

# EDI Advisory

December 1, 2002

## *New EDI production changes*

The Nebraska Workers' Compensation Court intends to enhance its processing of EDI first and subsequent report transactions by moving towards a claims-based model in addition to maintaining its existing injury report-system model. The court's objectives in enhancing claims processing are to:

- reduce under-reporting of benefit amounts paid without losing information previously reported,
- implement historical data capture, and
- implement improvements to acquired claims processing activities.

## *Implementing the claims-based model in the 'WCC - Search Claims' application*

The existing "WCC - Search Claims" application, accessed via the State of Nebraska's (Guardian) Secure Extranet Web site, will be modified to reflect the claims-based model enhancements mentioned above. The internal conversion is planned for January 2003 with the new version available shortly thereafter.

## *Resolving invalid names and FEINs for insurers and third party administrators*

Previous efforts to improve the quality of insurer names and FEINs have been about 85 percent successful. The court intends to continue improving the information in the Insurer Name and FEIN data elements. The introduction of new edits for third party administrator (TPA) names and FEINs help enhance the accuracy of these data elements. The following edits will become effective **March 1, 2003** and court staff will follow-up with trading partners to resolve edit errors:

- Add an edit for TPA FEIN (DN 8) that will validate a FEIN submitted against the database. If the FEIN is not valid, a TE will be returned. Add an E to the intersection of data element number 8 and error message number 39 in the Edit Matrix table.
- Add an edit for TPA Name (DN 9) which will validate a name submitted against the database. If the name is not valid, a TE will be returned. Add an E to the intersection of data element number 9 and error message number 39 in the Edit Matrix table.

There may be some confusion regarding reporting requirements for claim handlers who work with multiple states, where some states have implemented the Release 1 IAIABC standard and others have implemented Release 2 IAIABC standard. Since Nebraska uses the Release 1 IAIABC standard, the following will assist claims handlers to submit the correct data element information to the court:

1. According to the IAIABC Release 1 standards, insurers administering their own claims must provide the insurer FEIN in the Insurer FEIN field (DN 6) and provide the name of the insurer assuming the employer's financial responsibility for workers' compensation claims in the Insurer Name field (DN 7). The Third Party Administrator FEIN field (DN 8) and Third Party Administrator Name field (DN 9) should be left blank.
2. According to the IAIABC Release 1 standards, self-insured employers administering their own claims must provide the insurer FEIN in the Insurer FEIN field (DN 6) and provide the name of the self-insured employer assuming financial responsibility for workers' compensation claims in the Insurer Name field (DN 7). The Third Party Administrator FEIN field (DN 8) and Third Party Administrator Name field (DN 9) should be left blank.
3. According to the IAIABC Release 1 standards, third party administrators who administer claims on behalf of an insurer, self-insured employer or pool, must provide the third party administrator FEIN in

the Third Party Administrator FEIN field (DN 8) and provide name of the third party administrator contracted to adjust the claim on behalf of the insurer, self-insured employer or pool in the Third Party Administrator Name field (DN 9). The insurer or self-insured FEIN should be provided in the Insurer FEIN field (DN 6) and the insurer or self-insured name should be provided in the Insurer Name field (DN 7).

**Note:** The court is receiving many incorrect FEINs and names from the entities assuming the employer's financial responsibility for workers' compensation claims. All FEINs entered must be valid. All insurer, self-insured employer and TPA names must be that entity's full legal name. Do not use abbreviations or initials.

In addition, since many of the original Trading Partner Profiles submitted to the court have become obsolete, court now requests that **all EDI Trading Partners complete and submit a new EDI Trading Partner Profile** for future reference.

### ***Paper forms and OSHA compatibility***

On the court's paper Form 1, First Report of Alleged Occupational Injury or Illness, the Carrier FEIN is also known as Insurer FEIN. The Administrator FEIN is the Third Party Administrator FEIN. The Claim Administrator (Name and address) is filled in with the insurer name and address if there is no third party contract. Otherwise fill in the Third Party Administrator (Name and address) when a TPA is contracted to adjust the claim on behalf of the insurer, self-insured employer or pool. Also, a revision to the paper first report was adopted in a public hearing in December 2001 that made it OSHA-compliant. Thus, employers are not required to file separate OSHA and first report forms when reporting occupational injuries and illnesses. The following data elements were added to make the paper first report OSHA-compliant:

- OSHA Log Number field,
- Time of Occurrence Unknown check box,
- Hospital or Off Site Treatment (Name & Address) field, and
- Hospitalized Overnight check box

Trading partners and service providers should code "Hospitalized > 24 Hours" if they receive a form with "Hospitalized Overnight" checked. The court will interpret these to mean the same in the absence of any other standard.

