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| NO | WCF Requirement Description | WCF IMPROVEMENT | HCP expected Deliverables |
|  | WCF Authorization number | 1. WCF to create API for sharing information with HCP. 2. The system should generate unique authorization number after receiving notification number from HCP. WCF authorization number should have specified pattern for: - 3. Normal visit with status of either new or follow up visit. **(NVxxxxxxxxxxx)** 4. Emergency visit with status of either new or follow up visit. **(EVxxxxxxxxxxx)** 5. Investigation/Physiotherapy/Dressing/ Medication only visit with status of either new or follow up visit. **(PVxxxxxxxxxxx)** 6. WCF shall send authorization number together with the following details: 7. WCF Authorization number 8. WCF employee unique number 9. Incident Type 10. Incident date (Accident date or Diagnosis date) 11. Employer TIN number 12. Employer Name 13. Employees’ First name, Middle name, and Last name 14. Gender 15. Date of Birth 16. Marital Status 17. WCF Notification number 18. status (New or Re-visit) 19. NIDA No. 20. Authorization number shall be valid for 48 hours in case of outpatient visit and remain open for inpatient.     1. Outpatient - After 48 hours, the system should close the authorization number together with respective folio.     2. Before expiry of the 48 hours, the system should allow HCP to extend up to 24 hours with reason. (**Damian to provide list of reasons – Template 1**)-HSP/HCP Portal 21. The system should flag Authorization number issued as 22. Complete 23. Incomplete 24. In case of incomplete visit, the system should not generate a new Authorization number until the pending folio is completed. 25. When a new authorization number is issued that is within a specified number of days from the previous issued authorization number, for the same diagnosis code(s), the system should not charge consultation fee. (**Review Contract**) | 1. HCP should receive system generated WCF authorization number after submission of notification number. 2. HCP should create a window to submit notification number for 3. Normal visit with status of either new or follow up visit. 4. Emergency visit with status of either new or follow up visit. 5. Investigation/Physiotherapy/Dressing/ Medication only visit with status of either new or follow up visit. 6. HCP should develop mechanism to save following details: 7. WCF Authorization number 8. WCF employee unique number 9. Incident Type 10. Incident date (Accident date or Diagnosis date) 11. Employer TIN number 12. Employer Name 13. Employees’ First name, Middle name and Last name 14. Gender 15. Date of Birth 16. Marital Status 17. WCF Notification number 18. status (New or Re-visit) 19. NIDA No. 20. A visit shall be termed as complete upon final signing by patient and submission of WCP 2 form by HCP. 21. HCP should develop mechanism to accommodate patients for Investigation/ Physiotherapy/ Dressing/ Medication only visit without charging consultation for the same diagnosis code(s). 22. HCP should be able to handle feedback for rejected notification number with specified reason. |
|  | The system should accommodate services requiring prior approval | 1. The system should generate unique authorization number with specified patter for: -    1. Services that require prior approval without human intervention (Auto validated) (**Annexure 1: List to be provided**) **(PAAxxxxxxxxxxx)**    2. Services that require prior approval with human intervention. The system should assign respective CASO and send SMS and email notification. ( **List to be provided-Template 2, Workflow 1, SMS, and email) (PAMxxxxxxxxxxx)** 2. After approval of the service, the system should issue authorization number to HCP and generate a duly filled, signed, and stamped WCP-8. 3. For rejected request, the system should not issue authorization number and send notification to HCP with reasons (Dropdown menu and remark field). **List of rejection reasons – Template 3** 4. For services requiring prior approval but HCP did not request, the system should flag the respective service within a folio for WCF necessary action. | 1. HCP should enhance its system to accommodate prior approval services. 2. HCP system should restrict provision of prior approval services without WCF authorization. 3. HCP should be able to handle feedback from WCF (Approved and rejected services) |
|  | The system should accommodate referral | 1. The system should generate unique authorization number with specified pattern for: -    1. HCP referral (Auto validated) **(HRxxxxxxxxxxx)**    2. WCF Referral (**WRxxxxxxxxxxx).** Upon approval, the system should issue WCF Referral Authorization number.    3. Investigation Referral Auto validated **(IRxxxxxxx)** 2. After approval of referral, the system should issue authorization number to HCP. | 1. HCP should enhance its system to accommodate referral categories. 2. HCP should be able to handle feedback from WCF (Approved) 3. WCF referral should not be active without WCF initializing request.    1. After WCF approval, HCP shall receive alert to proceed with WCF Referral. |
