Commonwealth of Pennsylvania

Department of Labor & Industry

Bureau of Workers' Compensation

Electronic Data Interchange

(EDI)

Claims Implementation Guide

November 2012

Version 2.0

TABLE OF CONTENTS

1 Introduction

1.1 Preface

The Pennsylvania Department of Labor & Industry's Bureau of Workers' Compensation, or BWC, is pleased to introduce its Claims EDI system for receiving claim submissions via Electronic Data Interchange, or EDI. EDI Claims Release 3.0 provides for the electronic transfer of comprehensive injury data and will provide significant benefits for Trading Partners and BWC stakeholders. Data submitted through EDI transactions will be integrated with additional data to make up a part of our newly designed Workers' Compensation Automation and Integration System, "WCAIS." The WCAIS system will provide the Commonwealth of Pennsylvania with the technology to efficiently and accurately manage its Workers' Compensation responsibilities into the future. Claims EDI transactions for both FROI and SROI will be required for all claims as of the project go live date of September 9th, 2013.

This EDI Claims Implementation Guide is designed to assist claim administrators with 1) the migration from the International Association of Industrial Accident Boards and Commissions (IAIABC) Claims Release 1.0 standard for First Reports of Injury, or FROI, to EDI Claims Release 3.0 and 2) the transition from the filing of paper compensable and subsequent forms to the electronic filing of Subsequent Reports of Injury, or SROI, using EDI Claims Release 3.0 Claim Administrators, for the purposes of this document, refers to insurers, self-insured employers or third-party administrators. The guide will also serve as a tool during the EDI setup process for reporting first reports of injury and subsequent reports of injury to the Bureau of Workers' Compensation. This guide should be used in conjunction with the IAIABC Claims Release 3.0 Implementation Guide to comply with Pennsylvania's requirements.

If there are questions about information provided in this guide, please direct all inquiries to ra-li-pa-wcais-up@pa.gov.

1.2 Background

Workers' compensation in Pennsylvania is legislated under two separate acts. These are the Pennsylvania Workers' Compensation Act enacted in 1915 and the Occupational Disease Act enacted in 1939. The administration of these acts is under the supervision of the Department of Labor & Industry, and performed by the Bureau of Workers' Compensation, the Workers' Compensation Office of Adjudication and the Workers' Compensation Appeal Board. The workers' compensation process is supported by a number of systems and applications. While these systems continue to support the program areas mission, they have surpassed their

technical lifespan. BWC currently accepts EDI reports for First Reports of Injury (FROI) using IAIABC Claims Release 1.0, but captures all compensable and subsequent forms on paper and through the web. EDI Claims Release 3.0 will enable the business program area to efficiently and accurately manage its Workers' Compensation Act. Not only will BWC gain efficiency, but enhancements to the program areas customer service initiatives will be realized. WCAIS will modernize technical infrastructure and business processes in all workers' compensation business areas. A key component and cornerstone of this effort is replacing forms based data capture with EDI.

The Bureau of Workers' Compensation is adopting the EDI standard established by the IAIABC. BWC will migrate its existing FROI reporting requirements to the IAIABC Claims Release 3.0 standard and will also replace the data collection currently performed by BWC's compensable and subsequent paper forms with this standard. Some organizations already have significant experience with EDI, and transmit data to workers' compensation agencies in many states. For them, this guide can serve as a reference for Pennsylvania-specific protocols. While we have adhered to national EDI standards, Pennsylvania's implementation does have minor differences from other states.

The EDI Claims Implementation Guide also includes background information for organizations new to EDI. If your organization is just getting started, the guide will serve as a valuable resource for information.

This guide will be posted on our website at www.dli.state.pa.us/WCAIS.

1.3 Electronic Data Interchange

EDI is a method of efficiently and accurately exchanging data. Through EDI, submitters and receivers of data quickly gain knowledge of critical information that is being conveyed, as well as proof that the data was delivered. In an automated, predictable, and accurate manner, a receiver's and sender's respective business objectives relevant to critical data are served through EDI.

BWC has made the determination to interact with its trading partners via the IAIABC Claims Release 3.0 EDI standard. BWC has a strong commitment to the IAIABC, and believes that its interests are well aligned with those across the industry, commercial and jurisdictional, as represented within the IAIABC. BWC is committed to focusing its EDI collection efforts on data that adds value to its mission, and is aligned with its trading partners' core work processes. BWC firmly believes that the EDI Claims Release 3.0 standard accomplishes these objectives.

1.4 Resources

Acronyms
The following list of acronyms will be useful when using this guide. These acronyms are used throughout the guide.

AKC	Release 3.0 Acknowledgment Report
CA	Claim Administrator
DN	Data Element Number
EDI	Electronic Data Interchange
FEIN	Federal Employer Identification Number
FROI	First Report of Injury
SROI	Subsequent Report of Injury
FTP	File Transfer Protocol
IAIABC	International Association of Industrial Accident Boards and Commissions
JCN	Jurisdiction Claim Number
MTC	Maintenance Type Code
TA	Transaction Accepted
TR	Transaction Rejected
BWC	Pennsylvania Bureau of Workers' Compensation
L&I	Pennsylvania Department of Labor and Industry

Websites
The following links will take you to websites that are referred to multiple times within the Implementation Guide.

Commonwealth of Pennsylvania Bureau of Workers' Compensation Website:
http://www.portal.state.pa.us/portal/server.pt/community/workers'-compensation/10386

WCAIS Project Website: http://www.dli.state.pa.us/wcais

IAIABC Website:
http://www.iaiabc.org/i4a/pages/index.cfm?pageid=3347
This link goes directly to the IAIABC web page where the Claims Release 3.0 Implementation guide is published. Implementation Guide for IAIABC adopted Claims Release 3.0 standards are available on this page. BWC supports the Release 3.0 Version of the Claims EDI.

For general inquiries regarding the WCAIS Project contact us at ra-li-pa-wcais-up@pa.gov.

2 Reporting Rules

2.1 Electronic Data Reporting Format

BWC uses IAIABC Claims Release 3.0 standards for all EDI submissions. The IAIABC Claims Release 3.0 Implementation Guide can be found on the IAIABC website. Data format must be in compliance with the standard data format described in the Systems Rules in Section 2 of the Claims Release 3.0 Implementation Guide.

2.2 BWC Forms Required

BWC will require the electronic submission of injury reports as part of its EDI Implementation. Some business scenarios may also require the submission of additional forms via upload through the WCAIS website. These forms will be available for download from the Department's website, should be completed offline and uploaded into the WCAIS application. The specific forms and their reporting requirements are outlined in the PA Event Table as well as in the tables below.

The following forms must be uploaded through the WCAIS website as required by the associated business scenario and EDI transaction identified in the PA Event Table. These forms are required by the PA Workers' Compensation Act to be signed by one or more of the interested parties.

Form	Description
LIBC-336	AGREEMENT FOR COMPENSATION FOR DISABILITY OR PERMANENT INJURY
LIBC-337	SUPPLEMENTAL AGREEMENT FOR COMPENSATION FOR DISABILITY OR PERMANENT INJURY
LIBC-338	AGREEMENT FOR COMPENSATION FOR DEATH
LIBC-339	SUPPLEMENTAL AGREEMENT FOR COMPENSATION FOR DEATH
LIBC-340	AGREEMENT TO STOP WEEKLY WORKERS' COMPENSATION PAYMENTS (FINAL RECEIPT)
LIBC-380	THIRD-PARTY SETTLEMENT AGREEMENT

BWC currently has the following forms available for download from the Department's website in support of existing SROI claims management processes. However, as a result of the EDI Implementation and BWC's long-term goal to move towards paperless claims management processes, these forms will no longer be available for download after the September 9th 2013, implementation date. These forms will not be uploaded through WCAIS because an EDI transaction will be sufficient for BWC reporting in the scenarios identified in the PA Event Table, but a copy of the information that was submitted via the EDI transaction must be sent to the Claimant/Employee as required by the PA Workers' Compensation Act. Claim Administrators must either use the Claims Details Format available from the

WCAIS project website at http://www.dli.state.pa.us/wcais or use WCAIS to print the information and send it to the Claimant/Employee in these scenarios.

