



WCIS ADVISORY COMMITTEE MEETING

MEDICAL BILL PAYMENT DATA

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Department of Industrial Relations

Division of Workers' Compensation

Oakland, California

October 19, 2015

Presented by

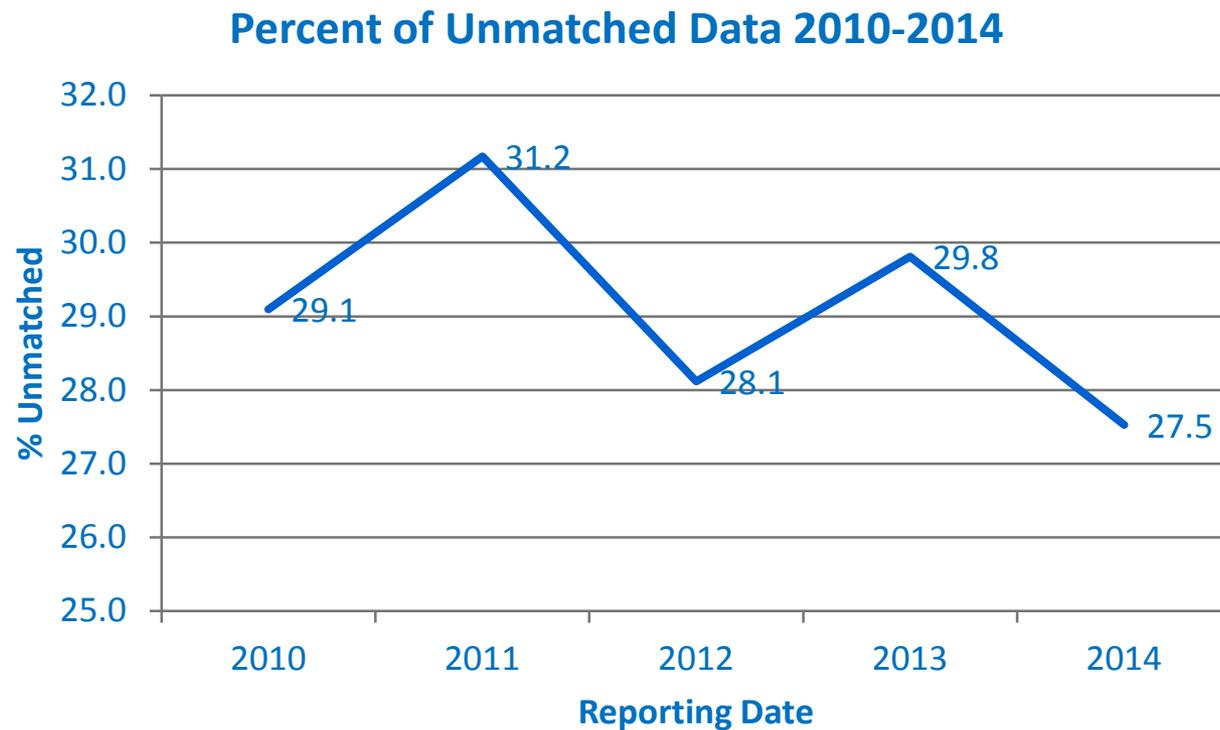
**Genet Daba, Deepali Potnis
and Carmen Pustelnik**

SYSTEM REPORT AS OF OCTOBER 2015

	Record create date			
	2011	2012	2013	2014
Insurers	1,259	1,606	1,639	1,649
Claims Administrators	315	459	363	383
Senders	48	48	52	56
Claims	1.3m	1.3m	1.3m	1.3m
Bills	16.1m	15.1m	15.7m	15.8m
Lines	64.3m	55.6m	56.7m	55.2m

UNMATCHED DATA

- The number of medical bills not matching to a FROI showed a very moderate decline.



- Effort to reduce the number of unmatched data
 - WCIS team is working with individual Trading Partners.
 - The DWC also has a lookup table for searching JCN.

JCN Search

<https://www.dir.ca.gov/dwc/jcn/JCNsearch.asp>

WCIS MEDICAL BILL COMPLETENESS AND TIMELINESS OF REPORTING

Year Insurer Paid Bill								
	2007	2008	2009	2010	2011	2012	2013	2014
March	46.0	71.8	86.6	91.9	97.2	97.8	98.2	98.4
June	50.2	75.6	89.4	97.2	98	98.7	99.2	99.4

- While reporting time has improved significantly completeness of reporting has still room for improvement.

