



**WEST VIRGINIA  
OFFICES OF THE  
INSURANCE COMMISSIONER (OIC)  
EDI IMPLEMENTATION GUIDE**

*Version 19.0*

*Revised July 11, 2019*

**For the reporting of**

First Reports of Injury (FROI)  
Subsequent Reports of Injury (SROI)

# PREFACE

EDI mandated First Report of Injury (FROI) and Subsequent Report of Injury (SROI) reporting was initially implemented beginning in 2004 when self insured employers began self administering claims. The scope of the mandate was expanded in 2008 to include the private carriers selling workers' compensation coverage in West Virginia.

Compliance with FROI and SROI reporting requirements is required on the date a trading partner begins to provide services and/or write workers' compensation coverage in West Virginia.

## Information and Help

OIC Home Page

<http://www.wvinsurance.gov>

W. Va. Code St. R. 85-2-1 et seq.

<http://www.wvinsurance.gov/WorkersCompensation/EDIReporting.aspx>

OIC EDI Assistance

E-Mail us at: [WVCustomerCare@wvinsurance.com](mailto:WVCustomerCare@wvinsurance.com)

International Association of Industrial  
Accident Boards and Commissions  
(IAIABC)

### **IAIABC**

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# Section 1: OIC EDI

## Foreword

### Background of State EDI Reporting Standards

A specific set of standards for workers' compensation reporting formats is now available. Development of the standards began in 1989 when a group of national Claim Administrators worked with the North Carolina Workers' Compensation agency to develop the first state-accepted electronic Report of Injury. Their objective was to reduce state reporting administrative processes and costs. Their project was successful and provided almost immediate benefit to both the claim administrators and North Carolina.

Based on the success of the North Carolina project, the participants set out to duplicate the process in other states. Many changes to the North Carolina model were needed. State reporting had to be considered in the broadest terms instead of by state or locality. The group continued to meet under the International Association of Industrial Accident Boards and Commissions (IAIABC) umbrella unofficially to satisfy antitrust requirements.

This group identified several major categories of Claim Administrator and Employer Reports and when state-required reports were to be submitted, it identified which data was required. This allowed creation of a data element dictionary and a reporting event table that could be used by any state and which was based on the claim administrator claim handling process. The developers used existing and widely used data standards to leverage system enhancements implemented by many claim administrators and state administrators. As a result, the group reduced numerous data elements and reporting situations into a more concise data list and a manageable set of reporting conditions that would meet the needs of most states.

The initial process took several years to accomplish. Its success is attributable to the state and claim administrator participants who painstakingly and patiently reviewed state requirements and claim administrator processes that benefited both parties. Their work continues today to expand the use of these EDI standards. As state participation grew, these copyrighted standards are now available from the IAIABC. Contact the IAIABC at (608) 663-6355 or visit their web site at <http://www.iaabc.org> to acquire a copy of the standards, which may be downloaded from their site at no cost to you.

### West Virginia's EDI Partnership

OIC has contracted the services of a vendor to assist with EDI filing for West Virginia private workers' compensation carriers and self-insured employers.

Although the OIC does not endorse any one vendor for assistance with EDI implementation and data filing, the OIC does recommend using a vendor who is a member of the IAIABC. For additional information regarding these vendors, reference the IAIABC website at [www.iaabc.org](http://www.iaabc.org).

# EDI Implementation Specific to West Virginia Statutes and Rules

## Claims Index Legislation

Senate Bill 1004 was passed into law on January 29, 2005. This landmark piece of legislation privatized West Virginia's formerly monopolistic workers' compensation system. Pursuant to this legislation, on January 1, 2006, the former Workers' Compensation Commission was terminated, and a new insurance company, BrickStreet Mutual, was created. BrickStreet served as the sole West Virginia Workers' Compensation Insurer until July 1, 2008, at which time other licensed carriers began writing workers' compensation coverage in West Virginia.

Also created as a result of SB 1004 was a West Virginia Workers' Compensation Claims Index, an electronic database of information maintained by the West Virginia Offices of the Insurance Commissioner and Industrial Council primarily to provide private carriers and third-party administrators' information regarding a claimant's claim history. In order to maintain this database, and to otherwise maintain claims information data pertaining to West Virginia workers' compensation claims, the Insurance Commissioner requires all insurance carriers and self-insured employers to regularly report data via EDI. The Insurance Commissioner populates the claims database, which includes the claims index, with the data submitted via EDI. W. Va. Code St. R. § 85-2-1 et seq. (Workers' Compensation Claim Index) establishes specific claim data filing requirements related to the Claims Index. The Rule requires all self-insured employers and private carriers to timely report data via EDI consistent with this Implementation Guide. The complete Legislative Rule may be accessed at <http://www.wvinsurance.gov/WorkersCompensation/EDIReporting.aspx>

## **Required EDI Implementation Date**

Self-insured employers (or designated TPA) and carriers are required to provide First Reports of Injury (FROI) and Subsequent Reports of Injury (SROI) to the OIC. The self-insured employer or carrier shall submit basic information regarding the injury (FROI) electronically to the OIC, using the Release 3 EDI standards adopted by the IAABC, within ten (10) business days of when the self-insured or insured employer, or an agent of the employer receives written notice from the claimant, or someone on behalf of the claimant, of an alleged work injury. The OIC shall assign a claim number for each FROI submission for tracking purposes. The self-insured employer or carrier shall also provide periodic updates (SROIs) electronically for each claim, on a monthly or quarterly basis.

The OIC will continue to offer on-going training and guidance to self-insured employers, TPA's and private carriers who need assistance regarding the proper reporting of claim information via EDI.

## **Penalties & Fines**

In accordance with W. Va. Code St. R. §85-2-6.2, the OIC may assess self-insured employers or private carriers a penalty of up to \$500 per occurrence for failure to timely report claims information to the OIC.

# Important West Virginia Terminology

The following definitions apply to the West Virginia documents and EDI processes described in this Implementation Guide.

## ***ACKNOWLEDGEMENT RECORD***

A Transaction returned, from the Jurisdiction, to the Trading Partner, as a result of an original report. It contains enough data elements to identify the original transaction and any technical and business issues found with it.

- FROI/SROI (AKC)

## ***ADMINISTRATOR***

Claim Administrator

## ***ANSI ASC X12***

American Standards National Institute, Accredited Standards Committee, X12 - is an organization that develops Electronic Data Interchange (EDI) communication standards. The "X" represents "Communications" and "X12" is the twelfth Communication Standards Committee under ASC. This organization is also referred to as "ANSI X12," "ASC X12" or just "X12" Also, see "X12N."

## ***BATCH***

A set of records containing one IAIABC Header record, one or more FROI or SROI transactions, and one Trailer record, ANSI equivalent. Any error in the Header record or the Trailer record will cause the rejection of the entire Batch without further transaction level edits being applied. A batch may not mix the 148 (FROI) and the A49 (SROI) transaction types together.

## ***BUSINESS COMPETENCE***

A term used to describe whether the data content meets the quality standards of the OIC.

## ***BUSINESS RULES***

The business requirements that dictate when a report is created, edited, and when and how transmitted.

## ***CLAIM ADMINISTRATOR***

The organization that services workers' compensation claims according to jurisdiction rules. An Administrator may be an Insurer, a Third Party Administrator, an Independent Adjuster or a self-administered self-insured employer.

## ***DATA ELEMENT***

A single piece of defined information contained within a transaction (FROI or SROI). Each Data Element is assigned a reference number (DN - Data Number) and includes a definition and format (length and data type) and may if it is a code list acceptable values or reference the code source (for example, Employer FEIN is 15 AN).

## ***DISA***

Data Interchange Standards Association - is the Secretariat of X12. DISA manages the EDI standards database, arranges standards development meetings, and provides educational conferences and seminars.

## ***EDI***

The computer-to-computer exchange of data or information in a standardized format. EDI refers to the electronic transmission of workers' compensation claims information from Claims Administrators (insurers, self-administered self-insured employers, and third party administrators) to a State Workers' Compensation Regulatory Agency.

## ***EDITED DATA***

A term used to describe the information on a transaction after it has been processed through the OIC system edits and found to contain valid data.

## ***ELECTRONIC FORMAT***

OIC has approved the use of IAIABC Release 3 flat file format for FROI/SROI reporting, chosen to standardize, simplify, and reduce the costs of exchanging data.

## ***ENVIRONMENT***

The boundaries and conditions under which an application runs or in which files are manipulated or processed.

## ***EVENT***

A specific business occurrence, such as the occurrence of an accident, satisfying the waiting period, the initial payment on a claim, suspension, or the reinstatement of a benefit, etc. Events, when entered into a computer system, may be defined as a trigger for a jurisdiction-required report.

## ***EXPERIENCED EDI VENDORS***

EDI Vendors who are knowledgeable of IAIABC EDI Release 3 standards, and provide services such as EDI report submission products, translation, communications management, report backup, data security, and network servicing (NSP) including high speed transmission lines. Some EDI vendors also provide web-based products. All experienced EDI vendors have demonstrated EDI competence in several IAIABC EDI states.

## ***FROI - IAIABC REALEASE 3 (148 RECORD)***

A group of transactions occurring in the early stages of claim processing that typically report the entities involved, and describe the accident and resulting injuries.

***IAIABC***

International Association of Industrial Accident Boards and Commissions – an organization, whose members are industrial accident, workers’ compensation, or other governmental bodies as well as associate members comprised of other industry-related organizations and individuals.

***IG***

An abbreviation used to refer to an Implementation Guide.

***MTC***

Maintenance Transaction Code – A Code that identifies the purpose of a transaction. The MTC (DN#2) is included in all EDI transactions. For example: FROI Original (00), Monthly (MN). The Semi-Annual Periodic SROI Report is the last (final) report due on an open or closed claim.