|  | **TREATMENT DETAILS OUTPATIENT (MANDATORY)**  WCF will receive the following treatment details from HCP.   1. Health Facility (**Name, Code and Official Stamp**) 2. WCF authorization number 3. Patient Information (**Patient Name, Age, Sex, Mobile No. Employer Name, Treatment File No., Patient Signature)** 4. Date of visit 5. ICD 10 Codes with Descriptions and respective date of Diagnosis 6. Clinical form notes per visit 7. Clinical progress notes per visit (Physio) 8. Do you think this condition is occupational? Yes/No ……Provide reason. 9. Type of consultation (GP, Specialist, physio etc) 10. Type of clinic (Ophthalmology, orthopaedic, Physio, etc) 11. Investigation 12. Minor Procedures 13. Major Procedures 14. Pharmacy 15. Referral details 16. Services requiring prior approval. 17. ED and or LD prescribed (Start date and reason) **Detect overlap.** 18. Date of Next visit 19. Date of Final Visit (Date of MMI) 20. Medical Practitioner’s information (Name, Designation, MCT No., Mobile No., E-mail, Signature and Signing date) 21. Employee Status 22. Fully recovered. 23. Recovered with permanent loss of body part or function tospecify on: -  * Body part or function(s) impacted/ affected. * Manner of Loss * Degree of function impaired or level of loss of body part * Rehabilitation recommended.  1. Referral    * HCP Referral    * WCF Referral    * Investigation Referral 2. Death    * Date of death    * Cause of death | The system should be able to receive this information. | 1. HCP should accommodate missing fields within their system. 2. HCP to create API which will be able to send this information. 3. HCP system should flag services requiring prior approval and should only be provided after WCF Authorization – Refer HSP/HCP portal |
|  | **TREATMENT DETAILS INPATIENT (MANDATORY)**  **During Admission**  WCF will receive the following treatment details from HCP.   1. Health Facility (**Name, Code and Official Stamp**) 2. WCF authorization number 3. Patient Information (**Patient Name, Age, Sex, Mobile No. Employer Name, Treatment File No., Patient Signature)** 4. Date of visit 5. Hospitalization details (Date of Admission and admitting ward) 6. ICD 10 Codes with Descriptions and respective date of Diagnosis 7. Clinical form notes 8. Admission request 9. Investigation 10. Minor Procedures 11. Major Procedures 12. Pharmacy 13. Services requiring prior approval.   **While admitted.**   1. Clinical progress notes per ward round 2. Investigation 3. Minor Procedures 4. Major Procedures 5. Pharmacy 6. Services requiring prior approval. 7. Referral details   **On Discharge**   1. Date of Discharge 2. ICD 10 Codes with Descriptions and respective date of Diagnosis 3. Discharge Notes 4. Hospitalization details (Date of Admission, Date of Discharge and admitting ward) 5. ED and or LD prescribed (Start date and reason) **Detect overlap.** 6. Date of Next visit (Yes/No) 7. Date of Final Visit (Date of MMI) 8. Discharging Medical Practitioner’s information (Name, Designation, MCT No., Mobile No., E-mail, Signature and Signing date) 9. Employee Status 10. Fully recovered. 11. Recovered with permanent loss of body part or function tospecify on: -  * Body part or function(s) impacted/ affected. * Manner of Loss * Degree of function impaired or level of loss of body part * Rehabilitation recommended.  1. Referral    * HCP Referral    * WCF Referral    * Investigation Referral 2. Death    * Date of death    * Cause of death | The system should be able to receive this information. | 1. HCP should accommodate missing fields within their system. 2. HCP to create API which will be able to send this information. 3. HCP system should flag services requiring prior approval and should only be provided after WCF Authorization – Refer HSP/HCP portal |
|  | **FILLING OF WCF MEDICAL FORMS FOR OUTPATIENT CASES**   1. WCP 2 – the system should create this form after HCP folio verification (HCP QA verification) for every visit. 2. WCC 2A – the system should create this form after HCP folio verification for 1st visit. New Visit. 3. WCP 3 – the system should create this form after HCP folio verification for every visit without next visit. 4. WCC 2B – the system should create this form after HCP folio verification for Final visit with the employee status: - 5. Fully recovered. 6. Recovered with permanent loss of body part or function tospecify on: -  * Body part or function(s) impacted/ affected. * Manner of Loss * Degree of function impaired or level of loss of body part * Rehabilitation recommended.  1. Referral    1. HCP Referral    2. WCF Referral    3. Investigation Referral 2. Death    1. Date of death    2. Cause of death | 1. WCF to automate generation of form WCP 2, WCC 2A, WCP 3 and WCC 2B with respective details. 