### ***Collaboration with Social Security Administration and Medicare.***

The court is looking into providing access to workers' compensation payment information via the State of Nebraska's (Guardian) Secure Extranet Web site. The Social Security Administration has informed us that workers' compensation payments are offset against Social Security disability benefits and are counted as income. Also, Medicare is asking for access to court information for use in their process of calculating future Medicare medical benefit payments.

# EDI Advisory

**September 17, 2002**

This document contains links to files in Portable Document Format (PDF). You will need Adobe Acrobat Reader to download these PDF files. **Select this link to install Acrobat Reader.**

## ***Reminder regarding new mandatory data elements***

The addition of two new mandatory data elements (Date of Birth and Gender) will be effective **Tuesday, October 1, 2002**. Please refer to the **July 19, 2002 Advisory Notice** for more information on these data elements.

## ***Amendments to First Report of Injury Implementation Guide***

Download the current **FROI Implementation Guide**.

### **Table of Contents (Page 2):**

- Table of Contents expanded to show Nature of Injury codes (Page 24), Part of Body codes (Page 26), and Cause of Injury codes (Page 28).

### **Edit Matrix Table (Page 59):**

- Please note that the X's on this table have been replaced with E's and R's. The E's represent a transaction accepted with error (TE) and the R's represent a transaction rejected (TR). When reviewing this table you may notice a few edits which were not documented in the 07/19/02 version of the Edit Matix. Those edits previously existed and were documented in past Advisory Notices, but due to an oversight on our part, did not get added to the Edit Matix table itself.
- ***The following new edits have been added:***
  - Add an E at the intersection of data element number 6 and error message number 40. All digits the same is not acceptable.
  - Add an E at the intersection of data element number 8 and error message number 40. All digits the same is not acceptable.
  - Add an E at the intersection of data element number 52 and error message number 1. Required Data Element.
  - Add an E at the intersection of data element number 53 and error message number 1. Required Data Element.

## ***Amendments to Subsequent Report of Injury Implementation Guide***

Download the current **SROI Implementation Guide**.

***Reminder:*** Per Rule 30.A.4, do not file a closing Form 4 on paper or EDI finals for which benefits have not been paid. File a denial if appropriate.

### **Additions to "The Do's and Don'ts of Proper Form 4 Completion" (Page 9):**

- **"Don't** report multiple lines of the same payment type code.
- **Don't** check the notification only box.

- **Don't** submit a report that has no payments with a report purpose code of initial payment. In general there should always be payments on all subsequent report transaction types except changes, corrections, denials.
- **Don't** misuse the claim status by indicating the claim is closed on IP, SA, etc. A FN is required if benefits have been paid."

#### **Subsequent Report Detailed Claim Information Codes (Page 16):**

- Payment Codes have been broken out into separate tables: **Specific Payment Codes** and **Compromised Payment Codes**. Compromised Payment Codes are used for settlements only.

#### **Element Requirements Table (Page 24):**

- Add "Note 5: Payment amount fields require amounts greater than zero."

#### **Edit Matrix Table (Page 26):**

- Please note that the X's on this table have been replaced with E's and R's. The E's represent a transaction accepted with error (TE) and the R's represent a transaction rejected (TR). When reviewing this table you may notice a few edits which were not documented in the 07/19/02 version of the Edit Matix. Those edits previously existed and were documented in past Advisory Notices, but due to an oversight on our part, did not get added to the Edit Matix table itself.
- ***The following new edits have been added:***
  - Add an E at the intersection of data element number 6 and error message number 40. All digits the same is not acceptable.
  - Add an E at the intersection of data element number 8 and error message number 40. All digits the same is not acceptable.
  - Add an E at the intersection of data element number 73 and error message number 42. Notification only is not acceptable.

#### **Frequently Asked Questions (Pages 39 and 41):**

- ***Three new FAQs were added to Page 39:***

**Q:** *How do I report mileage?*

**A:** Mileage should be reported using the Paid-to-Date code 370 (Other Medical). However, if the mileage payment is part of a Vocational Rehabilitation expense, then it should be reported using Paid-to-Date code 400 (Other Vocation Rehabilitation).