Form	Description
LIBC-392A	FINAL STATEMENT OF ACCOUNT OF COMPENSATION PAID
LIBC-495	NOTICE OF COMPENSATION PAYABLE
LIBC-496	NOTICE OF WORKERS' COMPENSATION DENIAL
LIBC-498	COMMUTATION OF COMPENSATION
LIBC-501	NOTICE OF TEMPORARY COMPENSATION PAYABLE
LIBC-761	NOTICE OF WORKERS' COMPENSATION BENEFIT OFFSET
LIBC-762	NOTICE OF SUSPENSION FOR FAILURE TO RETURN FORM LIBC-760
LIBC-763	NOTICE OF REINSTATEMENT OF WORKERS' COMPENSATION BENEFITS

The forms listed below are not available for download, but must be prepared and submitted electronically through the WCAIS website.

Form	Description
LIBC-502	NOTICE STOPPING TEMPORARY COMPENSATION. This form will not be available for download. WCAIS will have a screen that will collect this information and create the form that the Claim Administrator must print and send to Employee/Claimant.
LIBC-751	NOTIFICATION OF SUSPENSION OR MODIFICATION. This form will not be available for download. WCAIS will have a screen that will collect this information and create the form that must then be printed, signed and notarized by the Claim Administrator and uploaded into WCAIS. A copy of this form must also be sent to Employee/Claimant.

A Statement of Wages, Form LIBC-494A, or Statement of Wages, Form LIBC-494C must be uploaded through the WCAIS website with SROI transactions that establish or change the average weekly wage calculations on which the compensation rate is based. These forms will be available for download from the Department's website and should be completed offline.

Form	Description
LIBC-494A	STATEMENT OF WAGES for injuries occurring on or before June 23, 1996
LIBC-494C	STATEMENT OF WAGES for injuries occurring after June 23, 1996

As indicated in the list of SROI transactions in the Event Table, Claim Administrators will need to upload new agreements whenever there are updates to previously signed agreements. In particular, we expect to receive

the following agreements to be uploaded when the related fields indicated below differs from what had previously been reported to BWC:

AGREEMENT FOR COMPENSATION FOR DISABILITY OR PERMANENT INJURY **(LIBC-336):**
0031 Date of Injury
0035 Nature of Injury Code
0036 Part of Body Injury Code
0038 Accident/Injury Description Narrative
0056 Initial Date Disability Began
0083 Permanent Impairment Body Part Code
0088 Benefit Period Start Date
0134 Calculated Weekly Compensation Amount
0192 Benefit Payment Issue Date
0286 Average Wage
0294 Partial Denial Code (To be added to LIBC-336 as check box for Medical Only)

SUPPLEMENTAL AGREEMENT FOR COMPENSATION FOR DISABILITY OR PERMANENT INJURY **(LIBC-337):**
0031 Date of Injury
0035 Nature of Injury Code
0036 Part of Body Injury Code
0038 Accident/Injury Description Narrative
0088 Benefit Period Start Date
0094 Benefit Adjustment Start Date (Modification, Recurred and Specific Loss)
0134 Calculated Weekly Compensation Amount
0193 Suspension Effective Date (Suspension or Termination)

AGREEMENT TO STOP WEEKLY WORKERS' COMPENSATION PAYMENTS (FINAL RECEIPT)(**LIBC-34O):**
0031 Date of Injury
0035 Nature of Injury Code
0036 Part of Body Injury Code
0038 Accident / Injury Description Narrative
0056 Initial Date Disability Began
0083 Permanent Impairment Body Part Code
0088 Benefit Period Start Date
0134 Calculated Weekly Compensation Amount
0192 Benefit Payment Issue Date
0286 Average Wage

2.3 Migration Considerations

BWC currently accepts FROI EDI transactions based on the IAIABC Claims 1.0 Standard. BWC will migrate injury reports received in FROI EDI Claims Release 1.0 format from the current system to WCAIS. In keeping with

BWC's desire to only collect data that is used and important for ongoing business processes, the impact of this migration is minimized. The following data elements are impacted by the adoption of Release 3.0:

- Death Result of Injury Code (DN0146) – All originating FROI reports involving a death and that have a date of injury on or after the mandate date are required to include this data element in the transaction. For injuries occurring prior to the mandate date, this field should be included on the next required SROI report as defined in the PA Event Table.
- Accident Site County / Parrish (DN0118) – All originating FROI reports that have a date of injury on or after the mandate date are required to include this data element in the transaction.
- Insured FEIN (DN0314) – All originating FROI reports that have a date of injury on or after the mandate date are required to include this data element in the transaction. For injuries occurring prior to the mandate date, this field should be included on the next required SROI report as defined in the PA Event Table.
- Date Employer had knowledge of the Date of Disability – All originating FROI reports that have a date of injury on or after the mandate date are required to include this data element in the transaction. For injuries occurring prior to the mandate date, this field should be included on the next required SROI report as defined in the PA Event Table.
- Employer Mailing address information – These data elements correspond to the employer address information captured in Release 1. Release 3.0 allows the jurisdiction to capture both physical and mailing addresses. BWC will require the reporting of the mailing address for employers on all originating FROI transactions with a date of injury on or after the mandate date.
- Birthdate - All originating FROI reports that have a date of injury on or after the mandate date are required to include this data element in the transaction. For injuries occurring prior to the mandate date, this field should be included on the next required SROI report as defined in the PA Event Table.

2.4 Maintenance Type Codes Required

An MTC (Maintenance Type Code) is a code indicating the transaction to submit in order to comply with Pennsylvania EDI reporting requirements. BWC requires the submission of the following MTC's. Refer to the Event Table found at http://www.dli.state.pa.us/wcais.

	MTC	Description
FROI	00	Original
	01	Cancel
	02	Change / Update
	04	Denial

	MTC	Description
	AQ	Acquired
	AU	Acquired / Unallocated
	UR	Upon Request
SROI	02	Change
	04	Denial
	AB	Add Concurrent Benefit Type
	AP	Acquired Payment
	CA	Change in Benefit Amount
	CB	Change in Benefit Type
	FN	Final
	IP	Initial Payment
	P1	Partial Suspension, Returned to Work or Medically Determined / Qualified to Return to Work
	P4	Partial Suspension, Employee Death
	P7	Partial Suspension, Benefits Exhausted
	PJ	Partially Suspended Pending Appeal or Judicial Review
	PD	Partial Denial
	PY	Payment Report
	RB	Reinstatement of Benefits
	RE	Reduced Earnings
	S1	Suspension, Returned to Work, or Medically Determined / Qualified to Return to Work
	S3	Suspension, Administrative Non-Compliance
	S4	Suspension, Claimant Death
	S5	Suspension, Incarceration
	S7	Suspension, Benefits Exhausted
	S8	Suspension, Jurisdiction Change
	SD	Suspension, Directed by Jurisdiction
	SJ	Suspended Pending Appeal or Judicial Review
	UR	Upon Request

2.5 Information and Data Reporting

Please refer to PA EDI Claims Release 3.0 Implementation Guide for definitions of each data element for FROI and SROI transactions.

Date of Injury (DN0031):
For Date of Injury, if the employee or other relevant individual providing the data is uncertain about the exact date, use the earliest date about which there is some degree of certainty or the date that you received notice of the accident, whichever is earlier. For example, if only the month of the injury is known, use the first day of the month.

Employee ID:
Social Security Number (DN0042) is required, if known. If the Social
Security Number is not known, then the Employee ID Assigned by
Jurisdiction (DN0154) should be used. Claim Administrators should contact
BWC for the Employee ID Assigned by Jurisdiction and use it when
submitting the FROI 00.

If the Employee ID Assigned by Jurisdiction is used and the Social Security
Number becomes known, the Claim Administrator must file a FROI 02
(Change) transaction to update the record.

Match Data:
Match data elements are used to identify a transaction as a new claim to
create, or match to an existing claim for duplicate checking, updating and
processing. On a specific claim, a primary "match" data element value may
change and prevent a match. When there is no match on one of the primary
"match" data elements, secondary "match" data elements are used to match
a claim. Refer to the Edit Matrix Match Data table for the application of
primary and secondary match data elements.

