

# WCB Agreement FAQ

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## General Questions

### **Are WCB payments part of the government's physician budget?**

No, WCB funds are a separate budget, funded by employer premiums.

### **Why are WCB rates different than regular fees?**

WCB services are unique and expedited. The work requires the exchange of additional information. This has always been recognized and higher fees have been paid in the interests of caring for injured workers and getting them back to work as quickly as possible.

### **Why do orthopedic surgeons have a separate agreement?**

WCB and the Alberta Orthopedic Society have decided that there is value in having a contract negotiated separately. Some of the provisions contained within this agreement have helped move toward a better balance between the two.

### **What is the term of the current agreement?**

The term of the [current agreement](#) is October 1, 2014 to March 31, 2019.

## About provisions of the agreement

### **What does clause 13.06 "time shall be of the essence" really mean?**

This is a legal reference that forms part of the boilerplate language for many contracts, which, in effect says: "The specified time and dates in this agreement are important and mandatory."

### **Will physicians be able to meet the reporting timelines? How will WCB systems be improved to help?**

WCB's reporting system should be an improvement on the past. While agreement for this contract was not reached on a dictation system for physicians, it's in the contract that WCB and AMA will continue to pursue one and the issue will be managed at the AMA/WCB Advisory Committee.

### **What is the timing of the changes to reporting fees?**

Financial incentives for on-time reporting kick in retroactively to October 1, 2014 and further adjustments are subsequently made in stages, e.g., April 1 and July 1, 2015, April 1 and July 1, 2016 and April 1, 2017.

Fees for late reporting will be staged in over two years allowing time for physicians to adjust to reporting systems.

**The same-day submission definition appears to take effect when WCB receives the documents. How can we be certain that WCB has systems in place to accurately record when a document is received (vs submitted)?**

This issue was discussed at length at the negotiating table. WCB has assured the AMA that accurate date/time stamping will be in place and that once the physician or vendor presses 'send' the receipt is instantaneous.

The negotiators were successful in extending the definition of 'same-day reporting' (and other timed definitions) to mean that the document is received by WCB at 10 a.m. the next business day.

Physicians are encouraged to check with vendors that commonly batch or delay submissions as this will likely impact physician fees.

**Do the same-day reporting rules and incentives apply both in office and hospital settings? Isn't that requirement easier to meet in some locations than others, for example a busy emergency department?**

The same-day and on-time reporting incentives apply to encounters both in and out of office settings for general practitioner (GP) and specialist first reports and all follow-up reports. Because more time may be needed in some settings to get to the necessary paperwork, WCB agreed to extend the time frames from what is traditionally thought of as a business day. In this vein:

"Same day report submission" means that the report is received by WCB on the same date as the completed examination (GP or specialist) which includes up to 10 a.m. the next business day.

"On time" is defined as receipt within three business days from the date the worker saw the physician for GP reports, again up to 10 a.m. the next business day.

"On time" for all other reports (specialist and follow ups) is defined as receipt within four business days from the date the worker saw the physician, up to 10 a.m. the next business day.

**What incentives are provided for meeting the timelines?**

It's in everyone's interest for the patient to be treated, recover and return to work as soon as possible. Therefore the agreement offers financial incentives (which are staged in over the term of the agreement) that encourage more timely reporting.

There is a substantially higher fee (30% increase) for same-day reporting. For many physicians, adapting their business processes and systems will make it possible to meet the requirements most of the time.

A higher fee (nearly 20% increase) is being offered to you if you provide the report within the 'on-time' category. The expectation is that the substantial increase to on-time provision of reports would be sufficient to address those situations where physicians are extra busy, such as in the emergency department where "same day" would be a difficult target. This incentive also offers an opportunity to those practices that commonly batch the report

information to update their systems in order to improve reporting turnaround and ultimately, the return to work of the healthy worker.

If a physician is unable to get the report within the on-time requirement noted above (beyond 10 a.m. on the fifth business day), only then will it be considered late and a 25% reduction to an increased rate will be applied (this reduction means that the physician will be paid about 10% less than the current fee should a late report occur).

Note that there is a two-year window for physicians to adjust to the agreement and its provisions before this reduction provision is implemented. The increased incentives for meeting timelines as noted above, however, are being phased in earlier in 2015 and 2016.

**Will there still be a time modifier code for family physicians (e.g., CMGP01, etc.)? WCB visit reports often take as much time to populate and complete as the 15 minute visit.**

The CMGP modifier does not apply to time taken to fill out the WCB report because you are getting paid separately for the report. The modifier, however, does apply to all other activities relating to patient care, for example reviewing documents before seeing the patient, seeing and examining the patient, charting (that is, with the exception of completing the WCB report as mentioned already).

**Regarding the timing of visits in the emergency department with respect to “same-day reporting,” is the time of the patient encounter based on when the patient registers in ED? Is it the time when the physician sees the patient? Is it discharge time? In every ED, there will be patients that register on one calendar day but are not seen by the physician until the following calendar day.**

The intent of the agreement is not to exacerbate ED wait times by requiring physicians to complete on-line forms between patients. For this reason, the AMA and WCB agreed to extend the time frames beyond traditional definitions as follows:

“Same day report submission” means that the report is received by WCB on the same date as the completed examination (GP or specialist) which includes up to 10 a.m. the next business day. So, if the patient registers at 23:30 on January 15 in the ED but isn’t seen by a physician until 05:00 on January 16, the WCB report would be due at 10 a.m. on January 17 (or next business day if that falls on a weekend). This fee increases by 30% over the term of the contract.

“On time” is defined as receipt within three business days from the date the worker saw the physician for general practitioner reports, up to 10 a.m. the next business day.