**Q:** *When do I use specific payment codes and when do I use compromised payment codes?*

**A:** There are two different tables for payment codes: specific and compromised. The specific payment codes should be used whenever you are reporting indemnity benefits that are for a definite time period with start and end dates and the corresponding amount is known. The compromised codes are to be used to report the amount of a lump sum settlement payment. For example: A claim has been submitted for a court approved lump sum settlement and has been approved which requires a subsequent report be filed. There are payments on the subsequent report that were not part of the actual settlement figure, most often the temporary benefits (on occasion this may also include a portion of the permanent benefits that were paid prior to the agreement to settle). These payments should be reported using the specific codes because the amount of each payment is specifically known and from and through dates for each payment are

specifically known. The other payments on the subsequent report will need to be reported using the compromised payment codes because it is for the actual lump sum settlement amount. The lump sum settlement amount represents a dollar figure that often includes payment of future permanent benefits, future medical, and additional consideration.

Please Note: Compromised payment codes should never be used when reporting payments on a claim that is not for a lump sum settlement.

**Q:** How do I report Permanent Partial Disability (PPD) payments when I have more than one type of PPD benefit?

**A:** Each indemnity benefit payment should be reported using the appropriate payment code. In this case the PPD benefit will be paid using either the 030 code for Permanent Partial Scheduled benefit or the 040 code will be used to report Permanent Partial Unscheduled or Body As a Whole (BAW) payments. If there is more than one period of PPD benefits to be paid, then they should be collapsed into one period using the correct payment code. For example, there is a rating to the left and right upper extremity. In this case there are two periods of PPD scheduled benefits to pay. Both payments should be reported using one 030 code with the payment periods running consecutively. What if there is a rating to the left upper extremity and a separate BAW rating for a back injury? In this case the 030 code would be used to report the scheduled payments, and then the 040 code would be used to report the BAW payments. Please see examples below:

**Example One:** PPD Benefits are five percent to the left upper extremity and five percent to the right upper extremity, with payments beginning on 01/01/2002.

#### How to Report Multiple Types of PPD Payments (Example 1)

<b>Payment Code</b>	<b>Start Date</b>	<b>End Date</b>	<b>Days and Weeks</b>	<b>Weekly Amount</b>	<b>Total Amount</b>
030	01/01/2002	06/07/2002	22 Weeks & 4 Days	Correct Amount	Correct Amount

**Example Two:** PPD Benefits are five percent to the left upper extremity and five percent BAW rating for a back injury. Payments for the upper extremity begin on 01/01/2002. BAW payments begin when the upper extremity payments are finished.

#### How to Report Multiple Types of PPD Payments (Example 2)

<b>Payment Code</b>	<b>Start Date</b>	<b>End Date</b>	<b>Days and Weeks</b>	<b>Weekly Amount</b>	<b>Total Amount</b>
030	01/01/2002	03/20/2002	11 Weeks & 2 Days	Correct Amount	Correct Amount
040	03/21/2002	Appropriate End Date	Correct Weeks & Days	Correct Amount	Correct Amount

**Please note:** There should probably not be a situation where there is more than one BAW rating. Therefore, there should not be a need to collapse multiple BAW ratings into one 040 payment. Also, adjust accordingly if there are more than two scheduled member ratings. If there are two or more scheduled ratings and one separate BAW rating, then report as above with the scheduled ratings collapsed into one payment code. Finally, please contact the court if you have a complex situation and would like help completing the subsequent report."

- **FAQ on Page 41 reworded for clarity:**

*"Q: The old Form 4 (Compensation & Expense Report) had an "Other" field for reporting mileage, interest, penalties, and other payments. Is there a corresponding field on the new Form 4 (Subsequent Report)?*

**A:** Report Total Medical Mileage as code 370 - Other Medical Paid to Date. You can report Funeral Expenses Paid to Date with code 300, Penalties Paid to Date with code 310 and Interest Paid to Date with code 320. There are three codes available to report Vocational Rehabilitation, codes 380, 390 and 400. See the codes section of this guide for details."

- **Note: SROI Frequently Asked Questions (FAQs)** now available on our EDI page. These can also be linked to under the Subsequent Report link on our Publications/Forms page.

