



## WORKING TO MAKE A DIFFERENCE

### Claims Management Solutions (CMS) system update

The launch of the WorkSafeBC's Claims Management Solutions (CMS) system is approaching. We are currently in the process of testing the system. In order to do this effectively, we require your assistance to change some of the business processes.

#### Fax Cover Sheet

A new Fax Cover Sheet has been developed for CMS. We require providers to use the new form immediately in order to test the payment portion of the CMS system in preparation for implementation. Please destroy old paper or electronic versions of the Fax Cover Sheet and use the revised form immediately.

The revised Fax Cover Sheet, as well as all other Health Care related forms, can be found on our web site at <http://www.worksafebc.com/forms/default.asp> :

The new Fax Cover sheet can be found directly here:  
<http://www.worksafebc.com/forms/assets/PDF/83D12.pdf>

### Required Business Process Changes

#### 1. Date of service

You will notice that the Fax Cover Sheet has a new field called "**Date of service**". This field will be required to process payments. The date of service will generally refer to the date that a service was performed, and **must** match the Date of Service provided on the invoice for the service.

In the chart attached below, you can determine what date should be entered in the Date of Service field, dependant on the type of report and the program or service.

#### 2. Report Date

The "**Report Date**" refers to the date that the report was completed. The report date will not necessarily be the same as the date of service.

### **3. Type of report**

It is essential that the correct "Type of Report" and "Service" are selected as this information is used to tie the invoice to the required report.

### **4. Customizing the Fax Cover Sheet**

The PDF format of the revised form does not permit data to be saved once the form is printed, unless you have a commercial version of Adobe Acrobat. This means that without this software, your specific provider information must be manually entered each time you open up the "Fax Cover Sheet."

If you want the ability to save your specific Provider Information, you can obtain a commercial version of Acrobat. Alternatively, you can duplicate the look of the form with your own software, as long as the form includes all of the fields, in the same location on the form, and with the same specific headings.

If you have any questions or concerns please contact the appropriate Quality Assurance Supervisor or Program Manager in Health Care Services.

Thank you for your cooperation in making a smooth transition to our new system.

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## Appendix 1: Date of Service Definitions

Program	Report Type	Date of Service
Amputee Program	Intake	Date assessment completed
	Progress	Date of report
	Discharge	Discharge Date
	Job Site Visit	Date of Job Site Visit
	Phase 3 Return to Work Plan	Start date of RTW
	Phase 4 Return to Work Plan	Date of Admission to Phase 4
	Pre Authorized Expense for Adaptive Aids (83D33)	Date of report
	Provider Pre Authorized Travel and Expense Confirmation (83D36)	Date of report

Program	Report Type	Date of Service
ASTD Program	ASTD Medical Assessment or ASTD Medical Follow up Report	Date of Medical Assessment
	Intake	Date of assessment
	Progress	Report date
	Discharge	Discharge Date
	Job Site Visit	Date of Job Site Visit
	ASTD Return to Work Plan	Report date
	Provider Pre Authorized Travel and Expense Confirmation (83D36)	Report date

Program	Report Type	Date of Service
CMPA	CMPA report	Date assessment completed

Program	Report Type	Date of Service
FCE	FCE Report	Last day of assessment

Program	Report Type	Date of Service
Hand Program	Intake	Date assessment completed
	Progress	Report date
	Discharge Summary Report	Discharge Date
	Job Site Visit	Date of Job Site Visit
	Return to Work Plan	Report date
	Provider Pre Authorized Travel and Expense Confirmation (83D36)	Report date

Program	Report Type	Date of Service
OR1, OR2, Pain Management Program or SPRS	Intake (includes Pain and Medication Management Report for Pain Management Program)	Date assessment completed
	Progress	Report date
	Discharge	Discharge Date
	Job Site Visit	Date of Job Site Visit
	Return to Work Plan	Report date
	Provider Pre Authorized Travel and Expense Confirmation (83D36)	Report date

Program	Report Type	Date of Service
HIATS	All assessment reports except Head Injury Assessment Services	Date assessment completed
	Head Injury Assessment Services	Discharge date
	Interdisciplinary Treatment for Head Injury 1 or 2 Discharge Reports	Discharge date
	Job Site Visit	Date of Job Site Visit
	Community Integration Care Plan	Report date
	Graduated Return to Work Plan	Referral date of Plan
	Graduated Return to Work Implementation and Monitoring Report	Discharge Date

Program	Report Type	Date of Service
MARP	MARP intake report	Date of visit
	MARP Progress report	Date of visit
	MARP Discharge report	Discharge Date

Program	Report Type	Date of Service
RTWSS	Job Demands Analysis	Date of Job Demands Analysis
	Job Site Visit	Date of Job Site Visit
	GRTW Planning	Referral date of Plan
	Graduated Return to Work Monitoring and Discharge Report	Discharge date for workers who have been discharged. Last day of the first block of GRTW monitoring for workers who have not been discharged.