Changes to match data elements must be reported on a FROI 02
(Change) transaction. If a match data element does not match what was
reported on a previous claim, the transaction will be rejected. All match data
elements must be present on a 02 transaction. Match data elements that
can be changed on a 02 (Change) transaction are indicated with lower case
requirement code on the FROI Element Requirement Table. When changing
from one Employee ID type to another, Employee ID Type
Qualifier (DN0270) must be changed as well. For example, if a valid
Employee Social Security Number is available after a claim is submitted with
an Employee Assigned by Jurisdiction (DN0154), the 02 (Change)
transaction should be populated with the new Employee ID Type Qualifier of
"S" (SSN) as well as the employee's Social Security Number.

Computation of Time:
Except as otherwise provided by law, in computing a period of time
prescribed or allowed by the Pennsylvania Workers' Compensation Act, Rules
and Regulations, the day of the act, event or default after which the
designated period of time begins to run may not be included. The last day of
the period so computed shall be included, unless it is Saturday, Sunday or a
legal holiday in this Commonwealth, in which event the period shall run until
the end of the next day, which is neither a Saturday, Sunday nor a holiday.
A part-day holiday shall be considered as other days and not as a holiday.
Intermediate Saturdays, Sundays and holidays shall be included in the
computation (PA Rules and Regulations section § 121.3a.).

Complying with 21-Day Requirement:
The Pennsylvania Workers' Compensation Act requires insurers and self-insured employers to either make a first payment or deny a claim no later than 21 days after the employer has knowledge or notice of the claimant's disability.

Additionally, the Rules & Regulations require that a form indicating payment or denial be sent to the claimant, or the claimant's dependent, and the information be filed with the bureau no later than 21 days after the employer has knowledge or notice of the claimant's disability.

Claims where workers' compensation benefits are not paid are not reviewed for timeliness. Therefore, claims where the employer pays salary in lieu of compensation (under the Heart & Lung Act or Act 632/534) or medical bills only are not reviewed for 21-day compliance. For medical only claims, the Claim Type Code (DN0074) must have a value of M or it will be reviewed for timeliness. Also, claims where the employer pays salary in lieu of compensation must use the Employer Paid Salary in Lieu of Compensation indicator(DN0273); if the indicator is not marked, the claim will be reviewed for timeliness.

Reporting Temporary Compensation on the Initial Payment (SROI IP) Transaction:
When the Claim Administrator begins paying temporary compensation on a claim, the Claim Administrator is required to report those payments on an Initial Payment transaction. When submitting this transaction the Claim Administrator must populate the Agreement to Compensate Code (DN0075) with a "W" to indicate they are not accepting liability for the claim.

Complying with the 90-Day Rule for Indemnity Claims:
When the Claims Administrator decides to pay temporary compensation, a determination must be made to accept or deny liability within 90 days of the date the disability began. To accept liability the Claim Administrator should file a SROI 02 (Change) transaction to update the Agreement to Compensate Code from a 'W' to an 'L'. To deny a claim the Claim Administrator must first file the Notice Stopping Temporary Compensation (LIBC-502) electronically through WCAIS and then follow up in EDI with a SROI 04 (Denial) transaction denying any liability for the claim. If at the end of the 90-day period the Claim Administrator has neither accepted nor denied their liability for the claim, the claim will automatically convert to a fully compensable claim under the PA Act and the Claim Administrator will be held liable for payment of all current and future payments due the claimant. The filing of a suspension will be prohibited while the Agreement to Compensate Code is set to "W".

Once a claim is accepted with liability the Claim Administrator will be prevented from submitting a SROI 04 Denial.

Complying with the 90-Day Rule for Medical-only Claims:

If the Claim Administrator chooses to file a Medical-only claim, the FROI 00 must be filed first to establish the originating transaction. Once this is on file a Payment (PY) transactioncan be submitted to report the initial payment of medical expenses. As with indemnity claims the Agreement to Compensate Code must indicate whether the Claim Administrator is either accepting ('L') or not accepting ('W') liability. If the Claim Administrator does not accept liability they will have 90 days to either accept or deny liability within 90 days of the date of injury. To accept liability the Claim Administrator should file a SROI 02 (Change) transaction to update the Agreement to Compensate Code from a "W" to an "L". To deny a claim the Claim Administrator must first file the Notice Stopping Temporary Compensation (LIBC-502) electronically through WCAIS and then follow up in EDI with a SROI 04 (Denial) transaction denying any liability for the claim. If at the end of the 90-day period the Claim Administrator has neither accepted nor denied their liability for the claim, the claim will automatically convert to a compensable medical only claim under the PA Act and the Claim Administrator will be held liable for payment of all current and future medical payments due the claimant. The filing of a suspension will be prohibited while the Agreement to Compensate Code is set to "W".

Partial Denials

A Partial Denial (PD) can be used to deny liability for indemnity benefits but continue the payment of medical bills only if an IP transaction is on file with the Agreement to Compensate Code set to "W." If the Claim Administrator accepts liability for medical expenses, the Agreement to Compensate Code must be set to an "L". If an agreement is entered by the parties, the Award/Order Date must be populated with the date of the agreement and an agreement form as prescribed by the jurisdiction must be filed.

If the Claim Administrator does not accept liability for medical expenses, they have 90 days from the date of injury to either accept or deny liability for the medical portion of the claim. Please refer to the 90-day Rule for Medical Claims above.

Reporting Agreement to Compensate on the Initial Payment (SROI IP) Transaction:

If an agreement to pay indemnity benefits has been reached between the parties by the time the Initial Payment (IP) transaction is filed, the Claim Administrator must indicate the presence of the agreement by populating the Award/Order Date (DN0299) with the date that the parties entered into the agreement. The Claim Administrator should also populate the Agreement to Compensate Code with an "L" to indicate that they have accepted liability for the claim. The Initial Payment and all subsequent filings that change, stop, or reinstate the benefits being paid on the claim must be accompanied by the appropriate agreement form as defined by Pennsylvania. Each

agreement form must be signed by the Claim Administrator and claimant or claimant's dependents (if a death claim). The agreement form must be on file prior to submitting any additional transactions. Failure to submit the appropriate agreement form will result in the rejection of all subsequent transactions (error code DN060 Previous paper documentation not received). If the claim is litigated the judge's decision may act as the expected agreement form to allow subsequent transactions to be filed.

If the Claim Administrator decides to pay compensation without an agreement the IP transaction is filed without populating the Award/Order Date (DN0299). The Claim Administrator should populate the Agreement to Compensate Code with an "L" to indicate they have accepted liability for the claim.

Changing or Modifying Benefits Paid

A change to compensation paid can be accomplished by submitting any of the following transactions: Change in Benefit Amount (CA), Change in Benefit Type (CB), or Reduced Earnings (RE); please refer to the PA Event Table for specific reportable events for filing.

Reporting of Injury Details

BWC requires the submission of the following information through a FROI Upon Request (UR) transaction after the submission of a FROI Original (00) transaction:

- Employee First Name (DN0044)
- Employee Middle Name (DN0045)
- Employee Last Name (DN0043)
- Employee Last Name Suffix (DN0255)
- Nature of Injury Code (DN0035)
- Part of Body Injury Code (DN0036)
- Injury Description Narrative (DN0038)
- Employer Name (DN0018)
- Employer Mailing Primary Address (DN0168)
- Employer Mailing City (DN0165)
- Employer Mailing State (DN0170)

In addition, any subsequent changes to the above injury details - Nature of Injury Code, Part of Body Injury Code and Injury Description Narrative - that did not require a new Agreement to be signed must also be reported through a FROI UR transaction as opposed to an 02 (Change) transaction. If the changes to the injury details resulted in a new Agreement being signed then an 02 (Change) transaction accompanied by the Agreement must be submitted. Furthermore, if a Claim Administrator wishes to deny a claim through a Denial transaction, said Denial transaction must be accompanied by a FROI UR transaction or the Denial transaction will be rejected. Please refer to the PA Event Table for specific reportable events for filing the FROI UR transaction.

Industry Code (DN0025):
This is a mandatory field because it is an important data element for BWC Workers' Compensation Statistical reports. Claim Administrators are required to report the correct industry code and, if doubts exist, the Claim Administrator should reference the correct code at the NAICS organization website at www.naics.com.