# EDI Advisory

July 19, 2002

This document contains links to files in Portable Document Format (PDF). You will need Adobe Acrobat Reader to download these PDF files. **Select this link to install Acrobat Reader.**

## ***New Email Address for NWCC Data Process Applications Analyst***

Please note that Sandy White, Data Process Applications Analyst, has a new email address:  
**Sandy.White@wcc.state.ne.us**

## ***Implementation of EDI production changes***

The June 15, 2002 Advisory Notice issued by the Nebraska Workers' Compensation Court resulted in confusion regarding the effective date of adding two new mandatory data elements: Date of Birth and Gender. To avoid this problem in the future, the court will specify the effective date of changes to be implemented. Whenever possible, advance notice of at least 90 days will be given for trading partners to implement EDI data element changes. The new mandatory data element changes will be effective **Tuesday, October 1, 2002.**

## ***Amendments to First Report of Injury Implementation Guide***

Download the current **FROI Implementation Guide.**

### **Element Requirements Table (Page 54):**

- Date of Birth and Gender will become mandatory. Add M's to data element numbers 52 and 53.

### **Edit Matrix Table (Page 59):**

- Add X to the intersection of data element number 3 and error message number 44.

## ***Amendments to Subsequent Report of Injury Implementation Guide***

Download the current **SROI Implementation Guide.**

### **Reminder regarding electronic filing of Subsequent Reports of Injury:**

- As noted in the previous Advisory Notice of 06/15/2002, all Subsequent Reports are required to be filed per Nebraska Workers' Compensation Court Procedural Rule 30. Effective April 2002, the court adopted amendments to Rule 30 which, among other changes, eliminated July 1, 2002 as the deadline for mandatory electronic filing of subsequent reports. A phased implementation schedule was instituted to allow for more flexibility in implementing EDI filing of Subsequent Reports. If a trading partner has not been certified for EDI Subsequent Report production, they must continue to file paper Subsequent Report Form 4s in a timely manner until they are certified to do EDI Subsequent Report production.

### **Event Table (Page 22):**

- Add Maintenance Type Code "UR." UR may be used for migration from paper to EDI. The UR event trigger is all open claims where payments of any type have been made.

### **Addendum to Event Table (Page 23):**

- Add description of Maintenance Type Code "UR."

### **Element Requirements Table (Page 24):**

- Add Maintenance Type Code "UR." UR may be used for migration from paper to EDI. The Mandatory, Conditional, and Optional Codes will be same as those for MTC "SA."

**Edit Matrix Table (Page 26):**

- Move the X from the intersection of data element number 3 and error message number 41 to the intersection of data element number 3 and error message number 44.
- Change the error message for when more than one amount of the same benefit type is reported on the same transaction. Move the X from the intersection of data element number 85 and error message number 59 to the intersection of data element number 85 and error message number 64.
- Add an edit for temporary total payment codes where the end date is greater than 60 days and another edit for permanent payment codes where the EDI date is greater than 180 days. Add an X to the intersection of data element number 89 and error message number 44.

**Note:** The above edits will reject the transaction.

**Transaction Sequencing (Page 29):**

- Remove all references to "FS."

**Process Rules (Page 30):**

- Remove all references to "Benefit Adjustments Type" and "Benefit Adjustment Type Information." Benefit adjustments received will be subject to standard edits.

**Certification Test Procedure Instructions (Page 38):**

- Add "h. Correction" under item number 3.

# EDI Advisory

June 15, 2002

This document contains links to files in Portable Document Format (PDF). You will need Adobe Acrobat Reader to download these PDF files. **Select this link to install Acrobat Reader.**

## ***Full Salary MTC Removed***

If a trading partner is aware that full salary is being paid by an insured or self insured employer, then any portion of the full salary that is intended to apply to workers' compensation benefits shall be reported to the court by the trading partner. If the trading partner is unable to electronically report the workers' compensation portion of such payments in accordance with the court's electronic filing requirements, then such payments shall be reported by means of a paper subsequent report (NWCC Form 4, revised 03-02).

Given the court's decision to remove the Full Salary (FS) maintenance type code (MTC) from the Element Requirements, all references to FS are removed from the court's Implementation Guides. Trading Partners may electronically report the portion of the employee's salary that is intended to apply to workers' compensation benefits using other MTC codes on the Element Requirements table (IP, SA, FN, etc.). Trading Partners who are unable to do so must use the paper subsequent report (NWCC Form 4, revised 03-02) for such reporting, using EP (Employer Paid) in the report purpose field.