***OIC***

West Virginia Offices of the Insurance Commissioner, the ultimate recipient of all FROI and SROI information.

***PRODUCTION (STATUS)***

A designation that a Trading Partner has completed all EDI implementation testing satisfactorily as determined by the OIC EDI Test Coordinator.

***RAW DATA***

The transaction and its contents as received from a sender by the OIC and before the data is subjected to the OIC EDI system’s automated edits.

***RECEIVER***

See OIC.

***REPORTER***

The entity required or allowed by law or regulation to file for itself or on behalf of customers or clients. Also known as the Trading Partner in West Virginia.

***SELF INSURED EMPLOYER***

An employer authorized by the West Virginia Workers’ Compensation Commission or the Offices of the Insurance Commissioner to self-insure its workers’ compensation risk in accordance with applicable law, rules and regulations.

***SENDER***

An entity that forwards the Trading Partner's information in the IAIABC EDI Release 3 format to and receives EDI acknowledgments from OIC. This entity is required to complete the Trading Partner Profile.

***SROI - IAIABC RELEASE 3 (A49 RECORD)***

A group of transactions that reports claim processing changes to, or the total benefits paid, on a claim.

***TECHNICAL COMPETENCE***

The ability to communicate electronically using an appropriate file structure.

***TEST PERIOD***

The initial environment or phase in which the trading partner/sender/reporter transmits a series of transactions that is analyzed for both technical and business content.

***TEST PLAN***

A plan developed by the OIC EDI Test Coordinator and the Sender's EDI Coordinator outlining the events, the time frame, and the responsibilities of each party for testing and evaluating data sent in the test environment.

***TPA***

A Third Party Administrator that provides the claim administration services on behalf of Carriers, Self-Insured's or Statutory Noninsured.

***TRADING PARTNER***

Insurers responsible for providing claim handling services.

## ***TRANSLATOR***

Software that uses data conversion mapping rules to convert data from one format to another. Related to EDI processing, this term refers to a product that converts data between proprietary (not a national or industry standard) formats and X12 format. Refer to the Vendor section of this Implementation Guide for further information.

## ***TRANSACTION***

One detail record (example FROI / SROI) that contains data elements as defined in the IAIABC record layouts, which are found in the IAIABC EDI Release 3 Implementation Guide.

## ***TRANSACTION TYPE***

Explains the purpose of a transaction. For example: FROI Original (00), Quarterly (QT).

## ***TRANSMISSION FILE***

One or more batches shipped together from the sender to the receiver.

## ***VAN (VALUE ADDED NETWORK)***

An organization that facilitates the exchange of data between trading partners by performing some or all of the following services: extended hours of operation (often 24 x 7), a mailbox from which EDI transactions may be sent or received, communication functions to monitor and assure successful data transfer, data recovery, and data security, etc.

## ***WV WCC***

West Virginia Workers' Compensation Commission, the ultimate recipient of all FROI and SROI information prior to January 1, 2006.

## ***X12N***

X12 Insurance Subcommittee - is the X12 subcommittee that develops EDI standards for the insurance industry.

# Reporting Requirements Specific to West Virginia

## ***Allocated Claims***

The West Virginia Code permits certain occupational pneumoconiosis, occupational disease and permanent total disability<sup>1</sup> claims to be allocated (liability apportionment based on percentage of exposure) at the discretion of the Insurance Commissioner. The trading partner with the highest percentage of allocation is responsible for the administration of claims with dates of injury prior to January 1, 2006. Since January 1, 2006, the policy was changed and no longer allows the allocation of claims. Any decision to resume the allocation of claims will be clearly communicated to the employer and trading partner communities.

## ***FROI UI/00 - Claim Type "N"***

If no additional information is received within a reasonable amount of time, the next transaction to be reported should be a FROI 01 (cancel) rather than a FROI 04 (denial) or SROI FN (administratively closed). A notification that an incident has occurred is not a request for a compensability decision and therefore should not be denied or administratively closed.

## ***Mandolidis Claims***

WV does not require the submission of Mandolidis claim information via EDI.

## ***NAP***

Non Awarded Partial (PP Prepayment) should be reported as the following: DN0085 benefit type code = 030 and DN0223 Permanent Impairment Minimum Payment Indicator = Y.

## ***PTD/104 Weeks***

Widow/widower benefits paid when the claimant's death resulted from causes other than the compensable injury. Should be reported as the following: Benefit Type Code = 020, Death Result of Injury = No, Employee Date of Death is present.

## **Award / Order Date**

DN0299 Award / Order date for WV is the decision date you awarded that benefit.

- Perms and Settlements normally have a document with a decision date granting that benefit type
- Temps, Perms and Settlements sometimes don't have a document granting that benefit type so it would be the date they started paying that benefit type.

# Managing an EDI Implementation

EDI is a method by which claims management data is transmitted to meet jurisdictional reporting requirements. Ideally, the use of EDI shifts report generation from a manual process to an automated or software-assisted process. Therefore, the initial implementation tasks are to assess the jurisdiction's requirements, compare those requirements to the manual and automated claims handling processes and determine the best business solution for your company.

The technical side of EDI has three major components.

1. The computer-based claim processing system where claim data is stored.
2. An EDI management system or a component that contains jurisdiction requirements:
  - a. the required report types,
  - b. when the reports are due,
  - c. the jurisdiction's data requirements,
  - d. the required edits,
  - e. the jurisdiction's response to each report.
3. A system that manages the exchange of reports between two or more parties (trading partners, jurisdictions, etc.)

Due to the differences between Claim Administrator claim handling processes and computer systems, each administrator may have very different capabilities. Each must assess the best way to modify the claim handling process in order to implement the three technical EDI components. The solution may be to use existing technical staff to build the technical components, use a bridge or vendor system, or, if claim volume is low, to subscribe to the OIC web-based or Internet solution. A mixture of in-house development and vendor products and services is another option.

The following is a possible list of tasks to perform. The list is not intended to be all-inclusive or to be in the optimal order but rather function as a starting point for the implementation project.

1. Determine if your company is subject to the OIC requirements and the mandated implementation of claim data submission via EDI.
2. Acquire a copy of the "[IAIABC Release 3 EDI Implementation Guide](#)".
3. Develop a basic understanding of EDI and the OIC reporting requirements.
4. Scan the [Information and Help](#) section.
5. Perform a high-level comparison of the OIC requirements against your current claim computer system capabilities.
6. Conceptualize how your organization might implement the various options and which solution might be the most appropriate.
7. Use your organization project development process to initiate a formal project proposal involving business and technical departments using the detailed OIC business requirements. Be sure to scope the project to include anticipated related EDI projects.
8. Use the information resources to expand your knowledge of state EDI reporting.
9. Use industry meetings and other business contacts to identify claim administrators that have participated in the development of the standards and/or have successfully implemented EDI in other states. Contact these experienced organizations to discuss how best to run a successful implementation.
10. Determine your scheduled West Virginia Test Date.
11. Complete your electronic registration form.

12. Monitor the OIC official web site for new information and requirement changes. Attend training sessions if available.
13. Implement your EDI solutions and document all processes.
14. Train Claim and Technical personnel on their roles and duties.
15. Prepare and begin submission of Test processes with the OIC on the first date of your assigned Test Period.
16. Monitor and update processes and train staff accordingly as any process changes occur.
17. Continue to check the OIC web site periodically and participate in any OIC EDI initiatives that may develop.
18. Share your experiences to help those who follow your organization into EDI.

## Reporting Process Functions and Options

A comparison of the OIC EDI Requirements with your manual and computer system processes may identify both manual and technical deficiencies. This section depicts the State EDI Reporting Processes at a high level. The objective of this section is to increase your awareness of the process and potential solutions. The following information should be used in conjunction with your organization's formal project development plan.

The State EDI Reporting Process includes:

- Managing State Reporting Requirements.
- Capturing State Report Data.
- Editing for Data Content and Quality.
- Translating Data into or from IAIABC or ANSI Formats.
- Managing Communications (Report Transmissions).
- Managing Acknowledgements, Replacement Reports, and Corrections.

## Manage State Reporting Requirements

State Reporting has typically been performed through the combined efforts of the Claim Adjuster and Administration staff. EDI reporting provides the potential to replace Claim Adjuster report monitoring by an automated process based on claim system data or claim adjuster actions. The receipt of Acknowledgements can initiate computer or claim adjuster responses. The level of sophistication can range greatly between administrator processes.

## Capture State Report Data

A common dilemma for Claim Administrators is the capture and electronic storage of data required by States implementing EDI Reporting. Although creating national standard data elements simplifies claims administrator and state reporting, there is often a void between a State's data requirements and the data available through the claim administrator's claim handling computer system. If the missing data falls within the category of "Optional," no immediate fix may be required. If the missing data involves "Conditional" or "Mandatory" data an immediate solution is in order.

Missing data solutions vary and are dependent on several factors, such as claim volume, age and flexibility of your claim handling computer system, as well as priority of other business objectives and projects. Solutions fall into three basic categories:

1. Modify your claim handling computer system and claim process to capture the missing data.
2. Supplement your claim handling computer system with an additional data entry and storage application for the missing data.
3. Use a combination of computer system and manually captured data sources.

## **Data Entry Products**

A Data Entry Product is a software product that augments an existing claim handling system. Such systems usually contain the generic state reporting standard data and provide the capability to apply a state's reporting and data requirements. These products import data from the Claim Administrator's system and allow one or more staff to enter the missing Mandatory, Conditional, or Optional data. Complexity of this application, cost, number of states to be implemented, and frequency of requirement changes should be considered as part of a make/buy decision.

The OIC has provided an Internet data entry solution for statutory non-insured.