Modifications not related to Return to Work (CA and CB)

If an agreement is in place or if the Claim Administrator has accepted liability for the claim, any decrease to compensation paid must be accompanied by the appropriate agreement form as required by BWC. The Award / Order Date (DN0299) must be populated with the date the parties entered into the agreement. The accompaniment of an agreement form is not required for increases in compensation paid.

If an agreement is not in place and the Claim Administrator has not accepted liability for the claim, reporting increases or decreases to benefits paid do not need the accompaniment of any additional filings if the changes are made within the 90-day time period of temporary compensation payable.

Modifications Resulting from Return to Work @ Reduced Earnings (RE)

To communicate the reduction in earnings because the claimant has returned to work at less than the pre-injury wage, the Claim Administrator must follow one of the following processes:

1. To file an agreement, the Claim Administrator must first file the SROI RE transaction to notify BWC that the claimant has returned to work and that both parties have agreed to a reduction in benefits paid. The Award / Order Date (DN0299) must be populated with the date the parties entered into the agreement. The Claim Administrator must also file the appropriate agreement form by the method prescribed by BWC.
2. To reduce earnings using a Notification of Suspension or Modification, form LIBC-751 must be filed within 7 days of the modification effective date and must be on file prior to the transmission of the RE transaction. Any transaction that is submitted without the LIBC-751 on file will be rejected.

Reporting Fatalities:

A first report of injury (FROI) should be filed within 48 hours for every injury resulting in death. To temporarily accept liability for a fatality, an Initial Payment (IP) transaction should be filed and the Agreement to Compensate Code (DN0075) must be set to "W." To accept liability without an agreement, an IP transaction should be filed with the Agreement to Compensate Code set to "L." To accept liability with an agreement, an IP

transaction should be filed with the Agreement to Compensate Code set to "L."

When the Claim Administrator has knowledge that the information associated with one or more of the data elements marked with a Y or FY in the SROI MTC 02 column of the Element Requirement Table has changed, a Change (02) transaction must be filed. When there is a change in a dependent's status for a death claim that changes the benefit amount paid to one or more dependents or when wages reported are incorrect, a Change in Benefit Amount (CA) is required. If the spouse remarries and the payment of a dowry is due, a Payment Report (PY) must be filed. When a spouse remarries and is no longer entitled to benefits and there are no other dependents on the claim, a Suspension, Benefits Exhausted (S7) is required to suspend the claim. If the spouse dies and there are no other dependents, a Suspension, Claimant Death (S4) must be filed.

The Claim Administrator must file a Change (CB) transaction in the event the employee dies as a result of the injury and payments have begun. The Death Result of Injury Code must be populated.

Suspending Benefits

Return to Work (S1/P1) – A S1/P1 suspension can be accomplished in one of two ways:
1. To file an agreement, the Claim Administrator must first file the SROI S1/P1 transaction to notify BWC that the claimant has returned to work and that both parties have agreed to stop compensation. The Award/Order Date (DN0299) must be populated with the date the parties entered into the agreement. The Claim Administrator must also file the appropriate agreement form by the method prescribed by BWC.
2. To suspend using a Notification of Suspension or Modification, form LIBC-751 must be filed within 7 days of the suspension effective date and must be on file prior to the transmission of the S1/P1 transaction. Any SROI S1/P1 transaction that is submitted in this scenario without the LIBC-751 on file will be rejected.

Administrative Non-Compliance (S3/P3) – If the claimant fails to return form LIBC-760 to the Claim Administrator and benefits are suspended a SROI S3/P3 must be filed. No other documentation is required to be submitted.

Claimant Death (S4/P4) - The Claim Administrator must first file the SROI S4/P4 transaction to notify BWC that the claimant has died and benefits are no longer due on this claim. A Death Certificate or Coroner's Report must also be uploaded through the WCAIS website as part of this transaction.

Incarceration (S5/P5) – No additional filings are required for this transaction.

Benefits Exhausted (S7/P7) – The S7/P7 must be filed when benefits are exhausted. This includes benefits being suspended because there are no longer any dependents entitled to benefits for the claim. A Supplemental Agreement for Death (LIBC-339) must also be uploaded through the WCAIS website as part of this transaction.

Jurisdiction Change (S8) – The S8 must be filed when there is a jurisdiction change. This transaction must be accompanied by the appropriate agreement form by the method prescribed by BWC.

Directed by Jurisdiction (SD) – The SD must be filed when a judge, the Appeal Board or a court issues a decision, opinion or an order. No other filings are due with this transaction.

Pending Appeal or Judicial Review (SJ/PJ) – The SJ/PJ must be filed when a judge or appellate authority grants supersedeas while a case is under review. No other filings are due with this transaction.

2.6 Event Table

The Event Table provides information that is used by the sender to understand the receiver's EDI reporting requirements. It establishes the reportable events that are recognized by the jurisdiction as well as the timing and deadlines associated with these events. The Claim Administrator should use the Event Table to understand what is required to be sent to BWC and at what frequency. The information in the Event Table is based on the jurisdictions' legislative mandates and operational requirements. The Event Table is used and controlled by the Receiver (BWC) to convey the level of EDI reporting currently required.

The current version of the PA Event Table can be downloaded from the following link: http://www.dli.state.pa.us/wcais.

2.7 Data Element Requirements

The Data Element Requirements Table communicates BWC's business data element requirements for each reportable event to its trading partners. Each data element and Maintenance Type Code (MTC Codes) is associated with either a FROI or SROI record layout. The MTC Codes are associated with one or more of the reportable events defined in the Event Table. Business rules that apply to specific data elements are also described when the data element on the table contains a Mandatory Conditional (MC) indicator. MC data elements are mandatory if the condition defined for the data element is met.

The current version of the PA Data Element Requirement Table can be downloaded from the following link: http://www.dli.state.pa.us/wcais.

2.8 Edit Matrix

The Edit Matrix communicates to the sender the edits that will be applied to the data that they are sending to the jurisdiction. The Edit Matrix is comprised of five components:

- *DN-Error Message* describes editing that will be applied to each data element.
- *Value Table* expresses BWC's acceptable code values.
- *Match Data* describes the data elements that will be used to determine if the report will create a new claim or find an existing claim or transaction in the WCAIS database.
- *Population Restrictions* contains BWC's restrictions applied to the data element(s).
- *Sequencing* illustrates logical transaction sequencing for BWC. Transaction sequencing refers to the order in which the MTC's must be sent in. For example, an IP will not be accepted by BWC before a 00 original FROI has been accepted.

The current version of the PA Edit Matrix can be downloaded from the following link: http://www.dli.state.pa.us/wcais.