## ***Resolving Invalid Insurer FEINs***

The NWCC advisory notice of 11/30/01 stated that EDI transactions of invalid insurer FEINs would be rejected as of April 1, 2002. Due to the good response from trading partners in correcting invalid insurer FEINs, the court will continue to accept insurer FEINs that do not match the NWCC database as transactions with errors. Court staff monitor this data regularly and will directly contact those insurers and trading partner vendors having high incidences of error in an effort to identify and resolve the reason for the invalid data. Individual trading partners continuing to transmit invalid insurer FEIN data after these efforts will be subject to a court decision to reject the transactions. The insurer data is to be that of the insurance company writing the policy of workers' compensation for the reported employer.

## ***New Mandatory Data Elements***

The Agency Claim Number data element is now a mandatory field. The court has been accepting Agency Claim Numbers with errors (TE) as a Conditional field and will now continue to do so as a Mandatory field. Date of Birth and Gender have become mandatory fields and will start being accepted with errors in 90 days if they are not present.

## ***Reminder: Court-Assigned Values for Missing Social Security Numbers***

**SOCIAL SECURITY NUMBERS (DN042) Mandatory.** The policy of the court shall be that EDI first reports will not be accepted with a predefined social security number override and that the court will not publish a method to automatically bypass the submission of a social security number that is not available. If an EDI transaction is rejected due to the fact that a social security number is not available or is invalid, the trading partner should contact the court by e-mail, letter or phone call and provide the name, date of injury, and administrator claim number of the claim the trading partner is trying to get accepted. The court's EDI staff will then assign a value for the social security number and request the trading partner resubmit the claim electronically. Once resubmitted and the first report passes all edits the transaction will be accepted. Once the real social security number is obtained a change transaction should be sent by the claims administrator to update the records of the court.

Contact Jamie Lillis, NWCC Public Information Officer, at 402-471-6468 to obtain a court-assigned value for a missing social security number in order to electronically file such claims with the court.

## ***Amendments to First Report of Injury Implementation Guide***

Download the current [FROI Implementation Guide](#).

### **Subsequent Report Detailed Claim Information Codes/Part of Body Codes/VI. Multiple Body Parts (Page 30):**

- Added: "99. Body As A Whole."

### **Edit Matrix Table (Page 59):**

- Added an X to the element number 5 and error message 28. Agency Claim Number must be numeric.
- Added X's to the element number 43 and error message number 59 **and** to the element number 44 and error message number 59. Make sure name data is consistent with what has been previously reported and of sufficient quality or the transaction may be accepted with errors or rejected. The court will begin monitoring the data content of the employee first name (DN44) and employee last name (DN43) data elements.
- Added an X to the element number 56 and error message 34. Added edit to verify date disability began is greater than or equal to date of injury.

### **Match Data Table (Page 62):**

- Under Claim Administrator grouping, added Insurer FEIN and TPA FEIN as secondary match data elements.

### ***Amendments to Subsequent Report of Injury Implementation Guide***

Download the current [SROI Implementation Guide](#).

### **Overview (Page 3):**

- Removed FS - Full Salary (Employer Paid).
- Replaced third paragraph with "NWCC has begun accepting voluntary filing of EDI Subsequent Reports using the A49 transaction. Trading Partners will be contacted to schedule pilot test dates and to create a flexible implementation schedule. For implementation scheduling, see page 5."

### **Filing Requirements (Page 5):**

- Removed text of Advisory Notice 2/21/01 including text of old Rule 30 and replaced with the following text from the 11/30/01 Advisory Notice, followed by the text of the new Rule 30 as follows:

#### **"Advisory Notice**

11/30/01

#### ***Subsequent Report Implementation Scheduling***

In the weeks to come, representatives from the Nebraska Workers' Compensation Court (NWCC) will be contacting EDI trading partners to determine when Subsequent Report Certification Testing and Production Implementation would be the most convenient for trading partners and the NWCC. The NWCC wants to avoid scheduling pilot testing where there would be more than 6 or 7 trading partners testing concurrently. By contacting trading partners the NWCC hopes to develop a realistic impact analysis and Implementation Schedule.