An important aspect of the OIC EDI State Reporting implementation is to improve the data quality of the Reports the OIC receives. Attaining and sustaining "Production" status and avoiding possible fines requires maintaining OIC Data Quality minimum requirements. All OIC reports should be edited and corrected prior to submission to OIC.

## **Data Content and Quality Editing Products**

A data content and quality editing product is a software product that edits Claim Administrator state report data against a state's requirements. Such systems usually contain specific edits for state reporting data content and business requirements. Data entry and data content and quality editing features are often found in the same product.

## **Translate Data into or from IAIABC or ANSI formats**

Claim Administrator Systems data is usually stored in a proprietary format that is not readily exchangeable between organizations. Translation to specific technical data requirements and structuring the data in a standard format such as IAIABC flat file or ANSI X12 148 transactions is required to make the report easily received and processed by others.

## **Translator Products**

A translator is a software product that converts data from one format to another. It may serve the purpose of converting proprietary claim administrator computer system data into either IAIABC Flat File or ANSI X12 transactions. Conversely, it is used to convert IAIABC Flat File and ANSI Transactions into proprietary claim administrator computer system data.

Translators typically contain the capability to process one or more sets of related transactions. For example, a translator will typically do all the Workers' Compensation transactions. Some may also include the ability to do health care, purchase orders, etc. They typically include the ability to recognize versions of a transaction. To achieve these capabilities, the user is required to "map" their computer system data names to the desired IAIABC or ANSI transactions.

Translators vary greatly in capability and the platforms on which they run. Some require a mainframe environment while others only require personal computer (PC) capabilities. Claim Administrators with large mainframe claim management applications have effectively used a PC translator to satisfy multiple states EDI reporting. Translators often combine communication capabilities for processing internal or external sources of data. In-house technical staff will be required to install and operate a translator.

## **Manage Communications/Transmissions**

Success of State EDI Reporting is dependent on the technical ability to pass data between organizations. Data transfer may occur directly between organizations or through intermediaries. Data transfer interruptions may occur and data could be lost.

This process includes:

- Managing trading partner electronic addresses
- Scheduling transmission sends and receives (24 hours a day)
- Recording the success or failure of each attempted send and receive
- Backing up transmission data for a specific period follows a successful send or receive.

This process is a combination of automated software applications and technical operator review of daily transmission results and intervention to identify technical difficulties or reinitiate transmission or recovery operations.

## **Manage Acknowledgements, Replacement Reports, and Corrections**

EDI is the reciprocal transfer of data between organizations. In State Reporting, the state responds to each submitted report with an acknowledgement that the report was accepted, accepted with errors, or rejected. It is the responsibility of the claim administrator to replace rejected reports with acceptable reports and correct data on reports accepted with errors. A rejected report is not considered filed until it has been corrected, retransmitted, and accepted with or without errors. Whereas some reports require the prior acceptance of another report, failure to replace rejected reports can cause other reports to be rejected and therefore to be late. This process involves review of state Acknowledgements one or more times a day, to initiate correction. Failure to receive an acknowledgement of acceptance may be used to stop additional reports on that claim until corrections are made.

This functionality may be built as an in-house product or acquired commercially. This function is typically a feature within a multi feature product.

## **Submitting Options to Consider**

A review of the OIC Reporting Requirements and your current capabilities is a prerequisite to evaluating the various solutions presented below. Products range from specific EDI functions to integration with your existing system to meet all your state EDI reporting requirements. Make/buy cost comparison, frequency of reporting criteria changes, maintenance, and available lead-times are a few of the criteria that you should evaluate. The viability of any of these product types depends on your specific needs. This IG and the options presented in it should be part of a formal process that includes management, claim, and technical staff participation.

## **Workers' Compensation EDI Reporting Products**

State Reporting Products vary and may include several to all of the following features:

- Managing State Reporting Requirements.
- Capturing State Report Data.
- Editing for Data Content and Quality.
- Translating Data into or from IAIABC or ANSI formats.
- Managing Communications (report transmissions).
- Managing acknowledgements, replacement reports, and corrections.

## **Stand Alone and Server-Based Workers' Compensation EDI Reporting Products**

Workers' Compensation EDI reporting products are available in stand-alone and server-based versions. A stand-alone version is a single workstation that can be used to process the entire organization's state reports. A server-based system allows multiple users so that EDI state reporting data entry or management can be distributed to many workstations. Claim volume or number of locations, and whether the claims' system is centralized or distributed may affect the type and number of EDI products needed. These solutions are probably best suited for moderate to high volume claim systems. These services may include or specify a VAN or other communication method as part of the process.

These systems can be used by employers to report to claim administrators or for claim administrators to report to states.

## **Web-based Data Entry & EDI Reporting Services**

Web-based workers' compensation products allow an organization to meet its reporting requirements through totally external processes. With this type of product, a designated claim person signs on to a web site application, selects a state or claim administrator, and enters the data for the claim. The user would log on later to receive the acknowledgement that the claim was accepted, accepted with errors, or rejected and respond accordingly. Because this process requires manual data entry and does not allow for loading data directly from a claim system process it is probably best suited to low volume users. This alternative requires little commitment or investment but expect the unit per claim charge to be higher than high volume solutions.

These systems can be used by employers to report to claim administrators or for claim administrators to report to States.

## **Claim EDI Reporting Services**

Several claim administrators have created or contracted with claim reporting services. These services may accept claims reported by telephone, fax, or E-mail. When they serve as your EDI submitter, they will perform the equivalent of the EDI reporting features 1 through 6 noted above. The details of each service should be worked out with that particular vendor.

These systems can be used by employers to report to claim administrators or for claim administrators to report to States.

## In-house Vs. Vendor Products and Services

Most EDI implementations are a combination of in-house and EDI vendor products and services. The involvement of vendors may simplify and reduce the analysis effort required by claim administrators and ultimately lower implementation and operation costs. Many products include specialized automated routines that require in-depth knowledge of EDI standards, protocols, and each state's requirements. Off-the-shelf products may avoid consuming talents from high priority projects, cost less, and be available in the time allowed. Dedicated services and products may allow your organization to focus on providing claim services instead of EDI reporting.

Each organization should analyze its capabilities, weaknesses, and Plan of Operation to decide upon the best mix of in-house and vendor services. Questions to consider when choosing an EDI Vendor Product or Service:

- Are they an experienced IAIABC standards vendor?
- How much IAIABC participation and knowledge of the EDI standards do they have?
- How much EDI experience and knowledge do they have?
- How much Workers' Compensation experience and knowledge do they have?
- Are they in EDI production and in how many states?
- Do they have a strong client base?
- Do they provide dedicated customer & technical support?
- Do they provide EDI and software training?
- What experience do they have with the IAIABC flat files and ASC (ANSI) X12 record layouts?
- Are they committed to quality assurance in data submission and software testing?
- Are they financially sound?
- How do their clients evaluate their products and services?

## What can an Experienced EDI Vendor or Service Provider do for you?

There are EDI Vendors experienced with the IAIABC standards that can provide EDI software packages, Web based claim-reporting services, paper processing to EDI Services, value added networks (VANs) service, Internet services and EDI consulting services. The IAIABC can provide a list of vendors that are experienced in EDI technology and workers' compensation requirements.

### ***Some of the Services and Products Vendors can Provide Include (but are not limited to):***

- Software to submit data electronically
- Data editing prior to transmission to the state
- Return acknowledgement processing
- Management tools and reports to ensure quality data is reported to the state
- Web-based claim form submission
- Liaison between the carrier/trading partner and the state
- Training and orientation in EDI, state requirements, software, etc
- Help with EDI testing and implementation
- Business and technical support
- Consulting services, such as needs' analysis and system requirements

**NOTE:** OIC does not recommend or advise against the products or services of any vendor. OIC suggests carefully reviewing experienced vendor products and claims as well as contact current and past customers to benefit from their experience.