3 Business Scenarios

3.1 PA EDI transaction sequencing

The diagram below illustrates the expected sequence of EDI transactions per the BWC business scenario requirements.
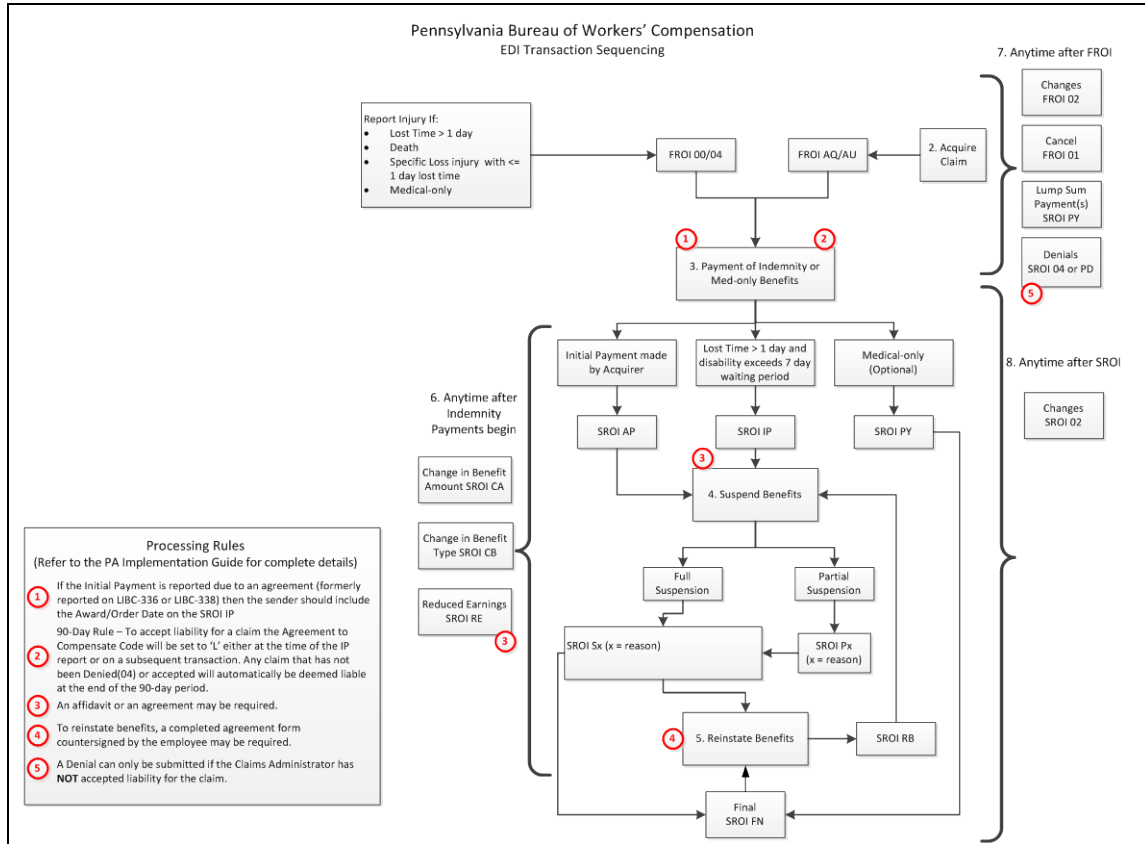
4 Data Exchange

4.1 File Transfer Protocol

Secure FTP (File Transfer Protocol)
Transaction Partners will connect to a standard SFTP (Secure File Transfer Protocol) server hosted by DLI. When BWC returns the necessary information per the implementation guide to grant access to the server, the Transaction Partner will be contacted with their appropriate login information. Once access is granted and the necessary information exchanged, Transaction Partners may log into the FTP server using whatever software or scripting system they have at their disposal, on whichever platform the Transaction Partner is running.

Transaction Partners will drop their FROI/SROI files into the "IN" directory on the server. The Commonwealth of Pennsylvania will pick up these files and delete them from the "IN" directory as they are processed.

Transaction Partners are required to check the "OUT" directory for any waiting acknowledgements to pull. The Transaction Partner is required to delete files from the "OUT" directory as soon as they have verified that they have been successfully received. It is extremely important that the Transaction Partner delete the files or they will be processed multiple times.

4.2 File Naming Convention

Inbound File Naming Convention

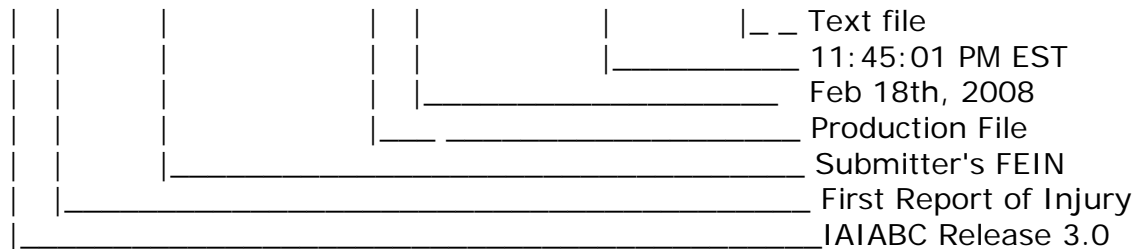Files submitted to the DLI SFTP server should be named using the following convention using ALL CAPITAL LETTERS.:

<version><type>_<fein>_<t or p>_<date>_<time>.txt

<version> - The IAIABC release version (R3)
<type> - will be either FROI or SROI
<fein> - FEIN of the submitting trading partner
<t or p> - Test or Production Indicator
<date> - current date of the submission, format CCYYMMDD
<time> - the current time of the submission, in the military format HHMMSS
.txt - default extension for EDI files

Example for First Report of Injury File
R3FROI_123456789_P_20080218_234501.txt
```
| |    |          | |            |        |_ _ Text file
| |    |          | |            |_____ 11:45:01 PM EST
| |    |          | |_____ Feb 18th, 2008
| |    |          |___ _____ Production File
| |    |_____ Submitter's FEIN
| |_____ First Report of Injury
|_____IAIABC Release 3.0
```

4.3 Reporting Timelines

The cut-off time for processing files will be 8:00 PM Eastern Time. All files located in the "IN" directory will be processed by BWC. Data that arrives after this cut-off time will be processed with the next day's files.

4.4 Acknowledgement Reports

There are two types of Acknowledgments that are sent back to Trading Partners when First Reports of Injury or Subsequent Reports of Injury

batches are processed. One is a batch level AKC and the other is the transaction level AKC.

The first type of AKC record occurs at the batch level only if the batch rejects. One AKC transaction will be sent with the HD level rejection. When a batch rejects, all of its content rejects.

The second type of AKC record occurs when a batch is not rejected. The transactions within the batch are processed and detailed level (transaction level) data is provided indicating whether the transaction has been accepted (TA) or rejected (TR). If the transaction represents the first filing (FROI 00) and is accepted, BWC will return the Jurisdiction Claim Number (JCN) on the AKC. The JCN should be captured and recorded for later use for subsequent filings. If a transaction is rejected detailed error information is provided. It is the Trading Partner's responsibility to use this error information for correction purposes. BWC will generate a "sequence number" which will be returned for each transaction on the acknowledgment. The sequence number reflects the order in which the transaction was received from the Trading Partner within the batch.

It is important to note that any rejections (batch or transaction) should be corrected and resent by the Trading Partner via their chosen transaction partner. TA transactions are not to be resent. Resending TA transaction will result in a duplicate rejection (TR). It is important to note that rejections (TR) for duplicate batch / transaction should not be present.

Acknowledgment reports will be available in your "OUT" directory by 7:00 AM Eastern Time the following business day for those transactions sent prior to BWC cut off for transmissions (8:00 PM Eastern Time).

Summary:
BWC Cut-off for transmissions – 8:00 PM Eastern Time
BWC Acknowledgment return – 7:00 AM Eastern Time (following business day)

5 Testing Requirements

5.1 Test Plan

Testing Procedures for Pennsylvania Trading Partners
BWC requires all Trading Partners to submit EDI transactions to BWC using one of its approved EDI Transaction Partners. The list of approved EDI Transaction Partners is available on the WCAIS project website:
http://www.dli.state.pa.us/wcais.

During the testing period before the mandate date of September 9, 2013, Transaction Partners will certify that each Trading Partner is authorized to send and receive injury report and acknowledgement files that

meet the requirements set forth within the BWC Claims EDI Implementation Guide. Although approved EDI Transaction Partners are responsible for submission of EDI transactions, it is the responsibility of the Claim Administrators to comply with the requirements within this guide, specifically regarding the timing and quality of the information submitted.

Testing between EDI Transaction Partners and BWC will follow the steps outlined below. EDI Transaction Partners and Trading Partners must follow the same testing procedures to ensure that all Trading Partners are able to comply with BWC's requirements. Once testing between the EDI Transaction Partners and Trading Partners is complete, the EDI Transaction Partner will send all required Trading Partner documents to BWC for approval. BWC will notify both the EDI Transaction Partner and Trading Partner when they are approved to move to production and begin submitting EDI transactions. All Trading Partners are responsible for complying with BWC reporting requirements, and should undertake testing with their selected EDI Transaction Partners well in advance of September 9, 2013, to ensure compliance with the Pennsylvania Workers' Compensation Act, Rules and Regulations.

Test Plan Development

Two weeks prior to the first day of the scheduled test period, the Trading Partner and EDI Transaction Partner must complete and submit the Trading Partner Agreement and the Sender Trading Partner Profile to the BWC EDI Test Coordinator. You may contact the BWC EDI Test Coordinator at the following email: ra-li-pa-wcais-up@pa.gov

You must contact the BWC EDI Test Coordinator prior to sending any Test transaction(s):
- If you have any questions about the test,
- To confirm your testing readiness, or
- If you have not heard from the BWC EDI Test Coordinator the week prior to your scheduled test period begins.