All Subsequent Reports are required to be filed per NWCC Procedural Rule 30, as follows:

**RULE 30  
SUBSEQUENT REPORT**

- A. A Subsequent Report shall be filed with the court by the employer or its insurer or risk management pool. Such Subsequent Report shall be filed:
1. Within fourteen days following initial payment of workers' compensation benefits. A report must be filed even in cases where only medical or other non-income benefit payments have been made.
  2. Within fourteen days following the denial of a claim or a change to a previous report.
  3. On the semi-annual anniversary of the date of injury, and every 180 days thereafter until the case is closed.
  4. Within fourteen working days following the closing of any case for which benefits have been paid.
  5. Within fourteen days following payment pursuant to a final order, award, or judgment of the court, including an order approving a lump sum settlement or settlement agreement.
  6. Within 30 days of receipt from the court of a notice of error and request for correction of a previously filed subsequent report.
- B. On all Subsequent Reports filed with the court, cumulative weekly, medical, hospital, vocational rehabilitation and other benefit payments shall be included.
- C. The Subsequent Report shall be filed in writing or by electronic means, if such electronic means and the content of the electronic filing is approved by the court. No report filed by electronic means shall be deemed filed until the electronic transmission has been received and accepted by the court. Written reports shall be made by means of the Subsequent Report (Form 4), an exact copy of which appears on the two pages following this rule. Facsimile copies will not be accepted. Blank forms for written reports are furnished by the court upon request."

**Required Data Element Definitions and Values:**

- **(Reminder) Section 1, Paper Filing (Page 6):** "Beginning July 1, 2001, all compensation and expense information must be reported to the court using the new Form 4, Subsequent Report (Rev. 12-00). Information submitted should be printed or typed using black ink (illegible reports will be returned). It is absolutely essential that all mandatory information be filled in. Failure to complete the form may result in delayed processing and possibly penalties."
- **Section 2, Electronic Filing (Page 6):**
  - Replaced first two sentences with "The court has begun scheduled implementation of Subsequent Report Certification Testing and Production as noted above in the 11/30/01 Advisory Notice. However, the following types of compensation and expense reports are still under development. These exceptions should continue to be filed on paper:"
  - Removed "corrections" (bulleted item).

- Removed the sentence "Beginning July 1, 2002, the court will only accept electronically filed Subsequent Reports containing information prescribed by the court."
- **Section 3, Mandatory Information on a Subsequent Report paper form (Page 6):** Added Agency Claim Number, Gender, and Date of Birth.
- **Section 4, Conditional Information on a Subsequent Report Form (Page 7):** Removed FS - Full Salary (Employer Paid).
- **New Section 6, The Do's and Don'ts of Proper Form 4 Completion (Page 9):**

**"The Do's and Don'ts of Proper Form 4 Completion**

- **Do** remember to report all previously reported payment amounts on **every** new SROI.
- **Do** report payments in the appropriate section of the SROI (e.g. Medical payments do not belong in the Indemnity section of the report).
- **Do** use Report Purpose Code Crosswalk to complete report purpose code.
- **Do** make sure name data is consistent with what has been previously reported and of sufficient quality or the transaction may be accepted with errors or rejected. The court will begin monitoring the data content of the employee first name (DN44) and employee last name (DN43) data elements.
- **Do** remember that the Agency Claim Number is a fixed length of 9 digits, including leading zeros. The court will begin using agency claim numbers that begin with non-zero numerals in the near future.
- **Don't** report Indemnity payments in Paid-to-Date section.
- **Don't** use "notification only" for the claim type; its use is easily misinterpreted. Edits have been added to accept transactions with errors when "notification only" does not apply.
- **Don't** forget to supply the correct insurer FEIN. Corrections (CO) on SROIs will continue to be 'accepted with errors' to allow trading partners to correct insurer and third party administrator FEINs."

**Subsequent Report Detailed Claim Information Codes/Part of Body Codes/VI. Multiple Body Parts (Page 18):**

- Added: "99. Body As A Whole."

**Event Table (Page 22):**

- Removed FS - Full Salary.
- Added MTC CO to the Event.
- Added "# Days" to the Value column for each type of MTC.

**Addendum to Event Table (Page 23):**

- Remove MTC FS - Full Salary.