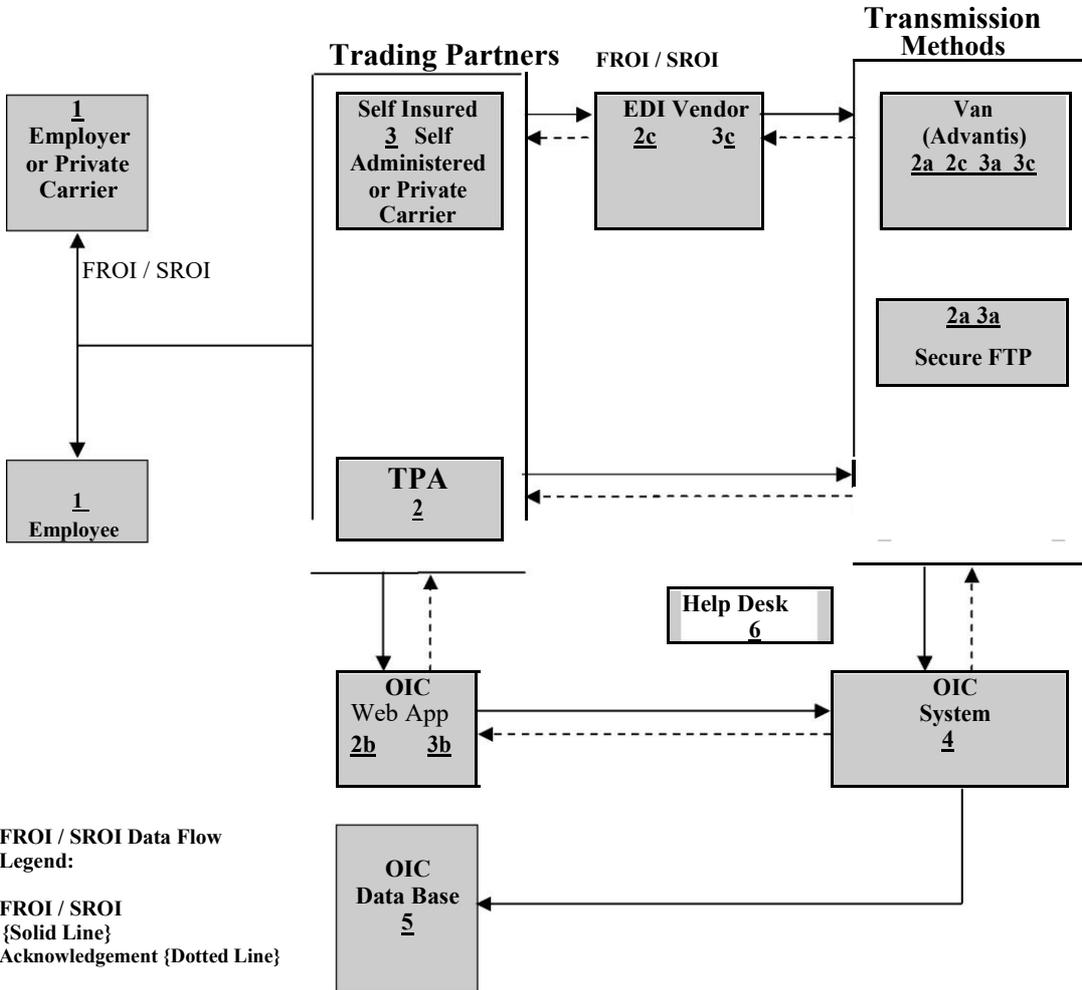
# EDI Implementation Assistance

This Guide, when used in conjunction with the [IAIABC Release 3 EDI Implementation Guide](#) provides the business and technical information to meet the OIC EDI submission requirements and includes the data and code requirements for EDI submissions to the OIC and the paper counterparts to employers and injured workers.

EDI competency and business data quality content testing is required of each trading partner per the OIC Scheduled Test Plan prior to the implementation of ***production*** EDI reporting. Approval must be secured from the OIC at the end of the testing period and prior to submission of any ***production*** EDI transactions.

# West Virginia Methods of Delivery

## OIC FROI/SROI EDI Reporting Process



### OIC EDI Reporting Process:

- 1 Employee reports a claim to his/her Employer or private carrier
- 2 Self Insured or private carrier uses TPA to report to OIC
  - TPA develops own EDI reporting capability and submits reports using an authorized VAN/Network/Secure 2a FTP to the designated OIC
  - 2b - TPA uses OIC Web application
  - 2c - TPA Uses EDI Service provider who submits reports using an authorized VAN/Network to the designated OIC
- 3 Self Insured employer or private carrier reports directly to OIC
  - 3a - Self Insured employer or TPA develops own EDI reporting capability and submits reports using an authorized VAN/Network/Secure FTP to the designated OIC
  - 3b - Self-insured employer or private carrier uses OIC Web application
  - 3c - Self-Insured employer or private carrier uses EDI Service provider who submits reports using an authorized VAN/Network to the designated OIC
- 4 OIC System edits EDI reports and returns Acknowledgements to Administrator
- 5 OIC Data Base receives edited FROIs / SROIs with JCN
- 6 Contact us at [WVCustomerCare@wvinsurance.com](mailto:WVCustomerCare@wvinsurance.com)

# OIC EDI Trading Partner Process

The typical steps to becoming an OIC Trading Partner are detailed in this section. Some of these steps involve tasks that have been explained in prior sections and are offered here as reminders.

You should note also that your business environment might dictate you take supplemental steps between those suggested below. Or, as an experienced EDI partner, trading with other jurisdictions, you may find it unnecessary to repeat some of these steps to become a trading partner with WV. We do, however, emphasize that we require formal compliance with Steps 1, 5, 6, and 8 listed below.

More information expanding on each step follows. When forms are referenced in these steps, the location of instructions for completing the forms is also included. If, after reviewing the steps you would like to discuss them further, please email the OIC EDI Test Coordinator at [WVOICEDI@iso.com](mailto:WVOICEDI@iso.com).

## Contact the IAIABC/Obtain the IAIABC EDI Release 3 Implementation Guide

A clear understanding of the IAIABC definitions and standards is required to be a successful EDI Trading Partner in West Virginia. Visit the IAIABC web site <http://www.iaabc.org>, or call them at (608) 633-6355 to obtain a copy of the most current Implementation Guide and other publications that may assist you in implementing West Virginia requirements. For specific Release 3 documentation, please go to <http://www.iaabc.org/edi/implementation.htm>.

The West Virginia Offices of the Insurance Commissioner EDI Implementation Guide provides supplemental, WV-specific, information to the information provided in the IAIABC EDI Release 3 Implementation Guide.

## Appoint an EDI Coordinator

Once the Trading Partner Agreement and Profile have been received, the OIC EDI Test Coordinator will contact you to develop and agree upon a testing and implementation plan and schedule. During this initial contact, the EDI Test Coordinator will ask for the name and contact information for your EDI Implementation Coordinator. Your EDI Implementation Coordinator must be empowered to speak on behalf of your organization and be knowledgeable about

- Your source data,
- How to retrieve the source data,
- Your business process and support systems,

The OIC expects continuing implementation contacts will be handled through your EDI Implementation Coordinator.

The OIC recommends that your EDI Implementation Coordinator attend all OIC informational meetings. Additionally, membership in and active involvement with the IAIABC EDI committees may enhance your EDI Implementation Coordinator's knowledge of the EDI standard processes. The OIC does not provide financial assistance related to membership in professional organizations. Although the OIC recommends membership in the IAIABC as an effective way to ensure a trading partner remains current related to changes in the EDI standard, membership is not a requirement to act as a trading partner with West Virginia.

## **Review WV EDI Data Requirements and Claim Events that Require Reporting**

Refer to Steps to Implement EDI and review the Report and Data Requirements and EDI Reports and Related Events sections. From your review of this detail section your EDI Implementation Coordinator will have a list of data elements (which use the IAIABC name and numbers defined in the IAIABC Release 3 Implementation Guide) and the business events or situations that trigger specific EDI transaction to be filed with OIC.

## **Determine how WV EDI Requirements Fit with your WV Workers' Compensation Business Processes**

**A sample of the issues to review:**

- How are the required data elements captured in your system?
- How will you supplement your system's data capture routines?
- How will you build the EDI transactions for transmission to the OIC?

## **EDI Reporting Process**

Access: [www.wvoicedi.info](http://www.wvoicedi.info) for the following information:

### **West Virginia Offices of the Insurance Commissioner (OIC)**

Effective July 1, 2010 the West Virginia Offices of the Insurance Commissioner has contracted with ISO to manage the collection of EDI data. In accordance with the West Virginia mandate, reporting is required for self-insured employers and Third Party Administrators (TPAs). For reference, a copy of the current WVOIC Release 3 FROI/SROI guide is available by clicking on the link to the left of the home screen.

To register as a WV OIC trading partner, complete the electronic registration form, located in the left navigation bar, to become a certified EDI Trading Partner of the state

- Completion of the Electronic EDI Registration form provides necessary information to establish trading partners in our tables. Please note that it is important to keep all information up to date.
- A Registration Update form is also provided in the event that your organizational status changes. Using this form, you can update Contact Information, Data Transmission Method, etc.

Please be sure to check the "What's New" section of this website, located at the top of this screen for periodic updates on technical and business requirements.

## **Schedule Changes to your Internal Business Processes and Systems**

Complete any changes to your internal business processes and systems prior to creating test transactions. The test criterion requires that you compile the test transactions from “actual” WV Workers’ Compensation claims that originate from your source system. This test data must be transmitted to OIC through whatever reporting and “sending” systems you will use once you are approved to submit “production” or live data.

## **Contact the OIC EDI Test Coordinator to Review Schedule Testing**

Please email the OIC EDI Test Coordinator at [WVOICEDI@iso.com](mailto:WVOICEDI@iso.com).

## **Schedule Training and Implementation for your Staff**

Staff training on the OIC requirements is the responsibility of each trading partner. The OIC EDI Implementation Guide is not copyrighted or protected by copyright and is provided to assist the trading partners in the planning and implementation of the WV reporting requirements. The IG may be copied and distributed as needed for training and reference purposes. The OIC does not endorse or require that you use any specific certified providers or follow any specific training regimen.

## **Section 2: First Report of Injury (FROI)**

### **OIC Procedures**

The sample claim submission forms are enclosed to show the reporting data requirements. Each Data Element that is included in the new requirements is identified on each report form by its Data Number (DN#). DN # is a reference to an Industry Standard, IAIABC Data Element. Definitions for these elements can be found in the IAIABC E.D.I. Release 3 Implementation Guide. DN # in "Blue" identifies First Report (FROI) data elements. Not all existing data elements are included in the EDI Reports; therefore, certain data elements will not have a DN#.

### **First Report of Injury (FROI)**

Sample forms for First Reports of Injury, which identify the required EDI fields, are on the following pages. The trading partners' standard forms may need to be revised to capture all the required data elements.