The Trading Partner Agreement and the Trading Partner Profile documentation is required to be completed and signed before the testing begins.

Though not required, every Trading Partner may benefit by a pretest review of the BWC edits for each data element.

Having a "test plan" does not mean or require that a formal, testing document be exchanged between the participants. Rather, a discussion of a test plan is intended to take place and result in an understanding of the procedures and the processes involved.

5.2 Test Plan Procedures

Claim Administrators who move into production after the September 9, 2013 mandate date must be prepared to submit electronic records for all claims. Therefore, all testing must be completed prior to the production start date for you to be in compliance with the Pennsylvania Workers' Compensation Act, Rules and Regulations.

Test Overview

During the testing process the Claim Administrators must continue to provide BWC with the appropriate compensable and subsequent paper forms for claims submitted into the production environment. After the mandate date no paper forms will be accepted. The forms/agreements that continue to be required per the Pennsylvania Workers' Compensation Act, Rules and Regulations must be uploaded through the WCAIS website.

In the event that a Claim Administrator is unable to successfully complete the testing procedures outlined in this guide and is unable to demonstrate that it is able to meet the Pennsylvania EDI reporting business requirements, the Claim Administrator will be required to work with its EDI Transaction Partner to submit the required EDI transaction per PA EDI reporting rules as indicated in this EDI Implementation Guide.

There are five steps in the BWC testing process:

1. Administrative Requirements
2. Technical Test (of SFTP capability and file formats)
3. Business Test File (First Reports of Injury)
4. Business Test File (Subsequent Reports of Injury)
5. Pennsylvania Test Completion (Production Status Granted)

Testing will continue until the Transaction Partner meets BWC data quality requirements as detailed in Step 3 and Step 4. Continuing the testing process may require additional test documents from those described below. Extra testing steps may be required should the tester not pass a given level of testing.

Step 1: Administrative Requirements

Each test submitter is required to consult the BWC Test Schedule to determine the assigned test period. Once the test time frame is established, each Trading Partner must prepare and submit a Trading Partner Profile and Trading Partner Agreement. These forms and instructions for completing them can be found in Section 6 of the implementation guide.

As part of the Trading Partner Profile and Trading Partner Agreement, BWC requires the establishment of an email box/address for formal notifications

and other documents that may need to be sent from BWC to Trading Partners outside of EDI.

Once the BWC EDI Test Coordinator has received and acknowledged the Trading Partner Profile and Trading Partner Agreement, the BWC EDI Test Coordinator will contact you to review testing guidelines, address any questions you may have, and confirm the scheduled time frames in which each Transaction Partner will submit Test files. Test transactions are required to be submitted on test workers' compensation claims, chosen by the Trading Partner.

Step 2: Technical Test File

The first test process is the technical test. Once received, BWC will process and acknowledge the test file (the Transaction Partner's technical capability). During this phase of the test procedure, the sender transmits a file of one Original First Reports of Injury to BWC. The test file must consist of the following transactions:

- Header record (with the Test/Production indicator (DN 104) set to "T")
- One "00," Original First Report of Injury transaction
- Trailer Record

Five business days are allowed for the test. On the first day of the scheduled test period, the Transaction Partner sends the Technical Capability Test File. Once the file is sent, the Transaction Partner must notify the BWC EDI Test Coordinator the file has been sent via e-mail at ra-li-pa-wcais-up@pa.gov. The following information should be contained in the technical notification email:

- Date and time the test file was sent
- Sender FTP Mailbox that sent the file
- Contact phone number & email address

In response to the Transaction Partner's technical notification email, BWC will process the test file through the BWC EDI System's edit processes and will return an Acknowledgement to the Transaction Partner. The Acknowledgement to a Technical Test File will contain a "T" in the Test/Production Indicator in the Header record.

If the file is technically acceptable, the business test begins. If, there are data content edits found in the technical test of the First Report of Injury, there will be no further action taken from an EDI perspective. The technical test is designed to test:

- Connectivity
- File structure

- File technical content (Fatal Errors)

Follow Up Procedures

Responses to test files are automatically created. If the Transaction Partner does not receive a return acknowledgment file within three days of sending the test file, contact the BWC EDI Test Coordinator at the E-mail at ra-li-pa-wcais-up@pa.gov.

When Step 2 (Technical Test) has been completed, the BWC EDI Test Coordinator will advise the Transaction Partner to proceed to Step 3 below.

Step 3: Business Test File (First Report of Injury)

After BWC's acknowledgement that the Technical Test File has been received and the BWC EDI Test Coordinator has approved the capability portion of the test, the Transaction Partner will forward the first of two business content test files of First Reports of Injury to BWC. BWC requires that the two business content test files be sent in two separate file transmissions sent on two different dates during the Transaction Partner's assigned test period. Note that the first report of injury transactions will be used for Step 4 to complete the SROI Business Test File.

Each Business Test File's First Report of Injury transaction must meet the following conditions:

- Must be sent from the Transaction Partner's EDI system.
- Must reflect the full spectrum of required FROI reports required by PA i.e. 00, 01, 02, 04, AQ, AU and UR

The business test file must contain the following transactions, in the proper sequence:

- Header Record (with DN 104, Test/Production Indicator, set to "T")
- Ten First Reports of Injury ("00" – Original and "AQ" – Acquired) up to 15 transactions
- Trailer Record

A second or follow up Business Test file cannot be sent until you have received the acknowledgements from the previous file of First Reports of Injury. The second test file should be sent immediately after receiving the acknowledgement from the first test file. The second test file must contain no more than 10 transactions and must include the transactions with the following MTCs:

- "02" transactions for transactions previously sent with a change to one data element (can be a "made up" change) of a previously sent 00 transaction.
- "00" transaction.
- "01" transaction canceling a transaction previously sent.
- "AU" for a AQ rejection "TR".
- "UR" transaction identifying the injury details.
- All outstanding "TRs" from the prior batch must be resubmitted in accordance with the error message received.

If the Transaction Partner has not received an acknowledgement to the Business Test File within three business days following the date it sent the file, contact the BWC EDI Test Coordinator by e-mail at <u>ra-li-pa-wcais-up@pa.gov</u>.

5.3 Data Quality Requirements

Data Quality Requirements for Business Test Files

Upon receipt of a Business Test File, BWC will process the file through the BWC EDI system's edit process and will return the detailed Acknowledgements. The Transaction Partner must review the detailed Acknowledgements and implement corrective claims handling and solutions for any errors on transactions assigned TR status.

- TR status will be assigned to a transaction that was rejected for not passing requirements.

The testing and evaluation process continues until the two consecutive Business Test Files are processed and acknowledged and the Transaction Partner has met the BWC data quality requirements. BWC Business Test Files data quality requirements for FROI are:

First FROI File requirements
- A minimum of **80%** are accepted with a TA status
- No more than **20%** are rejected with a TR status

Second FROI File requirements
- A minimum of **90%** are accepted with a TA status
- No more than **10%** are rejected with a TR status

Step 4: Business Test File (Subsequent Reports of Injury)

When the Transaction Partners complete testing of First Reports of Injury they will begin testing of Subsequent Reports of Injury. It is important to complete both the First Report of Injury testing and the Subsequent Report of Injury testing during your scheduled test period.

Order of Maintenance Type Codes (MTC) for Subsequent Report of Injury Testing

The Transaction Partner is to send Subsequent Report test transactions that match the claims contained within the First Report of Injury business test files previously sent. (Otherwise, the Subsequent Report test transaction(s) will fail the edit that requires a FROI to be present on the Pennsylvania database prior to the SROI acceptance).

Pennsylvania accepts the: "02", "04", "AB", "CA", "CB", "RE", "IP", "PY", "AP", "PD", "FN", "Sx", "Px", "RB", and "UR" SROI MTCs. Any SROI MTCs other than those accepted by Pennsylvania will be rejected as not jurisdictionally valid.

SROI MTC Data Element requirements, which include the mandatory data elements and the Jurisdiction Claim Number (assigned on the First Report of Injury during the FROI test cycle), are outlined in the preceding section for each Subsequent Report type (MTC). Refer to the SROI Element Requirement Table.

