare industries
- Injuries in Temporary and Subcontracted Workforce
- Pharmacy Claims and Costs
- Valley Fever Surveillance
- Waste Workers Injuries
- Women in the Workforce
- Young Worker Workplace Violence

# WCIS Uses

- Other Requests

- Berkeley Research Group – Medical Access Study
- University of Michigan
- Federal OSHA – Temp and Contract Work, issues of Tenure of IW
- Rand – Medical care outcomes SB 863
- Rand Wage Loss Study
- UC-Berkeley Center for Study of Social Insurance

- Periodic Extracts

- Department of Health Care Services
- WCIRB
- Cal OSHA – Inspection Targeting
- Cal-OSHA Death Reports
- Claims by ZIP code location
- DIR Internal Work
  - Evaluation of Targeting Efforts
  - Metrics for Evaluation of Impact of SB863

# WCIS Training Bulletins

- The WCIS Training Bulletins are occasional educational announcements regarding California's Workers' Compensation Information System (WCIS), from the California Division of Workers' Compensation (DWC).
- May 19, 2014:
  - **FROI/SROI Valid Code Values**
- March 4, 2014:
  - **WCIS only allows WCIRB Class Codes**
- Feb. 12, 2014:
  - **FROI/SROI Release 1 flat file layout and transaction record requirements**
- Jan, 8, 2014:
  - **Eliminating TEs for Invalid Industry Code**

# Initiatives on Reporting

- Assure electronic reporting from all claims administrators
- Follow First Reports with Subsequent Information and Medical Transactions
- Move from partial to full reporting of subsequent information and medical care transactions

# Why

- Research data base with gaps forces making assumptions about missing data
- Linking up medical and claims information gives greater ability to see how reforms are working

# Current Regulations on Reporting-General

- **CCR 9702. Electronic Data Reporting**
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- (a) Each claims administrator shall transmit data elements, by electronic data interchange in the manner set forth in the California EDI Implementation Guide for First and Subsequent Reports of Injury and the California EDI Implementation Guide for Medical Bill Payment Records, to the WCIS by the dates specified in this section. Each claims administrator shall, at a minimum, provide complete, valid, accurate data for the data elements set forth in this section.

# Current Regulations on Reporting – Supplemental Report

- CCR 9702(d) Each claims administrator shall submit to the WCIS within fifteen (15) business days 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 reopened, 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.

# Current Regulations on Reporting – Medical Services

- CCR 9702(e) On and after September 22, 2006, claims administrators handling one hundred and fifty (150) or more total claims per year shall submit to the WCIS on each claim with a date of service on or after September 22, 2006, the following data elements for all medical services for which the claims administrator has received a billing or other report of provided medical services. The California EDI Implementation Guide for Medical Bill Payment Records sets forth the specific California reporting requirements.
- ...The claims administrator shall submit the data within ninety (90) calendar days of the medical bill payment or the date of the final determination that payment for billed medical services will be denied.

# Going Forward

- The future holds 3 major development projects for WCIS
  - Transition to Medical Data Release 2.0
  - Promulgation of Regulations and implementation of Penalties and Reporting required under LC 138.6 and 138.7
  - Transition to FROI/SROI Release 3 in alignment with other states and IAIABC

# Ongoing Work

- Improvements in Data Quality
  - Cleaning Specific Data Quality Issues
  - Trading Partner Education Program
- Linking information in WCIS with other DWC information

# Agenda for today

- Policy and Rulemaking Changes
  - Next WCIS Regulatory Rounds
  - Electronic Medical Billing Regs
- WCIS Update
  - FROI/SROI
  - Medical
- Technical Update and Submitted Questions