<b>SAMPLE</b>		<b>Claim Number: DN 0005</b>	
<b>Employees' and Physicians' Report of Injury</b>		<b>Team Assigned</b>	
Prior To Completing This Form You Must Read The Instructions On The Back Of This Form.		ICD9: _____	
<b>Section I</b>		<b>All Information Must Be Completed by Injured Employee</b>	
The receipt of a claim number does not entitle an employee to benefits under WV Workers' Compensation Law. In signing this form, I certify the statements and answers set forth are true and correct. I am aware the law provides for severe penalties if I knowingly provide a false statement or withhold a material fact or statement respecting any information requested by the Commission. <b>Initials of Injured Employee:</b> _____			
1. Name: Last <u>DN 0255- DN 0043- DN 0045</u>		First <u>DN 0044</u> MI	
2. Social Security Number: <u>DN 0042</u>		Marital Status: <u>DN 0054</u>	
3. Injury/Last Exposure Date: _____ / <u>DN 0031</u> / _____		Time: <u>DN 0032</u> <input checked="" type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	
4. Address: <u>DN 0048 -DN 0046- DN 0155</u>			
City: _____		County: _____ State: <u>DN 0049</u> Zip: <u>DN 0050</u>	
5. Telephone: ( _____ ) <u>DN 0051</u> - _____		Sex: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth: _____ / <u>DN 0052</u> ____ / _____
		<u>DN 0053</u>	
6. Time You Began Work on Date of Injury: _____ <input checked="" type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.			
7. Date Stopped Work for Injury: _____ / _____ / _____ Time: _____ <input checked="" type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.			
8. Body Part(s) Injured: _____			
9. How Did Injury Occur? (Specify the cause, what you were doing, and equipment/objects involved): <u>DN 0038</u>			
10. Job Title/Description: <u>DN 0060</u>			
11. Did Injury Occur on Employer's Property? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Address where injury occurred: _____ <u>DN 0249</u>			
12. Employer Name and Address: _____			
City: _____		County: _____ State: _____ Zip: _____	
Telephone Number : ( _____ ) _____		Supervisor's Name: _____	
13. If Public Employee, Check One (If County Board of Education employee, complete the County Board Option Form): <input checked="" type="checkbox"/> Use Sick Leave <input checked="" type="checkbox"/> Draw Temporary Total Disability Benefits			
I certify the statements and answers set forth in this section are true and correct to the best of my knowledge and belief. I am aware the law, specifically § 61-3-24f, provides for severe penalties if I knowingly and with fraudulent intent withhold facts or make false statements in order to obtain or increase benefits to which I am not entitled. By signing this application, I authorize any physician to release to or orally discuss with, either my employer or an authorized agent of the Workers' Compensation Commission, any medical records pertaining to the occupational injury or illness for which I am claiming benefits and any prior injury to or disease to the portion of my body for which I am alleging a medical impairment. I acknowledge the provisions of WV Code § 23-4-7 providing authorization for release of medical information by a physician to my employer or employer representative.			
<b>Employee's Signature:</b> _____		<b>Date:</b> _____ / _____ / _____	
<b>Section II</b>		<b>All Information Must Be Completed By Initial Provider</b>	
I have been informed of my responsibilities under WV Workers' Compensation Law and agree to abide by such in the administration of services provided by the Commission. I understand the submission of false statements or billing will result in the termination of my contract as well as prosecution under state and federal law. <b>Initials of Provider/Physician:</b> _____			
1. FEIN or SSN: _____		Name of Physician/Hospital: _____	
2. Address: _____		Telephone: ( _____ ) _____ - _____	
City: _____		County: _____ State: _____ Zip: _____	
3. Date you were first consulted for this condition? _____ / <u>DN 0056</u> / _____		Date Employee was/will be able to return to work: _____ / _____ / _____	
4. Condition is a result of: <input checked="" type="checkbox"/> Occupational Injury? <input checked="" type="checkbox"/> Occupational Disease? <input checked="" type="checkbox"/> Non-Occupational Condition?			
5. Disability Period: <input checked="" type="checkbox"/> Less than 4 days <input checked="" type="checkbox"/> 1 Week <input checked="" type="checkbox"/> 2 Weeks <input checked="" type="checkbox"/> 3 Weeks <input checked="" type="checkbox"/> More than 4 Weeks			
6. Can employee return to modified work? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7. Nature, Body Part and Type of Injury: _____		Diagnosis Code(s) (ICD9-CM) in Order of Severity: _____	
7a. Nature: <u>DN 0035</u>			
7b. Body Part: <u>DN 0036</u>		7c. Type of Injury: <u>DN 0037</u>	
8. Did this injury aggravate a prior injury/disease? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Explain: _____			
9. Name and address of physician referred to: _____			
10. If claimant was hospitalized, where? _____			
I certify the statements and answers set forth in this section are true and correct to the best of my knowledge. I am aware the law, specifically § 61-3-24g, provides for severe penalties if I knowingly certify a false report or statement, withhold material fact or statement or knowingly aid or abet anyone attempting to secure benefits to which he or she is not entitled. In signing this form, I acknowledge my contractual obligations to the Commission and agree to release any office notes/test results immediately to the Commission.			
<b>Physician's Signature:</b> _____		<b>Date:</b> _____ / _____ / _____	

**SAMPLE**  
**Employers' Report of Injury**  
 Prior To Completing This Form You Must  
 Read The Instructions On The Back Of This Form.

For Division Use Only  
**Claim Number:** \_\_\_\_\_  
**Team Assigned:** \_\_\_\_\_  
**ICD9:** \_\_\_\_\_

All Information Must Be Completed

I have been informed of my responsibilities under WV Workers' Compensation Law and agree to abide by such in the administration of services provided by the Division. I am aware the law provides for severe penalties for providing false statements or information.

**Initials of Employer Representative:** \_\_\_\_\_

1. WCD Policy Number: _____ -		FEIN or SSN: <u>DN 0016</u>	
2. Industrial Code: _____		Phone Number: ( _____ ) _____ -	
3. Name of Employer as Listed with WCD: _____ Address of Employer: _____ City: _____ County: _____ State: _____ Zip Code: _____			
4. Injured Employee SSN: <u>DN 0042</u> - -		Date of Injury: <u>DN 0031</u> / /	
5. Injured Employee Name: <u>DN 0044- DN 0043 - DN 0045- DN 0255</u>		Marital Status: <u>DN</u>	
Job Title/Description: <u>DN 0060</u>		Telephone: <u>DN 0051</u>	
6. Address of Employee: <u>DN 0046- DN 0047</u> City: <u>DN 0048</u> County: _____ State: <u>DN 0155</u> Zip Code: <u>DN 0050</u>			
7. Injured Employee Date of Birth: _____ / <u>DN 0052</u> /		Sex: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <u>DN 0053</u>	
8. Injured Employee is (Check All That Apply): <input checked="" type="checkbox"/> Owner/Part Owner <input checked="" type="checkbox"/> Full-Time <u>DN 0058</u> <input checked="" type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Volunteer <input checked="" type="checkbox"/> Leased (If Leased Employee, complete 8a, 8b, and 8c.) 8a. Name and Policy Number of Leasing Company: _____ 8b. Name and Policy Number of Client Employer: _____ 8c. Date the injured worker was first assigned to the Client Employer: _____ / /			
9. If owner, part owner, or officer, are wages included on wage reports? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
10. Date employee was first employed by you? _____ / <u>DN 0061</u> /			
11. Stopped Work for Injury: Date _____ / <u>DN 0065</u> / _____ Time: _____ <input checked="" type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. Date Employee Returned to Work: _____ / <u>DN 0068</u> / _____ Time: _____ <input checked="" type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. Time Employee Began Work on Date of Injury: _____ <input checked="" type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. Time of Injury: _____ <input checked="" type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. Is the disability expected to last longer than four (4) days? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>DN 0058</u>			
12. Do you have a Workers' Compensation Division approved Return-To-Work program? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13. If employee has returned to work, is it alternate or modified work? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, indicate wages: Hourly Rate: \$ _____ Hours per Week: _____			
14. Daily rate of pay on the date of injury: \$ _____			
15. If part-time employee: Hourly Rate: \$ _____ Hours per Week (25 or less) : _____			
16. Did Injury Occur on Employer's Property? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Address where injury occurred: <u>DN 00249</u>			
17. Nature, Body Part and Type of Injury: 17a. Nature: <u>DN 0035</u> 17b. Body Part: <u>DN 0036</u> 17c. Type of Injury: <u>DN 0037</u>			
18. Do you have reason to question this injury? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, you must attach a specific explanation to this form.</i>			
19. Was an incident report completed? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, see instructions.</i>			
20. Initial Medical Contact: _____		Phone Number: ( _____ ) _____ -	
21. Are you aware of or suspect a previous injury to this body part? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
I certify the statements and answers set forth in this section are true and correct to the best of my knowledge. I am aware the law, specifically § 61-3-24e, provides for severe penalties if I knowingly certify a false report or statement and/or withhold a material fact regarding any information requested by the Commissioner. I acknowledge the provisions of the aforementioned code and the severe penalties for knowingly with fraudulent intent to aid or abet anyone in securing or attempting to secure benefits to which he or she is not entitled.			
<b>Signature:</b> _____		<b>Date:</b> _____ / _____ / _____	