CALIFORNIA MEDICAL VERSION 1.1 – RECENT CHANGES

- Effective October 1, 2015 WCIS is capable of receiving ICD-10 Diagnosis and Procedure codes.
 - WCIS accepts ICD-9 codes for dates of service/ Date of discharge prior to October 1, 2015.
 - In version 1.1, both ICD-9 and ICD-10 may be reported with or without the decimal.
 - WCIS accepts invalid codes for denied bills.

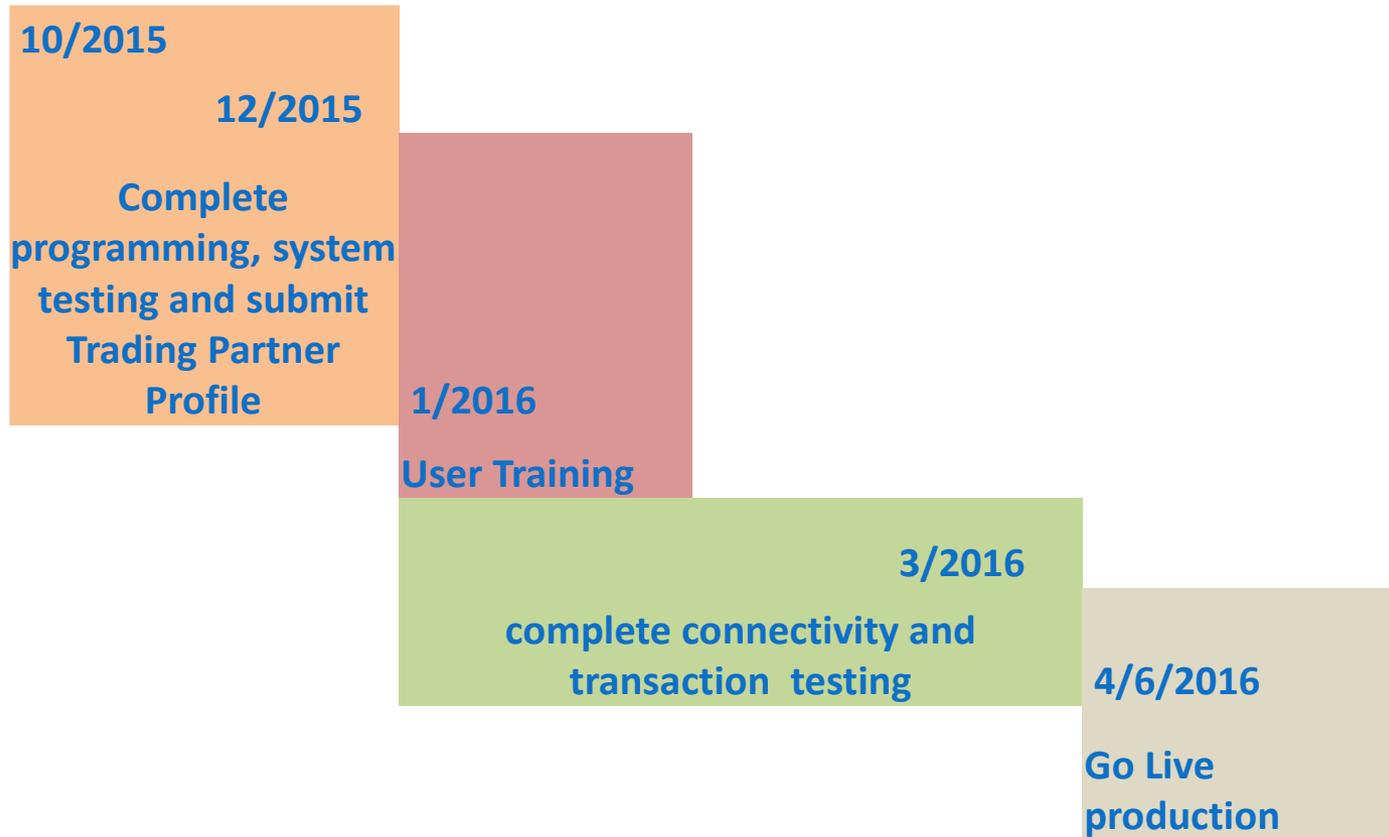
UPCOMING CALIFORNIA MEDICAL VERSION 2.0 UPDATE

- Implementation date April 6, 2016. No parallel reporting of version 1.1 and 2.0.

- WCIS tasks : From now until go live date:
 - Complete rule making to Adopt the IAIABC Workers' Compensation Medical Bill Data Reporting Implementation Guide (February 1, 2015 Publication).
 - Completed programming for 999 and 824 validation.
 - Continue testing 999 acknowledgments with Trading partners.
 - Continue testing 824 acknowledgments.
 - Post CA version 2.0 FAQ
 - Hold a user training in January 2016.