“On time” for all other reports (specialist and follow ups) is defined as receipt within four business days from the date the worker saw the physician, up to 10 a.m. the next business day. These fees increase by 20% over the term of the contract.

**In an ED situation, there is a “paper” trail to our billing agents that takes time (courier and processing). Currently the time period required for the agent to complete the necessary demographic information and be ready to submit is very close to the five day “late” period. We are working with our billing agents to improve our processes. Has this been considered?**

We know physicians are trying to be as efficient as possible and many may wish to upgrade their systems as you are doing. This will, of course, take time. That’s why the differentials for same day/on time do not kick in until July 2015 and then are staged over two years. We believe with this time to make adjustments, most physicians will be able to take full advantage of the incentives for timelier submissions.

**Under item 4.04 in the agreement, there does not appear to be any compensation for completing a separate report which is provided to the worker in addition to the online report to WCB. Why is that?**

You are referring to what is commonly known as the “pink copy,” a hold-over from the days when a three-part form was used and information was faxed to WCB. The pink middle copy had all of the medical information blanked out so that the form was limited to return to work information as well as patient name (and this copy was given to the patient). At the time, this form was completed to send to WCB and no additional work on the physician part was involved.

However, when reporting was moved to electronic means from fax, some of this information was not easily available – particularly in the ED where the physician did not have easy access to computers at point of contact with patient (and typically did reporting and submission to WCB at the end of his/her shift). At this time, patients were requesting written information to provide to their employer (as part of their return to work). At that point the AMA at the AMA/WCB Advisory Committee raised the issue and advised WCB that there should be compensation for this additional and duplicative work.

Although we did not reach an agreement on this item with WCB, we were successful in negotiating a substantial increase to reporting fees and the parties have decided to send the pink copy issue back to the advisory committee in hopes of finding a solution agreeable to both parties (Clause 4.04). Clause 4.05 sets out a timeline for the advisory committee to reach a resolution and if the committee is unable to reach a resolution then it would be referred to the CEO, WCB and Executive Director AMA.

One of the system changes that WCB is implementing is the ability for employers to sign into the WCB system and obtain return to work information on their worker (hence the incentive for physician to provide same day reporting). It is hoped that this electronic linkage with the employer will eliminate the need for the ER doc to provide at point of contact the additional (pink copy) report to the patient. Hopefully, the advisory group will be able to confirm that this is the case and the pink copy issue goes away.

**Often when working out of town, I fill out WCB documents at work, but don't submit until my billing staff issues the invoice and then submits. Sometimes this is a week or two later. Does "on time" mean "invoiced and submitted," or is "saved with all the patient info completed" acceptable?**

The time stamp occurs when all of the material is sent to WCB, including the invoice. The reason for this is that WCB has no other way to confirm/audit whether this time is correct and cannot actually do anything on their end without the complete set of data. It is also the reason why the concept of "10 a.m. the next business day" was developed.

The time frames apply:

- "Same day report submission" means that the report is received by WCB on the same date as the completed examination (GP or Specialist) which includes up to 10:00 a.m. the next business day.
- "On time" is defined as receipt within 3 business days from the date the worker saw the physician for GP reports up to 10:00 a.m. the next business day.
- "On time" for all other reports (specialist and follow ups) is defined as receipt within 4 business days from the date the worker saw the physician, up to 10:00 a.m. the next business day.

**How does the agreement address the fact that we have not had an agreement since 2011?**

WCB increases to the Schedule of Medical Benefits (SOMB) are tied to those of Alberta Health. Adjustments for the first three years of the AMA agreement with Alberta Health were 0% (April 1, 2011 to March 31, 2014). However, for the WCB agreement, the AMA negotiating team was able to negotiate substantial increases to reports as follows:

- A substantially higher fee (30% increase) for same day reporting.
- A higher fee (nearly 20% increase) is being offered to you if you provide the report within the on-time category.

You may also be interested in knowing that WCB agreed to extend the time frames from what is traditionally thought of as a business day. In this vein:

- "Same day report submission" means that the report is received by WCB on the same date as the completed examination (GP or Specialist) which includes up to 10:00 a.m. the next business day.
- "On time" is defined as receipt within 3 business days from the date the worker saw the physician for GP reports up to 10:00 a.m. the next business day.
- "On time" for all other reports (specialist and follow ups) is defined as receipt within 4 business days from the date the worker saw the physician, up to 10:00 a.m. the next business day.

The concept of business day is important as if the patient is seen on a Friday or on a weekend, the physician has until 10:00 a.m. Monday for WCB to receive the report. This applies to both “same day” and “on time” reports.

**Who pays for completing the extensive forms that the employers need?**

When an employer requests a physician complete extra forms that are not WCB forms, the physician can bill the employer directly for that.

**Can physicians opt out and simply bill a commercial rate for WCB cases?**

No. The AMA negotiates with the WCB on behalf of all physicians. This means that all physicians providing services in Alberta are covered under the AMA agreement with WCB which prescribes fees/rates to be billed. WCB pays fee for service as per the SOMB plus additional fees for reports, expedited services, etc.

**When the patient fails to communicate or refuses to agree on the validity of the WCB visit and the visit has to be re-done on the WCB form, can the patient be “extra billed” for the lost revenue?**

No. The Workers’ Compensation Act is provincial legislation. Section 86 of the Act states that “[n]o part of the cost of any medical aid provided to or in respect of a worker under this Part is payable by the worker.” This means the physician is not able to bill the patient if the injury is work-related. WCB will pay the physician for the visit as per the SOMB and will also pay for the report.