<b>SAMPLE</b> <b>Employers' Report of Occupational Disease</b> Prior To Completing This Form You Must Read The Instructions On The Back Of This Form	For Commission Use Only <b>Claim Number:</b> _____ <b>Team Assigned:</b> _____ <b>ICD9:</b> _____				
All Information Must Be Completed					
I have been informed of my responsibilities under WV Workers' Compensation Law and agree to abide by such in the administration of services provided by the Commission. I am aware the law provides for severe penalties for providing false statements or information.					
Initials of Employer Representative: _____					
1. WCC Policy Number: <u>DN 0016</u> - _____	FEIN or SSN: _____				
2. Industrial Code: _____	Phone Number: (____) _____ - _____				
3. Name of Employer as Listed with WCC: _____ Address of Employer: _____ City: _____ County: _____ State: _____ Zip Code: _____					
4. Employee SSN: _____ - <u>DN 0042</u>	Date of Last Exposure: <u>DN 0031</u> - _____ / _____				
5. Employee Name: <u>DN 0043- DN 0044- DN 0045- DN 0255</u> Job Title/Description: <u>DN 0060</u>	Marital Status: <u>DN 0054</u> Telephone: <u>DN 0051</u>				
6. Address of Employee: <u>DN 0046- DN 0047</u> City: <u>DN 0048</u> County: _____ State: <u>DN 0049</u> Zip Code: <u>DN 0050</u>					
7 Employee Date of Birth: _____ / <u>DN 0052</u> / _____	Sex: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <u>DN 0053</u>				
8. Employee is (Check All That Apply): <input checked="" type="checkbox"/> Owner/Part Owner <input checked="" type="checkbox"/> Full-Time <u>DN 0058</u> <input checked="" type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Volunteer <input checked="" type="checkbox"/> Leased (If Leased Employee, complete 8a, 8b, and 8c.) 8a. Name and Policy Number of Leasing Company: _____ 8b. Name and Policy Number of Client Employer: _____ 8c. Date the employee was first assigned to the Client Employer: _____ / _____ / _____					
9. If owner, part owner, or officer, are wages included on wage reports? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
10. Date employee was first employed by you? _____ / <u>DN 0061</u> / _____					
11. Is this employee still employed by you? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If not, indicate last date of employment: ___/___/___					
12. Was this employee, while employed by you, exposed to the hazards of this disease for 60 continuous days? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
13. Indicate in the space below all employment with you. Show begin date, end date, location and job title.					
<u>Begin Date</u>	<u>End Date</u>	<u>Job Title/Location</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Job Title/Location</u>
a.			d.		
b.			e.		
c.			f.		
14. Daily rate of pay on the date of last exposure: \$ _____					
15. If part-time employee: Hourly Rate: \$ _____ Hours per Week (25 or less): _____					
16. Did alleged exposure occur on employer's property? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Address where alleged exposure occurred: <u>DN 0249</u>					
17. Nature, Body Part and Type of Disease: 17a. Nature: <u>DN 0035</u> 17b. Body Part: <u>DN 0036</u> 17c. Type of Disease: <u>DN 0037</u>					
18. Date disease was first diagnosed: ___/___/___ <u>DN 0056</u> / ___/___/___ By whom? _____ Phone _____					
19. Are you aware of or suspect a previous claim filed for this disease? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the claim number.					
20. Has this work site been tested for employee exposure to air contaminants or noise? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide results and dates of testing.					
I certify the statements and answers set forth in this section are true and correct to the best of my knowledge. I am aware the law, specifically § 61-3-24e, provides for severe penalties if I knowingly certify a false report or statement and/or withhold a material fact regarding any information requested by the Commission. I acknowledge the provisions of the aforementioned code and the severe penalties for knowingly with fraudulent intent to aid or abet anyone in securing or attempting to secure benefits to which he or she is not entitled. <b>Signature:</b> _____ <b>Date:</b> ___/___/___					

# OIC Test and Production Process

Attaining full production Electronic Data Interchange (EDI) status for First Reports of Injury (FROI) is a Four (4) Stage process.

## Stage One: EDI Electronic Registration

<http://www.wvinsurance.gov>

Completion of the OIC EDI Trading Partner Profile (registration form) electronically documents identification and contact information for each trading partner providing data to WV, the receiving jurisdiction. Completion of the WV Registration Form will send a copy to ISO, the OIC and a return copy to the contact completing the form.

Completion of the OIC Registration **Update Form** allows Trading Partners the ability to add or remove entities, change contact information, transmission method, etc. for whom they have been or will be reporting and will send the updated information to ISO, the OIC and a return copy to the contact completing the form.

The Trading Partner will be notified of an anticipated start date for moving to the Pretest Stage upon successful completion of the Electronic Registration Process. The Test/Production Indicator (DN 0104) located in position 82 of the Header Record should be set to 'T' during all testing. Data will be processed through the OIC testing database.

## Stage Two: Pretest & Technical Capability Test

During the pretest stage, the Trading Partner will submit at least five (5) electronic IAIABC Release 3 FROIs containing more than one (1) MTC and at least one variable segment, to OIC. File analysis will be performed to ensure proper file structure.

- Transmission method sent – OIC receipt of FROI batch, coincident with Electronic registration process
- Header (HD1) – proper information, coincident with Electronic registration process

IAIABC					OIC
DN	Data Element Name	Format	Beg	End	Value
0001	Transaction Set ID	3 A/N	1	3	HD1
0098	Sender FEIN	9 A/N	4	12	*
0098	Filler	7 A/N	13	19	spaces
0098	Sender Postal Code	9 A/N	20	28	*
0099	Receiver FEIN	9 A/N	29	37	542123415
0099	Filler	7 A/N	38	44	spaces
0099	Receiver Postal Code	9 A/N	45	53	253041949
0100	Date Transmission Sent	Date	54	61	*
0101	Time Transmission Sent	Time	62	67	*
0102	Original Transmission Date	Date	68	75	spaces
0103	Original Transmission Time	Time	76	81	spaces
0104	Test/Production Indicator	1 A/N	82	82	T
0105	Transmission Type Code	3 A/N	83	85	148
0105	Release Number	2 A/N	86	87	30

- Trailer (TR2) – proper transaction count & detailed record count
- 148 – proper file length (913 bytes)
- R21 – proper file length dependent on variable segments
- Transmission method received – Trading Partner receipt of AKC batch, coincident with Electronic registration process. The AKC batch returned by OIC must be reviewed by the Trading Partner to obtain the status of the transactions.
- Batch Format of files sent by the Trading Partner is correct, (i.e., each batch contains an appropriate header record, one or more transaction records, and a trailer record, and the number of records sent matches the record/transaction numbers indicated in the trailer).
- Valid formatted data for all data fields, e.g., data in the date of injury field, must be in DATE format, date of injury is  $\leq$  date of report and cannot be a non-existent date (a date in the future), values in code fields must have valid code values, etc. Each Trading Partner must have the same understanding of the meaning of each data element and submit data with that meaning only. (Review the definitions for each required data element found in the data element dictionary of the IAIABC Implementation Guide.

## **Stage Three: Business Content Test (FROI)**

Test Stage Three is to ensure that the following requirements are met before a Trading Partner is allowed to routinely submit electronic data to the OIC in a Production status.

### **Complete data**

Claim administrators must submit all required data elements and all Maintenance Type Codes (MTC's) for the FROI, if applicable, e.g. a Self-Administered Self Insured may not be required to send MTC - AU or AQ.

### **Accurate data**

There is little value in collecting and utilizing data unless there is assurance that the data is accurate.

### **Data Quality Criteria**

Reports are first transmitted to the OIC via EDI and they are tested for completeness and validity using built-in data edits on the OIC system.

A minimum of ten (10) real claims should be transmitted per test batch. These claims should meet or exceed the following data quality criteria:

- No transmitted reports are rejected {Application Acknowledgment/Transaction Code = TR (transaction rejected)}. If the transaction is rejected, it is corrected and resubmitted until it is accepted.
- Any accepted reports that contain errors (Application Acknowledgment/Transaction Code = TE accepted with errors) must be corrected and resubmitted until accepted.
- No errors in header or trailer records
- Trading Partner can receive electronic acknowledgment reports

The length of the test stage depends on the Trading Partner. Testing can be completed after two transmissions of test data (for each transaction/report type), providing the above conditions are met.

If FROI data does not meet the above data quality criteria on the initial submission because of missing data, the Trading Partner has up to ten (10) days from the initial submission to fill in missing data in order to meet these criteria. Any corrections made will be reflected in the remainder of the test process.

The data reporting requirements for each data element are listed in the Element Requirements Table of the OIC Implementation Guide.

### **OIC (Test) MTC's**

OIC accepts all MTC's and therefore Trading Partners are expected to test all MTC's. - Refer to the Event Table of the OIC FROI Implementation Guide for more information.

During the test process, Trading Partners will need to submit reports with corrections (MTC CO) in order to correct data reported in error or to fill in missing data. Trading Partners will also submit reports with changes (MTC O2) to update any previously reported data elements that were accepted without error.

### **EDI Test (Test) Procedure**

OIC will process the transactions, apply all edits, validate data accuracy and return acknowledgments to the Trading Partner. Processing is usually done the same day but no longer than 48 hours after the data is submitted.

## Stage Three - Batch 1

Trading Partner needs to submit initial Business Content Test transmission with a minimum of ten (10) FROI claims in the first test transmission as follows:

- a. At least four (4) Original Transactions (MTC 00) including;
  - One (1) claim with an invalid data element that should cause a **TR**, e.g. invalid Employer FEIN, and
  - One (1) claim with an invalid data element that should cause a **TE**, e.g. Date Return to Work (DN 0068) < Date Disability Began.
- b. At least one (1) Denial Transaction (MTC 04) without a Jurisdiction Claim Number (DN0005), e.g. a new claim for which no benefits will be paid.
- c. At least one (1) Denial Transaction (MTC 04) with a Jurisdiction Claim Number (DN0005), e.g. an existing claim for which no benefits will be paid.
- d. At least two (2) Acquired/Unallocated Transactions (MTC AU): one (1) with and (1) one without a jurisdiction claim number (Required for TPAs & Vendors only).
- e. At least two (2) Acquired Claims (MTC AQ): one (1) with and (1) one without a jurisdiction claim number (Required for TPAs & Vendors only).

## Stage Three - Batch 2

Trading Partner needs to submit a second Business Content Test transmission with a minimum of ten (10) FROI claims as soon as can be scheduled with the following transactions:

- a. At least four (4) Original Transactions (MTC 00) with no errors.
- b. At least one (1) Original Transaction (MTC 00) to correct the invalid TR transaction.
- c. At least one (1) Correction (MTC CO) with the Jurisdiction Claim Number to correct the invalid TE transaction.
- d. At least one (1) Change (MTC 02) with the Jurisdiction Claim Number, change an Employee SSN, Name or Date of Injury.
- e. At least one (1) Cancel (MTC 01) with the Jurisdiction Claim Number.