- Trading Partner tasks: From now until go live date:
 - Complete system programming changes .
 - Fill in a new Trading Partner Profile and submit to WCIS.
 - Pass the different testing phases .
 - Participate in the training session.

TIMELINE TO GO LIVE



TRANSITIONING FROM VERSION 1.1 TO CALIFORNIA VERSION 2.0

- - There will be a transition period between March 23rd and April 5th during which time no 837 files (version 1.1 or version 2.0) will be transmitted to WCIS.
 - During the transition period WCIS will send out acknowledgements for all files received prior to March 23rd.

CALIFORNIA VERSION 1.1 VERSUS 2.0 HIGHLIGHTS

	CA version 1.1	CA version 2.0
Report	Paid, denied, settled bills	Paid, denied, settled bills
Data Elements	132	149
Bill Submission Reason Code (BSRC)	00, 01 and 05	00, 01, 02 and 05
Element Requirements	M, C, O	M, MC, AR and AA
Acknowledgements	997 and 824	999 and 824
Medical/FROI matching	Primary Match is JCN. If JCN or no Matching JCN then Secondary Match using Claim Administrator Claim number and Insurer FEIN	Only Primary Match – combination of JCN, Claim Administrator Claim number and Insurer FEIN

CALIFORNIA VERSION 1.1 VERSUS 2.0 HIGHLIGHTS CONT'D

	CA version 1.1	CA version 2.0
Lien bill reporting	Line level reporting	Only Bill level reporting
Balancing Rules	No Balancing rules	4 Balancing rules
Transaction/Batch Status	TA TE TR, BA BR	IA IR, TA TR (No TE)
JCN	Conditional for 00 and optional for 01 and 05	Mandatory for all BSRC

REPORTING PHYSICIAN DISPENSED COMPOUND DRUGS

- Version 2.0 added loop 2410 which can be used for reporting of physician dispensed compound drugs.
- 2410 Loop has three segments:
 - LIN- For reporting the NDC qualifier and NDC code
 - CTP- Drug Quantity
 - REF- Prescription or compound drug association number.

REPORTING PHYSICIAN DISPENSED COMPOUND DRUGS CONTINUED

o File Structure

LX*1~

SV1*N4: 01234567891*22.25*UN*2*01**1~

DTP*472*RD8*20150323-20150323~

LIN**N4*01234567891~ NDC of 1st ingredient/ Component

CTP****2*UN~ unit of measurement for this component

REF*VY*654321~ link used to piece together components of line s 1 and 2

SVD*XX*22.25*N4: 01234567891~

LX*2~

SV1*N4: 19012345678*22.25*UN*60*01**1~

DTP*472*RD8*20150323-20150323~

LIN**N4* 19012345678 ~ NDC of 2nd ingredient

CTP****60*UN~ unit of measurement for this component

REF*VY*654321~ link used to piece together components of line s 1 and 2

SVD*XX*22.25*N4: 19012345678~

REPACKAGED DRUG REPORTING

LX*1~

SV1*N4:00440761010*53.37*UN*1*11**1~

DTP*472*D8*20140711~

AMT*T*3.37~

K3*ORIGN400026063512~

LX*1~

SV4*1*N4:00440761010***1*****N~

DTP*472*D8*20110216~

DTP*471*D8*20110215~

QTY*SP*30~

AMT*PB*115~

K3*ORIGN400096063512~

ANSWERS TO TRADING PARTNERS QUESTIONS

- WCIS follows the ANSI Recommendation of maximum reporting limits
 - 1 ISA/IEA envelope per 837 file
 - CLM segment maximum repeat 100 meaning 100 bills per injured worker
 - The WCIS also accepts 999 service line for professional and institutional bills.
- File naming convention
 - 837 file example, 837_123456789_20140113_135012_T_001.txt
 - 999 file example, 999_123456789_20140113_135012_T_001.txt
 - 824 file example, 824_123456789_20140113_135012_T_001.txt

ANSWERS CONTINUED..

- The following symbols within the quotes are used as delimiters in California medical reporting and should not be used in reported data elements “ * : ~ ”. In addition | (pipe) is also not allowed in reported data elements.
- Reporting 02 correction for a bill submitted in version 1.1.
- Trading partners can have multiple sender profiles using the same FEIN but the 5 digit zip code for each profile must be unique. E.g.

Profile	FEIN	Zip code
1	142847542_	15222
2	142847542_	94612

ANSWERS CONTINUED..