2. The system should generate a set of WCF medical forms depending on the visit type as follows - 3. New visit and no follow up – WCP 2, WCC 2A, WCP 3, WCC 2B 4. New visit and need follow up – WCP 2, WCC 2A. 5. Re-visit and need follow up – WCP 2, WCP 3 6. Re-visit and no follow up – WCP 2, WCP 3, WCC 2B 7. The generated WCF medical forms, the system should post to “Medical Documents” folder within HCP/HSP module for notification number without claim number and to respective file “document centre” for notification number with claim number. 8. Medical Documents received from HCP (M.I.S)- **Template to be shared by Damian Template 5** | HCP to ensure treatment details are dully filled (Are made mandatory)   1. WCP 2 and WCC 2A – HCP system should send information related to these forms and during HCP folio verification, the system should alert HCP QA officer that “you are now sending information related to WCP 2 and WCC 2A” for 1st Visit. 2. WCP 2 and WCP 3 – HCP system should send information related to these forms and during HCP folio verification, the system should alert HCP QA officer that “you are now sending information related to WCP 2 and WCP 3” for every visit without next visit. 3. WCP 2 and WCC 2B – HCP system should send information related to these forms and during HCP folio verification, the system should alert HCP QA officer that “you are now sending information related to WCP 2 and WCC 2B” for Final visit with the following employee status: - 4. Fully recovered. 5. Recovered with permanent loss of body part or function tospecify on: -    * Body part or function(s) impacted/ affected.    * Manner of Loss    * Degree of function impaired or level of loss of body part    * Rehabilitation recommended. 6. Referral    * + HCP Referral      + WCF Referral      + Investigation Referral 7. Death    * + Date of death      + Cause of death 8. HCP should ensure when submitting folio with respective visit type to observe the following correct forms alerts: -    1. New visit and no follow up – WCP 2, WCC 2A, WCP 3, WCC 2B    2. New visit and need follow up – WCP 2, WCC 2A.    3. Re-visit and need follow up – WCP 2, WCP 3    4. Re-visit and no follow up – WCP 2, WCP 3, WCC 2B |
|  | **FILLING OF WCF MEDICAL FORMS FOR INPATIENT CASES**   1. WCP 2 – the system should create this form after HCP folio verification (HCP QA verification) on discharge. 2. WCC 2A – the system should create this form **during admission** by medical practitioner. 3. WCP 3 – the system should create this form on and after every 7th day **while admitted**. 4. WCC 2B – the system should create this form after HCP folio verification on discharge with the following employee status:- 5. Fully recovered. 6. Recovered with permanent loss of body part or function tospecify on: -  * Body part or function(s) impacted/ affected. * Manner of Loss * Degree of function impaired or level of loss of body part * Rehabilitation recommended.  1. Referral  * HCP Referral * WCF Referral * Investigation Referral  1. Death  * Date of death * Cause of death | 1. WCF to automate generation of form WCP 2, WCC 2A, WCP 3 and WCC 2B with respective details. 2. The system should generate a set of WCF medical forms depending on the visit type as follows - 3. New visit and no follow up – WCP 2, WCC 2A, WCP 3, WCC 2B 4. New visit and need follow up – WCP 2, WCC 2A. 5. Re-visit and need follow up – WCP 2, WCP 3 6. Re-visit and no follow up – WCP 2, WCP 3, WCC 2B 7. The generated WCF medical forms, the system should post to “Medical Documents” folder within HCP/HSP module for notification number without claim number and to respective file “document centre” for notification number with claim number. 8. Medical Documents received from HCP (M.I.S)- **Template to be shared by Damian. Template 6** 9. Employee with the following status, the system should assign respective CADO in a folder namely “**Complete Recovered (Returned to Work**” within inbox and task. 10. Fully recovered. 11. Recovered with permanent loss of body part or function. | HCP to ensure treatment details are dully filled (Are made mandatory)   1. WCC 2A – HCP system should send information related to this form and during admission, the system should alert medical practitioner that “you are now sending information related to WCC 2A” on admission. 2. HCP system should automatically send information on and after every 7th day **while admitted**. 3. WCP 2, WCP3 and WCC 2B – HCP system should send information related to these forms and during HCP folio verification, the system should alert HCP QA officer that “you are now sending information related to WCP 2 and WCC 2B” on Discharge with the following employee status: - 4. Fully recovered. 5. Recovered with permanent loss of body part or function tospecify on: -    * Body part or function(s) impacted/ affected.    * Manner of Loss    * Degree of function impaired or level of loss of body part    * Rehabilitation recommended. 6. Referral    * + HCP Referral      + WCF Referral      + Investigation Referral 7. Death    * + Date of death      + Cause of death 8. HCP should ensure when submitting folio with respective visit type to observe the following correct forms alerts: -    1. Discharged and no follow up – WCP 2, WCC 2A, WCP 3, WCC 2B.    2. Discharged and need follow up – WCP 2, WCC 2A. |