All SROI test file submissions require the following:
- Each SROI test file transaction must match to a previously transmitted FROI.
- SROI Business Test File transactions within a transmission are required to be in the logical MTC sequence
- Three SROI tests will be required. Do not send the next file of SROI test transactions until the acknowledgements from the previous SROI test have been received.

SROI Test File #1
Limit the combination of Subsequent Report MTCs (either on the same or a different FROI) in the first file of SROI Business Content Test Files to SROI MTCs of Initial Payments (IP), Denial (04), AP (Acquired Payment), or PY (Payment).

The first file must contain:
- Header Record (with the Test/Production indicator [DN 104] set to T)
- Minimum of 10 SROI transactions but no more than 15 MTCs as detailed above
- Trailer Record

When received by BWC, the SROI test file will be processed through the BWC EDI system, edits applied, and the Acknowledgement returned.

NOTE: If you have not received the Acknowledgement within three business days, contact the BWC EDI Test Coordinator by e-mail at ra-li-pa-wcais-up@pa.gov.

SROI Test File #2

Once the first SROI Business Test File has been acknowledged and the test transactions have been assigned either a TR or TA status, send a second Business Test File with a minimum of 5 transactions to:

- Re-file any TR status response codes from previous test file
- "Sx"
- "Px"
- "RE"
- "CA"
- "CB"

Do not send more than **15** transactions in the second SROI test file.

When received by BWC, the SROI test file will be processed through the BWC EDI system, edits applied, and the Acknowledgement returned.

NOTE: If you have not received the Acknowledgement within three business days, contact the BWC EDI Test Coordinator by e-mail at
RA-LI-PA-WCAIS-UP@PA.GOV

SROI Test File #3

- Re-file any TR status response codes from previous test files
- "RB" Reinstatement of Benefits on a previously submitted (and accepted "TA") "Sx" or "Px" suspension SROI

Do not send more than 10 transactions in the third SROI test file.

When received by BWC, the SROI test file will be processed through the BWC EDI system, edits applied, and the Acknowledgement returned.
NOTE: If you have not received the Acknowledgement within three business days, contact the BWC EDI Test Coordinator by e-mail at
ra-li-pa-wcais-up@pa.gov to determine the test file status.

Data Quality Requirements for SROI Business Test Files

Upon receipt of a Business Test File, BWC will process the file through the WCAIS edit process and will return the detailed Acknowledgements. The Transaction Partner must review the detailed acknowledgements and implement corrective claims handling and solutions for any errors on transactions assigned TR status.

- TR status will be assigned to a transaction rejected for not passing requirements.

The testing and evaluation process continues until the three consecutive Business Test Files are processed and acknowledged and the Transaction Partner has met the BWC data quality requirements. BWC Business Test Files data quality requirements for SROI are:

An average of the three SROI test files are required to have:

- A minimum of 85% are accepted with a TA status
- No more than 15% are rejected with a TR status

When Step 4 testing is completed, the BWC Test Coordinator will notify the Claim Administrator that Testing is complete.

Step 5: Pennsylvania Test Completion

The Transaction Partner has successfully completed both First Report of Injury and Subsequent Report of Injury testing with BWC as advised by the BWC EDI Test Coordinator. Full Production Status has been achieved and you are ready to move into production.

The BWC EDI Test Coordinator will notify the business and technical contacts that the company is approved for "production" before September 9, 2013.

Important Reminders for Moving into Production:

1. Remember to change the Test/Production indicator in the header record to "P" for Production before sending production files.
2. All Subsequent reports require that a First Report on the same claim be sent previously and acknowledged with a "TA". The SROI must also have the Jurisdiction Claim Number assigned to the claim via the FROI acknowledgment.
3. Continue with the "P" indicator unless informed by BWC that the data quality of First Reports or Subsequent Reports of Injury no longer meets BWC's requirements; see Data Quality Requirements for Business Test Files for a review of these requirements.

Ongoing Monitoring of Production Status

BWC will continue to monitor EDI data quality for every Claim Administrator throughout the Trading Partner relationship. If the Claim Administrator's data quality falls below the BWC data quality requirements for five (5) consecutive transmissions, Pennsylvania requires the Claim Administrator to submit according to the following:

- Paper forms will not be resumed and the Employer/Sender will be out of compliance with the BWC EDI mandate.
- Increasingly higher Data Quality requirements may be imposed to correct problems and to avoid excessive submissions and the continuing review of the Administrator's written responses.
- The Claim Administrator is required by BWC to submit a written report to the BWC EDI Test Coordinator. The written report is to include the cause and corrective action taken by the Employer/Sender for each error noted on the Acknowledgment file for the last five transmission files (those that fell below the quality threshold).

6 EDI Partnership

6.1 EDI Claims Submittal Process

BWC has partnered with industry leading EDI Transaction Partners. These Transaction Partners provide services to clients to submit EDI transactions to jurisdictions. In the context of EDI, claim administrators, insurers and self-insured employers are Trading Partners. All Trading Partners must select an EDI Transaction Partner to submit reports to BWC. BWC does not endorse a particular EDI Transaction Partner, but all Partners have been vetted to ensure that they are capable of meeting the requirements set forth in this Guide. It is the responsibility of the individual Trading Partners to choose which EDI Transaction Partner best meets their needs. This model is similar to the one already in place in BWC for FROI submittals.

The following EDI Transaction Partners are currently approved for sending EDI transactions to BWC:

- Mitchell International, Inc.
- Ebix, Inc.
- HealthTech, Inc.
- Insurance Services Office (ISO), Inc.

Only EDI transactions coming from these organizations will be accepted by BWC.

6.2 Jurisdiction Requirements

Requirements for Becoming an EDI Trading Partner

There are four requirements for becoming an EDI Trading Partner:

1. Choose an EDI Transaction Partner from the approved list
2. Complete the EDI Trading Partner Agreement

3. Complete the EDI Transmission Profile
4. Complete the Claim Administrator Address List
5. Complete the Claims Administrator ID List
6. Complete Testing Requirements outlined in Section 5

EDI Transaction Partners will be responsible for ensuring that Trading Partners have completed EDI Trading Partner Agreements before sending Trading Partners' EDI transactions to BWC. All required forms can be downloaded from the department's website at:
http://www.dli.state.pa.us/wcais.

1. EDI Trading Partner Agreement
BWC requires the completion of an EDI Trading Partner Agreement to use Electronic Data Interchange (EDI) technologies and techniques to meet BWC's reporting requirements.

2. EDI Transmission Profile
BWC requires each entity, including those who plan to use a service provider, to complete the EDI Transmission Profile. This provides pertinent information about the receiver, sender and transmission protocol.

The EDI Transmission Profile is a two-part document. The first part of the document contains information pertaining to the sender's electronic transmission profile. This document indicates how the Trading Partner will send data to BWC.

The second part of the EDI Transmission Profile contains BWC's information. This part of the form contains information needed in order to address and forward your electronic transmissions to BWC.

3. Claim Administrator Address List
BWC may need a phone number to contact the office that administers the claim in the event that there is a question on the claim or an error in the filing. In order for BWC to collect this information, it is necessary for claim administrators to fill out a Claim Administrator Address List. The form must include the FEIN, legal name and postal code of the sender on the top part of the form. In the spaces provided, please provide:

- The FEIN and legal name of the Claim Administrator that will be administering Pennsylvania claims
- Name of Claim Representative contact person that could answer questions or could direct L&I staff to the appropriate adjustor for the claim
- Phone number of the Claim Representative contact person that could answer questions or could direct L&I staff to the appropriate adjustor for the claim

After completing the Address list, save the file using the following file naming convention: <Sender FEIN>CA_Address_List_<Date>.xls
Example: **999999999_CA_Address_List_20080218.xls**

1. Complete Testing requirements outlined in Section 5.

   Choose an EDI Transaction Partner from the approved list found in section 6.1

4. Claim Administrator ID List

BWC requires the Claim Administrators list of FEINs on whose behalf EDI transactions will be sent.

7 Glossary

148 - A record sent to the jurisdiction to complete BWC's FROI requirements. The FROI is identified by the Transaction set ID of "148" and has a specific record layout. This record must be paired with its companion record, "R21" to complete the FROI transaction requirements. Population of the record is dependent on BWC's Element Requirement Table. Timeliness of the report is dependent on the BWC Event Table.