The OIC will process the transactions, apply all edits, validate data accuracy and return acknowledgments to the Trading Partner. Processing usually occurs the same day that the data is transmitted to the OIC. The ability of the Trading Partner to store and properly use the jurisdiction claim number assigned by the OIC will be validated in this test. The jurisdiction claim number is a ten-digit numeric that is used as primary match data to locate the claim in the OIC database.

This test process will be repeated until the Trading Partner demonstrates the ability to submit the transactions with the data quality criteria of at least ninety percent {90%} of the transmitted reports free of any errors in mandatory and conditional data elements.

### Moving from Test to Production Status

Once the data quality criteria of the EDI transmissions have been met for the FROI and at least ninety percent {90%} of transmitted reports should be free of any errors in mandatory and conditional data elements, OIC will notify the Trading Partner by email that the Trading Partner has passed the tests and is approved for production. OIC and the Trading Partner can then select a mutually agreed upon date to begin production.

## **Stage Four: OIC Test Completion (FROI) - Congratulations!**

You are now officially approved for production EDI reporting of workers' compensation FROI data with the West Virginia Offices of the Insurance Commissioner. Data transmissions will be monitored for completeness, validity, and accuracy by the OIC during production. Trading Partners may be sent quality control reports that measure their data quality.

### **Test/Production Indicator**

The Test/Production Indicator (DN 0104) located in position 82 of the Header Record is set to 'P' during production. Data will be posted to the OIC production database.

### **Data Quality Requirements**

Data sent to OIC will continue to be monitored for completeness and validity. Trading Partners are expected to meet or exceed a ninety percent (90%) accuracy rate for mandatory and conditional data elements.

### **Data Quality Reports**

OIC automatically monitors the quality of data received during test and production from individual Trading Partners. The system tracks all outstanding errors and produces automated data quality reports. OIC plans to provide these reports to each Trading Partner on a periodic basis.

### **Trading Partner Profile Updates**

Trading Partner Profiles must be kept up-to-date. OIC must be notified of any changes via the Update Electronic Registration Process. Please see the section titled OIC EDI Trading Partner Process, EDI Reporting Process for additional information.

### **Transmission Mode/Specifications**

If the transmission mode or specifications are changed, re-testing some or all transaction types may be required.

# EDI FROI Reports and Related Events and Data Edits

## *Introduction*

This section contains information on the OIC Electronic Data Interchange (EDI) reporting requirements for First Report of Injury (FROI), reporting electronically using the IAIABC Release 3 format. This information should be used in conjunction with the IAIABC Release 3 Guide, which can be found at <http://www.iaabc.org/edi/implementation.htm>.

In addition, this website contains information such as the Error Message Dictionary, Glossary, and Code Table Values. The IAIABC Release 3 Guide illustrates the error correction technical processing rules and acknowledgment scenarios in which technical processes should occur when records are accepted, accepted with errors or rejected. This is communicated in the acknowledgment record that is returned from the jurisdiction. Refer to the IAIABC Release 3 Guide, sections Error Correction Technical Rules and Acknowledgments for detailed information on the Error Correction process and Acknowledgment Scenarios.

The IAIABC Release 3 Guide illustrates the sequence in which business events (MTC) should occur during the life of a claim. When used with the Jurisdiction Event table, the sequence of reporting requirements can be determined. Failure to follow the sequencing rules could result in the rejection of required reports by the jurisdiction. Refer to the IAIABC Release 3 Guide, section Transaction Sequencing and Processing Rules.

### **Special FROI Reporting Note:**

Trading partners must report to the OIC DN0059 - Manual Classification Code on all FROI's filed via EDI to date.

Effective for Dates of Injury prior to November 1, 2013, self insured employers report WV Occupation Code (See Occupational Codes for Manual Class Code for a list of valid occupation codes) and non self insured should report the NCCI Codes in DN0059 – Manual Classification Code.

Effective for Dates of Injury of November 1, 2013 and later, the use of the non-NCCI classification codes will no longer be accepted. NCCI classification codes (Data Element DN0059) will be required when filing through EDI for all workers' compensation claims.

Updating the claim record with the proper code is done via EDI with a 02-Change MTC.

*Overviews of the OIC Requirements documents are outlined below.*

## **OIC FROI Requirements Overview**

### **Sequencing Document**

This table provides the OIC MTC sequencing. The table conveys to the trading partner the sequencing rules that clarify how OIC will apply Edit 063 - Invalid Event Sequence. The edits will be applied on a per claim basis regardless of the sending party.

### **Match Data Table**

The OIC Match Data is 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 or can change and prevent a match. For this reason, OIC has identified primary "match" data element(s) and secondary "match" data elements. When there is no match on one of the primary "match" data elements

(usually on a change or correction transaction), secondary "match" data elements are used to match a claim. When a match is found on the primary or secondary "match" data elements, Nature of Injury and Cause of Injury are used as *'additional'* confirmation that the claim is a duplicate for situations where there may be multiple injuries for the same Date of Injury.

## **Event Table**

The OIC FROI Event Table is designed to provide information integral for a sender to understand the receiver's EDI reporting requirements. The Event Table relates EDI information to the circumstances under which the information is initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria. The FROI Event Table conveys the level of EDI reporting currently accepted by OIC.

## **Element Requirements Table**

The OIC FROI Element Requirements Table provides the OIC FROI business data element requirements. The Table defines the data element requirements for the FROI record to the Maintenance Type Code (MTC) level. Further, the Element Requirements Table provides data element requirements that differ based on Report Type (MTC) criteria established on the OIC Event Table. Refer to the OIC Edit Matrix for the edits that will be applied based on the data element requirements. Note: OIC FROI Element Requirements Table does not include requirements for MTC UR (Upon Request), which will be published at the time of the specific requested report.

## **Conditional Data Elements**

Mandatory/Conditional and Expected/Conditional data elements are normally optional, but become mandatory under conditions established by the receiver. If the defined condition exists, the data element becomes mandatory and mandatory rules apply (the data element must be present and must be a valid format or the transaction will be rejected). The OIC FROI Conditional Data Element Table represents the OIC FROI data elements that are Mandatory/Conditional and Expected/Conditional and the conditions that apply.

## **Edit Matrix Table for FROI and SROI**

The OIC FROI/SROI Edit Matrix, based on the OIC Element Requirement Table, conveys which data elements have edits that may be applied to them and provides the standard error messages associated with these edits.

## **Edit Matrix Population Legend**

The OIC Edit Matrix is populated with values that communicate OIC data element edit requirements:

**F** = Edit applies to the data elements deemed essential for a transmission/transaction to be processed.

**L** = Edit applies to the data elements based on the requirements indicated on the Element Requirement Table.

## **Population Restrictions**

A "P" is indicated in the 'Population Restrictions Indicator' column for Data Elements that have certain 'population values' allowed for specific OIC data elements. The associated data element population restriction is detailed in the OIC Data Element Population Restrictions Table.

### **Data Element Population Restrictions Table for FROI and SROI**

The OIC FROI/SROI Population Restrictions Table elaborates on the data elements specific data population or accepted values for standard error messages. The 'Population Restriction' listed for each Data Element on this table is associated with a specific Error Message. The Population Restrictions Table communicates the Data Element Number (DN), Data Element Name, Error Message Number, Error Message Text and Population Restriction. The Population Restriction column in the table indicates the specific reason for the generation of the error messages indicated, including MTC limitation, if applicable.

### **Valid Values Table for FROI and SROI**

The Valid Values Table identifies the code values that are not statutorily valid in the jurisdiction. A 'N' in the capture column indicates that the data element is not captured in the jurisdiction. A 'Y' in the capture column indicates that the data element is captured by the jurisdiction. A code value that has been grayed out indicates that the code is 'Not Statutorily Valid' by the jurisdiction. Jurisdictions may return Error Message-'042-Not Statutorily Valid' on grayed out values. The code values that are not grayed out are the code values that are statutorily valid and will be processed by the jurisdiction. See Section 2 for statutorily valid codes that are valid but will not be processed by jurisdiction.

### **Occupational Codes for Manual Class Code**

Trading partners must report to the OIC DN0059 - Manual Classification Code on all FROI's filed via EDI to date. Updating the claim record with the proper code is done via EDI with a 02-Change MTC.

If self insured, report WV Occupation Code in DN0059 – Manual Classification Code. If not self insured, report the NCCI Codes in DN0059 – Manual Classification Code.

## **Section 3: Subsequent Reports of Injury (SROI)**

### **OIC Test and Production Process**

**Attaining full production Electronic Data Interchange (EDI) status for Subsequent Reports of Injury (SROI) is a Two (2) Stage process.**

#### **Stage One: Business Content Test (SROI)**

Test Stage One is to ensure that the following requirements are met before a Trading Partner is allowed to routinely submit electronic data to the OIC in a Production status.

##### **Complete data**

Claim administrators must submit all required data elements and all OIC required Maintenance Type Codes (MTC's) for the SROI, if applicable, e.g. a Self-Administered Self Insured may not be required to send MTC – AP.

##### **Accurate data**

There is little value in collecting and utilizing data unless there is assurance that the data is accurate.

##### **Data Quality Criteria**

Reports are first transmitted to the OIC via EDI and they are tested for completeness and validity using built-in data edits on the OIC system.

A minimum of ten (10) real claims should be transmitted per test batch. These claims should meet or exceed the following data quality criteria:

- No transmitted reports are rejected {Application Acknowledgment/Transaction Code = TR (transaction rejected)}. If the transaction is rejected, it is corrected and resubmitted until it is accepted.
- Any accepted reports that contain errors (Application Acknowledgment/Transaction Code = TE accepted with errors) must be corrected and resubmitted until accepted.
- No errors in header or trailer records
- Trading Partner can receive electronic acknowledgment reports

The length of the test stage depends on the Trading Partner. Testing can be completed after two-transmissions of test data (for each transaction/report type), providing the above conditions are met.

