



October 30, 2008

BUREAU CIRCULAR NO. 842

To All Members of the Bureau:

Re: **MEDICAL DATA CALL**

This circular discusses the Delaware Compensation Rating Bureau, Inc. (DCRB) adoption of a Medical Data Call.

The National Council on Compensation Insurance, Inc. (NCCI) has, through an extended and rigorous process, established a construct for the reporting and collection of medical detail information. That process has been accepted by carriers for use on NCCI states and is being implemented in those states. The NCCI refers to the collection of this medical detail as the Medical Data Call. The NCCI has shared the formats, timelines and related collateral for the Medical Data Call with all independent bureaus and has advised those bureaus that they are at liberty to adopt and use any portion(s) of that intellectual property as they may see fit.

Senate Bill 1 (enacted in 2007) provided for the appointment of a committee to advise the Insurance Commissioner concerning the adoption of a standardized data transmission protocol to facilitate collection of data concerning topics, including health care procedures performed and the costs of such services under Delaware's workers compensation system. That committee has taken notice of NCCI's Medical Data Call and has recommended that the DCRB collect the data specified therein for Delaware as a means of complying with the cited statutory requirements.

The DCRB's Governing Board has voted unanimously to authorize the DCRB to begin collecting detailed medical data. That vote was taken after careful consideration of the potential importance and utility of detailed medical data, as well as available methods for accomplishing the collection of such information. Factors addressed in the Board's discussion included the following points:

- Medical losses represent over 62 percent of loss costs in Delaware.
- Medical detail could enhance DCRB's ability to explain filings.

- Medical cost containment issues are potentially important public policy matters:
 - o Fee Schedule – Relationships to Medicare, overall richness of reimbursements
 - o Treatment Protocols
- Medical detail would be imperative for DCRB to be able to opine with authority on a variety of possible proposals to change the payment system for workers compensation in Delaware.
- The ability to compare data with other jurisdictions will emerge with the common collection of this data elsewhere.

The DCRB believes and the Governing Board has specifically concurred that using and conforming as much as possible to the NCCI standards for the collection of medical detail information will be the most beneficial and effective means of expanding our information base to include medical detail information.

DELAWARE MEDICAL DATA CALL - OVERVIEW

The Delaware Medical Data Call will begin with medical transactions occurring in the Third Quarter of Calendar Year 2010. The medical transactions intended to be included in the Third Quarter of 2010 will be those with a transaction date of July 1, 2010 through September 30, 2010. The third quarter transactions will be due to be reported to the DCRB by the end of the following quarter (i.e., December 31, 2010).

The Delaware Medical Data Call will contain the same 28 data elements as the NCCI Medical Data Call (see Attachment A). The Delaware Medical Data Call will also strictly adhere to established NCCI Medical Data Call reporting requirements and timelines. However, some business rules (e.g., participation and eligible business exclusions) will be established as needed to satisfy the need to develop a credible Delaware database.

Participation in Delaware Medical Data Call is mandatory and is limited to those carrier groups with at least one percent market share (overall average equals one percent or more) in the state of Delaware over the most recent three years. Market share will be determined by using Calendar Year Direct Net Written Premium per the Statutory Page 14. The DCRB will contact all carrier groups who meet this eligibility requirement by November 30, 2008.

Testing and optional reporting of the Delaware Medical Data Call will begin by mid-year 2009.

The DCRB will provide Medical Data Call reporting documentation in two phases as follows:

Phase 1 – In December 2008, the DCRB will make available on their website, www.dcrb.com, the Delaware Medical Data Call Implementation Guide. This guide will include the reporting layout, general rules, participation requirements and business exclusions, reporting frequencies and responsibilities, editing strategy and other essential information needed for carriers to begin preparing.

Phase 2 - In the early part of 2009, the Delaware Medical Data Call Implementation Guide will be expanded upon and reformatted to produce a Delaware Medical Data Call Manual. The Delaware Medical Data Call Manual will be comparable to the DCRB's other manual products, such as the Delaware Statistical Plan Manual.

DCRB will continue to publish industry announcements, timelines, and other important information, including a training seminar, as we proceed with the implementation of the Medical Data Call.

Carriers should visit the DCRB's website periodically for additional information regarding implementation of the new Delaware Medical Data Call.

Questions about this circular should be directed to Bonnie Piacentino, Director of Statistical Reporting, at (302) 654-1435, Extension 4456, or bpiacentino@dcrb.com.

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President

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Remember to visit our website at www.dcrb.com for more information about this and other topics.

Medical Data Call Record Layout

Field No.	Field Title/ Description	Class	Position	Bytes	Header/ Detail	Source
1	Carrier Code	N	1-5	5	H	Payer
2	Policy Number Identifier	AN	6-23	18	H	Payer
3	Policy Effective Date	N	24-31	8	H	Payer
4	Claim Number Identifier	AN	32-43	12	H	Payer
5	Transaction Code	N	44-45	2	D	Payer
6	Jurisdiction State Code	N	46-47	2	H	CMS 33 UB 1
7	Claimant Gender Code	AN	48	1	H	CMS 3 UB 11
8	Birth Year	N	49-52	4	H	CMS 3 UB 10
9	Accident / Injury Date	N	53-60	8	H	CMS 14
10	Transaction Date	N	61-68	8	D	CMS 31 or Payer
11	Bill Identification Number	AN	69-98	30	H	Payer
12	Line Identification Number	AN	99-128	30	D	Payer
13	Service Date	N	129-136	8	D	CMS 24A UB 45
14	Service From Date	N	137-144	8	H	CMS 18 UB 6
15	Service To Date	N	145-152	8	H	CMS 18 UB 6
16	Paid Procedure Code	AN	153-177	25	D	CMS 24D UB 44 or Payer
17	Paid Procedure Code Modifier	AN	178-185	8	D	CMS 24D UB 44 or Payer
18	Amount charged by Provider	N	186-196	11	D	CMS 24F UB 47
19	Paid Amount	N	197-207	11	D	Payer
20	Primary ICD-9 Diagnostic Code	AN	208-221	14	D	CMS 21 UB 66
21	Secondary ICD-9 Diagnostic Code	AN	222-235	14	D	CMS 21 UB 66
22	Provider Type Code	AN	236-255	20	H	Provider or Payer
23	Provider Identification Number	AN	256-270	15	H	CMS 25 UB 5 or 76-79
24	Provider Postal (ZIP) Code or Billing Address Postal (ZIP) Code	AN	271-273	3	H	CMS 33 UB 1
25	Network Service Code	A	274	1	H	Provider or Payer
26	Quantity/Number of Units per Procedure Code	N	275-281	7	D	CMS 24G UB 46
27	Place of Service Code	AN	282-289	8	H	CMS 24B
28	Secondary Procedure Code	AN	290-314	25	D	UB 42
29	Reserved for Future Use		315-350	36		

Source Notes:

CMS	Data is located on form CMS-1500. The field number on the form where the data is located is also provided.
Payer	Data is not on a form; it is provided by the entity that pays the bill.
Provider	Data is not on a form; it is provided by the healthcare provider.
UB	Data is located on form UB-04. The field number on the form where the data is located is also provided.