A49 - A record sent to the jurisdiction to complete the BWC's SROI requirements. The SROI record is identified by a Transaction Set ID of "A49" and has a specific record layout. This record must be paired with its companion record, "R22", to complete the SROI transaction requirements. Population of the record is dependent on BWC's Element Requirement Table. Timeliness of the report is dependent on 'BWC's Event Table.

Acknowledgement Record - A transaction returned by BWC in response to a batch or transaction sent. It contains enough information to identify the original transaction and any technical and business errors found with it.

Acquired Claim - A claim previously administered by a different claim administrator.

Agreement(s) – Generally, an understanding between the parties with respect to each party's legal rights and obligations. Specifically, this term is often used to refer to one of several BWC's forms used to document agreements between the parties. These include the Agreement for Compensation for Disability or Permanent Injury (LIBC-336); Agreement for Compensation for Death (LIBC-338); Supplemental Agreement for Compensation for Disability or Permanent Injury (LIBC-337); Supplemental Agreement for Compensation for Death (LIBC-339); Agreement to Stop Weekly Workers' Compensation Payments (Final Receipt) (LIBC-340); Third Party Settlement Agreement (LIBC-380)

Attorney – A person admitted to the practice of law in his/her state who is authorized to perform legal functions for his/her clients, including drafting legal documents, giving legal advice, and representing clients before courts, administrative agencies and boards.

Average Weekly Wage – The gross weekly earnings of the claimant as calculated pursuant to the applicable method(s) set forth in Section 309 of the Pennsylvania Workers' Compensation Act, 77 P.S. § 582.

Award – The grant in whole or part of benefits or other relief to a claimant under the Pennsylvania Workers' Compensation Act, Pennsylvania Occupational Disease Act or the regulations promulgated thereunder, as set

forth in a decision, opinion or order circulated by a workers' compensation judge, the Workers' Compensation Appeal Board or a Pennsylvania court.

Batch - A set of records containing one header record, one or more detail transactions, and one trailer record.

Claimant – An injured employee who claims benefits pursuant to the Pennsylvania Workers' Compensation Act, as set forth in Section 104 of the Pennsylvania Workers' Compensation Act, 77 P.S. § 22, or the Pennsylvania Occupational Disease Act, as set forth in Section 104 of the Pennsylvania Workers' Compensation Act, 77 P.S. § 1204.

Claim Administrator – An Insurer, Self-Insured Employer or Third Party Administrator.

Compensable – A term used to describe an injury for which indemnity and/or medical benefits have been awarded and/or are being paid to the claimant pursuant to the Pennsylvania Workers' Compensation Act or Pennsylvania Occupational Disease Act.

Compensation – Most often, this term means payment for services rendered, whether in salary, fees, or commissions. In the workers' compensation context, this term often refers to the payment of a wage replacement benefit after a compensable injury, such as permanent total, temporary total and temporary partial disability benefits, or payment of permanent partial disability benefits, which is compensation for the permanent loss or loss of function of a body part or due to disfigurement.

Consecutive Days – Calendar days that follow one another without interruption.

Date of Injury – The day, month and year that the injury occurred or allegedly occurred.

Disabled – The condition of a claimant who is partially or totally incapable of performing work at his/her pre-injury job or another job as a result of an injury.

Dispute – A legal proceeding for the determination of a controversy between the parties.

Docket – A calendar of the cases that have been scheduled for hearing and pending determination before a workers' compensation judge, the Workers' Compensation Appeal Board or any court.

Edit Matrix - A table indicating edits that will be applied to each data element by BWC. Senders should apply these edits before submitting a transaction and BWC will validate them during processing.

Element Requirement Table - A table indicating which data elements should be populated on a transaction (MTC) before submitting to BWC.

Format - The technical method used to exchange information.

Header - Precedes each batch of data. It is the first record in every batch. It uniquely identifies the sender, receiver, the date and time the batch was prepared, whether the batch contains test or production data, transaction type and IAIABC Release number contained within the batch.

IAIABC - International Association of Industrial Accident Boards and Commissions is a not-for-profit trade organization comprised of jurisdictions, insurance carriers, and vendors who are involved in workers' compensation.

Independent Medical Examination (IME) – An examination of a claimant, conducted by a physician who has not previously been involved in the claimant's care and scheduled upon the request of a party other than the claimant, to obtain an independent opinion of the clinical status of the claimant's condition relative to an injury or alleged injury.

Incapacitated – Another term used to describe a claimant who is disabled, whether temporarily or permanently.

Indemnity – Compensation paid to a disabled claimant for loss of wages related to an injury.

Injury - Mental or physical harm, including death, suffered by an employee in the course of and related to his/her employment, as set forth in Section 301 of the Pennsylvania Workers' Compensation Act, 77 P.S. §§ 411-413. The term also includes an occupational disease suffered by an employee which arose out of and in the course of his/her employment, as set forth in Sections 108 and 301 of the Pennsylvania Workers' Compensation Act, 77 P.S. §§ 27.1 & 411-413, as well as the applicable provisions of the Pennsylvania Occupational Disease Act, 77 P.S. §1401 et seq.

Insurer – An insurance carrier or self-insured employer as defined in Section 109 of the Pennsylvania Workers' Compensation Act, 77 P.S. § 109.

Impairment Rating Evaluation (IRE) – A medical examination requested pursuant to §306(a.2) of the Pennsylvania Workers' Compensation Act to determine the degree of whole body impairment that is attributable to the work-injury. The outcome of an IRE may alter the maximum number of weeks for which disability benefits are payable.

Liability - The condition of being actually or potentially subject to an obligation; the responsibility or accountability for payment of benefits on a compensable workers' compensation claim.

Lost Time - An employee's period of time away from work attributable to a workers' compensation injury.

MTC - Maintenance Type Code (MTC) is a code indicating the transaction to submit to comply with BWC EDI reporting requirements.

Period of Disability - The time during which a claimant, who has sustained a compensable injury in the course of his/her employment, is disabled and, as such, is eligible to receive indemnity benefits.

Production - A trading partner is sending production data, or real claims. The data is loaded into BWC's production system.

Properly Executed - Signed by all required persons or parties and, where necessary, notarized. Certain workers' compensation agreements require the signature of the claimant himself/herself, and/or notarization of the signing party's signature.

R21 - FROI companion record. A record sent to the jurisdiction to complete BWC's FROI reporting requirements. The FROI companion record is identified by a Transaction Set ID of "R21" and has a specific record layout. Population of the record is dependent on BWC's Element Requirement Table.

R22 - SROI companion record. A record sent to the jurisdiction to complete the BWC's SROI reporting requirements. The SROI companion record is identified by a Transaction Set ID of "R22" and has a specific record layout. Population of the record is dependent on BWC's Element Requirement Table.

Third-Party Administrator (TPA) - An entity hired by an insurer to conduct administrative functions in handling and adjusting workers' compensation claims for which the insurer has liability. Proper identification and updating of TPA information is important to ensure communications related to a workers' compensation claim are sent to and received by the responsible entity in a timely manner.

Trading Partner - An entity that has entered into an agreement with another entity to exchange data electronically. For the purpose of this document they refer to the Claim Administrators who will be sending EDI Claims transactions to BWC.

Trading Partner Agreement - An agreement that describes the expectations between two entities exchanging data electronically. These expectations include, but are not limited to, what transactions to send, what

format to use, what data elements to include, when and where data elements are to be sent, and testing to be performed.

Transaction Partner – Organizations that were selected by BWC to accept EDI Claims transactions from Trading Partners.

Trailer - Designates the end of a batch of transactions. It provides a count of records and/or transactions within a batch. The trailer record is used to ensure that the entire batch is complete and valid.

Transaction - The communication of data that represents a single business event. A transaction consists of one or more records.

Transmission - Consists of one or more batches sent or received during a communication session.

Waiting Period - The first seven days during which a claimant is disabled following an injury, which are not compensable unless or until the claimant is disabled for at least fourteen days; indemnity benefits are payable on the eighth day of lost time following an injury, however payment for the first seven days is allowed only where there are 14 or more days of lost time. Proper calculation of the waiting period is set forth in 34 Pa. Code § 121.15.