If SROI data does not meet the above data quality criteria on the initial submission because of missing data, the Trading Partner has up to ten (10) days from the initial submission to fill in missing data in order to meet these criteria. Any corrections made will be reflected in the remainder of the test process.

The data reporting requirements for each data element are listed in the Element Requirements Table of the OIC Implementation Guide.

## **EDI Test (Test) Procedure**

OIC will process the transactions, apply all edits, validate data accuracy and return acknowledgments to the Trading Partner. Processing is usually done the same day but no longer than 48 hours after the data is submitted.

### **OIC MTC's**

Refer to the Requirement & Event Tables in the OIC SROI Implementation Guide for more information.

OIC accepts most MTC's {27} and therefore Trading Partners are expected to test all OIC required MTC's:

<b>02</b>	<b>04</b>	<b>AB</b>	<b>AP</b>	<b>CA</b>	<b>CB</b>	<b>CD</b>	<b>CO</b>	<b>EP</b>	<b>ER</b>	<b>IP</b>	<b>P7</b>	<b>PD</b>
<b>PY</b>	<b>RB</b>	<b>RE</b>	<b>S1</b>	<b>S2</b>	<b>S4</b>	<b>P5</b>	<b>S5</b>	<b>S6</b>	<b>S7</b>	<b>S8</b>	<b>SD</b>	<b>MN</b>
<b>QT</b>	<b>FN</b>											

OIC MTC definitions and DP Rules are based on the IAIABC Release 3 Standards. Each MTC definition and DP rule can be found in the IAIABC Release 3 Claims Data Dictionary. The IAIABC Release 3 Guide can be found at <http://www.iaabc.org/edi/implementation.htm>. This guide must be used in conjunction with the OIC Implementation Guide for EDI implementation.

## Stage One: {Test Batches}

Trading Partners need to submit Business Content Test transmissions with a minimum of fifteen (15) FROI claims in the first test transmission to establish the claims for the balance of the SROI testing and to obtain the JCN that is required for the SROI test claims. The SROI test claims must be submitted per the sequencing requirements to satisfy the MTCs required for the test. The chart below shows the minimum number of transactions required to satisfy the test:

MTC	Batch 1	Batch 2	Batch 3	Batch 4
00	15			
02			1	
04			1	
AB			1	
AP		1		
CA			1	
CB			1	
CD		1		
CO			1	
EP		1		
ER			1	
IP		12		
P7			1	
PD			1	
PY			1	
RB				1
RE				1
S1				1
S2				1
S4				1
P5				1
S5			1	
S6			1	
S7				1
S8			1	
SD			1	
MN			1	
QT				1
FN				1

OIC will process the transactions, apply all edits, validate data accuracy and return acknowledgments to the Trading Partner. Processing usually occurs the same day. The ability of the Trading Partner to store and properly use the jurisdiction claim number assigned by the OIC will be validated in this test. The jurisdiction claim number is a ten-digit numeric that is used as primary match data to locate the claim in the OIC database.

This test process will be repeated until the Trading Partner demonstrates the ability to submit the transactions with the data quality criteria of at least ninety percent {90%} of the transmitted reports free of any errors in mandatory and conditional data elements.

## **Moving from Test to Production Status**

Once the data quality criteria of the EDI transactions have been met for the SROI and at least ninety percent {90%} of transmitted reports should be free of any errors in mandatory and conditional data elements, the OIC will notify the Trading Partner by email that the Trading Partner has passed the tests and is approved for production. The OIC and the Trading Partner can then select a mutually agreed upon date to begin production.

## **Stage Two: OIC Test Completion (SROI) - Congratulations!**

You are now officially approved for production EDI reporting of workers' compensation SROI data with the West Virginia Offices of the Insurance Commissioner. Data transmissions will be monitored for completeness, validity, and accuracy by the OIC during production. Trading Partners may be sent quality control reports that measure their data quality.

### **Test/Production Indicator**

The Test/Production Indicator (DN 0104) located in position 82 of the Header Record is set to 'P' during production. Data will be posted to the OIC production database.

### **Data Quality Requirements**

Data sent to OIC will continue to be monitored for completeness and validity. Trading Partners are expected to meet or exceed a ninety percent (90%) accuracy rate for mandatory and conditional data elements.

### **Data Quality Reports**

OIC automatically monitors the quality of data received during test and production from individual Trading Partners. The system tracks all outstanding errors and produces automated data quality reports. OIC plans to provide these reports to each Trading Partner on a periodic basis.

### **Trading Partner Profile Updates**

Trading Partner Profiles must be kept up-to-date. OIC must be notified of any changes via the Update Electronic Registration Process. Please see the section titled OIC EDI Trading Partner Process, EDI Reporting Process for additional information.

### **Transmission Mode/Specifications**

If the transmission mode or specifications are changed, re-testing some or all transaction types may be required.

# EDI SROI Reports and Related Events and Data Edits

## *Introduction*

This section contains information on the OIC Electronic Data Interchange (EDI) reporting requirements for Subsequent Report of Injury (SROI), reporting electronically using the IAIABC Release 3 format. This information should be used in conjunction with the IAIABC Release 3 Guide, which can be found at <http://www.iaabc.org/edi/implementation.htm>.

In addition, this website contains information such as the Error Message Dictionary, Glossary, and Code Table Values. The IAIABC Release 3 Guide illustrates the error correction technical processing rules and acknowledgment scenarios in which technical processes should occur when records are accepted, accepted with errors or rejected. This is communicated in the acknowledgment record that is returned from the jurisdiction. Refer to the IAIABC Release 3 Guide, sections Error Correction Technical Rules and Acknowledgments for detailed information on the Error Correction process and Acknowledgment Scenarios.

The IAIABC Release 3 Guide illustrates the sequence in which business events (MTC) should occur during the life of a claim. When used with the Jurisdiction Event table, the sequence of reporting requirements can be determined. Failure to follow the sequencing rules could result in the rejection of required reports by the jurisdiction. Refer to the IAIABC Release 3 Guide, section Transaction Sequencing and Processing Rules.

### **Special SROI Reporting Note:**

DN0299 Award/Order Date: Per the OIC requirements and based on the IAIABC Release 3 standards, when DN0299 Award/Order Date is required on a transaction, it must be the most recent Award/Order Date. When concurrent benefits are applicable, the Award/Order Date must be the date for the most recently added type of benefit.

*Overviews of the OIC Requirements documents are outlined below.*

### **OIC SROI Requirements Overview**

#### **Match Data Table**

The OIC Match Data is 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 or can change and prevent a match. For this reason, OIC has identified primary "match" data element(s) and secondary "match" data elements. When there is no match on one of the primary "match" data elements (usually on a change or correction transaction), secondary "match" data elements are used to match a claim. When a match is found on the primary or secondary "match" data elements, Nature of Injury and Cause of Injury are used as 'additional' confirmation that the claim is a duplicate for situations where there may be multiple injuries for the same Date of Injury.

#### **Event Table**

The SROI Event Table is designed to provide information integral for a sender to understand the receiver's EDI reporting requirements. The Event Table relates EDI information to the circumstances under which the information is initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria. The SROI Event Table conveys the level of EDI reporting currently accepted by OIC.

#### **Periodic Reports Events Table**

The Periodic Reports Event Table is designed to provide information integral for a sender to understand the receiver's EDI reporting requirements. The Periodic Events Table relates EDI information to the circumstances under which the information is initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria. The Periodic Reports Event Table is used to convey the level of EDI reporting currently accepted by OIC.

## Element Requirements Table

This SROI Element Requirements Table provides the OIC SROI business data element requirements. The Element Requirements Table defines the data element requirements for the SROI record to the Maintenance Type Code (MTC) level. Further, the Element Requirements Table provides data element requirements that differ based on Report Type (MTC) criteria established on the OIC SROI Event Table. Refer to the OIC FROI-SROI Edit Matrix for the edits that will be applied based on the data element requirements.

*Notes: OIC SROI Element Requirement Table does not include requirements for MTC UR, which will be published at the time of the specific requested report.*

## Conditional Data Elements

Mandatory/Conditional and Expected/Conditional data elements are normally optional, but become mandatory under conditions established by the receiver. If the defined condition exists, the data element becomes mandatory and mandatory rules apply (the data element must be present and must be a valid format or the transaction will be rejected). The SROI Conditional Data Element Table represents the OIC SROI data elements that are Mandatory/Conditional and Expected/Conditional and the conditions that apply.

## Benefit Requirements Table

This table provides the OIC SROI Benefit Data Element Requirements. Refer to the OIC Benefit Data Element Requirements Conditions for the specific data element M/C (Mandatory/Conditional) conditions and to the Edit Matrix for the edits that will be applied based on the data element requirements.

## Benefit Requirements Conditions Table

Mandatory/Conditional data elements are normally optional, but become mandatory under conditions established by the receiver. If the defined condition exists, the data element becomes mandatory and mandatory rules apply (the data element must be present and must be a valid format or the transaction will be rejected). The Benefit Requirements Conditions represent the OIC SROI Benefit data elements that are Mandatory/Conditional and the conditions that apply.

## OIC FROI SROI Requirements

The WVOIC FROI SROI Requirement documents listed below can be download at the following website:  
<http://www.wvoicedi.info/>

- WVOIC Event Table-FROI-SROI-SROI Periodic
- WVOIC Element Requirement and Conditions Table-FROI SROI R3
- WVOIC Match Data Table FROI SROI
- WVOIC Edit Matrix-FROI SROI DN Error Msg R3
- WVOIC-Track changes