- For lien bills aggregated information is reported at the bill level. No Line level reporting is allowed and MD set of codes are not used.
- Lien bills will be identified using DN (0293) Lump Sum Payment/Settlement Code

ANSWERS CONTINUED..

- DN0507 Provider Agreement Code is used to identify services rendered under an MPN (Medical Provider Network) agreement.
- DN 0208 Managed Care Organization ID number is required.

Approved MPN list:

<http://www.dir.ca.gov/dwc/mpn/ListApprovedMPN.pdf>

Questions?

837 STRUCTURE

☼ Usage

☼ Hierarchy

☼ Pattern

☼ Repeats

☼ Length

☼ Type

Loop -> Segment -> Element -> Component

INDUSTRY USAGE

Item Usage	Location Level Usage	837 Requirement
Required	Required	Must Always be sent
Required	Situational	Occurs if location is used
Situational	Any	Occurs only if used
Not Used	Any	Must never be sent

Presence of situational elements are checked in 824 process.

837 BILL LEVEL SEGMENT CHANGES

Loop 1000A and Loop 1000B

☀ Sender and receiver N4 segments removed

Loop 2010AA and Loop 2010AB

☀ Insurer and claim administrator information
are now separate

☀ Both have NM1 and N4 segments

Loop 2010CA Claimant Information

☀ New REF Replacement Claim Number segment

NM1 NAME SEGMENT

REF Provider NPI

- ☀ Removed
- ☀ Incorporated in NM1

NM102 Entity Type Qualifier

- ☀ Sender - from 10 to 41
- ☀ Facility - from 61 to 77

Provider Segment

- ☀ NM108 qualifier changed to XX from FI or 34
- ☀ NM109 data elements changed to NPI from FEIN

Qualifiers

- ☀ Changed 5L to Y4 for Jurisdiction Claim Number
- ☀ Added RD8 for prescription bill date
- ☀ Changed S3 to PXC for provider specialty
- ☀ Prefix A for diagnosis and B for procedure on ICD10 codes
- ☀ Use DT for admission and discharge dates to incorporate time
- ☀ Qualifiers must be sent with its referenced data element in the segment and vice versa

2300

Billing Information Loop

- ☀ New bill submission reason codes on CLM19
- ☀ New CL1 Claim Codes segment
- ☀ New HI Condition Coded segment
- ☀ New HI Outpatient Reason for Visit
- ☀ Separate HI segments for principal, admitting and other diagnosis on institutional bills
- ☀ Revised CN1 Contract Information segment
- ☀ New HI Diagnosis Related Group (DRG) segment

2400

SERVICE LINE LOOP

- ⚙ No SV5 durable Medical Equipment service line
- ⚙ New K3 repackaged drug segment
- ⚙ New 2410 Loop Compound Drugs
- ⚙ No service line on lien bills
- ⚙ No mixed SV segments on a bill

999 EDITS

ISA-IEA Interchange syntax error

GS-GE Functional group syntax error

ST-SE Transaction set syntax error

- ☀ Hierarchy, loop, segment and element pattern
- ☀ Required and "not used" segment and element
- ☀ Loop, segment, element and component repeats
- ☀ Element length and data type in the set
- ☀ Valid code
- ☀ Qualifiers with no referenced data element and vice versa

824 EDITS

- ☀ Matching
- ☀ Event sequence
- ☀ Balancing amounts
- ☀ Check mandatory data elements depending on bill type based on CA requirement table
- ☀ Validate data element code against look-up table
- ☀ Validate relationships among data elements in bill

MATCHING Medical Bills

- ☀ Match DN0005 JCN + DN0006 Insurer FEIN + DN0015 Claim Number combination with FROI
- ☀ Match DN0006 Insurer FEIN + DN0016 Employer FEIN + DN0500 Unique Bill ID combination to cancel 01 /correct 02/replace 05 previously submitted bills
- ☀ Match DN0501 Total Charge Per Bill on previously submitted original 00 /corrected 02/replacement 05 bill with that of incoming replacement 05 bill.

BYPASS

EDITS

- ☀ Service date relative to cumulative injury date
- ☀ NPI codes when adjustment code = 207 or 208
- ☀ Diagnosis codes when adjustment code = 146

DATA RELATIONSHIPS

- ☀ Balancing amounts
- ☀ Among data element dates
- ☀ Provider agreement code is H, P or Y
AND contract type code
- ☀ Managed care organization information
WHEN Provider agreement code is P
- ☀ Diagnosis pointer AND diagnosis codes

Questions?