- Added MTC CO to the Addendum to Event Table.
- Modified MTC SA Event and Time Report Is Due columns "Change references regarding reporting to the following: "On the semi-annual anniversary date of the date of injury, and every 180 days thereafter until the case is closed." All references to reporting every 6 months is removed."
- Under PY's Time Report is Due column, remove word "first". This now reads: "Defined by Nebraska to be used for reporting non-indemnity benefit payments made on non-indemnity claims (Medical, Hospital, Funeral, etc.). Must be reported within 14 days following the initial payment of non-indemnity benefits."

This is in accordance with the requirements of Rule 30,A,1: "Such Subsequent Report shall be filed: Within fourteen days following initial payment of workers' compensation benefits. A report must be filed even in cases where only medical or other non-income benefit payments have been made."

#### **Element Requirements Table (Page 24):**

- Remove MTC FS - Full Salary.
- Added MTC CO to the list of MTCs.
- Added "Note 4: Avoid specifying claim type equals "N" for notification only."

#### **Edit Matrix Table (Page 26):**

- Added an X to the element number 56 and error message 34. Added edit to verify date disability began is greater than or equal to date of injury.
- Added an X to the element number 73 and error message 63. Can't reopen a Final (TR). Added edit to allow close on PY and 04.
- Added an X to the element number 74 and error message 63. Can't send claim type equals letter N if dollars are reported on any MTC (TE).
- Added an X to the element number 90 and error message 64. Both weeks and days can't be zero(s) if Start date is present.
- Added an X to the element number 91 and error message 64. Both weeks and days can't be zero(s) if End date is present.

#### **Match Data Table (Page 28):**

- Under Claim Administrator grouping, added Insurer FEIN and TPA FEIN as secondary match data elements.

#### **Transaction Sequencing (Page 29):**

- Removed MTC FS - Full Salary.
- Removed "Can follow IP, FS" from PY.
- Added MTC CO (Correction) after MTC 02.

#### **Process Rules (Page 30):**

- Removed:

"A sweep will be performed on all SROI Transactions except:

- Payment (PY)
  - Change (02)
  - Correction (CO) - NE is not requiring the CO transaction in this first phase."
- Under the sentence "a sweep will only include the following financial data," added "Payment/Adjustment Weekly Amount (DN 87)"

#### **Intermittent Periods of Disability (Page 31):**

- Title changed to: "**Reporting Intermittent Periods of Disability and Continuing Payments**"
- Second paragraph, third sentence replaced with: "Vendor software will allow claim administrators to enter multiple periods of disability for the same benefit type or send more than one line item for a given benefit type"
- Removed third paragraph.
- **Reminder:** Please review this information to determine how your EDI System Software handles these situations.

#### **Nebraska State-Specific Scenarios:**

- **Scenario 1 (Page 32):**
  - Removed the word "First" from Scenario 1 title.
- **Scenario 3 (Page 34):**
  - Removed the word "First" from scenario 1 title.

#### **Certification Test Procedure Instructions (Page 38):**

- **Section 3:**
  - Added sentence: "Agency Claims Numbers are mandatory for SROI certification testing."
  - Removed Section 3, c: regarding MTC FS - Full Salary.
  - Removed the word "First" from new Section 3, c.
  - Added the following text after Section 3, g:

**Note:** MTC sequences of **IP-SA** or **PY-SA** or **IP-FN** or **PY-FN** or **SA-FN** must demonstrate that prior payments made early in the life of the claim cycle are reported with continued payments during the middle and end of the claim life cycle. (Example: an FN with Agency Claim Number of 123456789 which follows an SA with Agency Claim Number of 123456789 should include a total of all payments paid to date for indemnity and non-indemnity with one payment type code reporting the grand total per benefit type). Additional testing may be required if the court can not validate this from the received data during the pilot testing."

- **Section 5:**

- Added sentence: "**Note:** Trading partners must demonstrate that they can report all prior payments paid on periodic transactions."
- **New Section 8:**
  - "Production data sent to NWCC will continue to be monitored for completeness and validity. Reports transmitted by trading partners should be at least 95 percent free of mandatory and conditional data element errors."

**Frequently Asked Questions (Page 41):**

*"Q. What does the Nebraska Workers' Compensation Court consider to be complex settlements?"*

**A.** Complex settlements are those which cover more than one date of injury. Also, cases involving a death, cases involving an annuity, and some cases involving subrogation.

*Q. If the date of injury changes on a claim, how does the claim administrator report the SA? What if the 180 days from the date of injury causes an SA to be reported 30 days from the last SA or 210 days from the last SA?"*

**A.** If the date of injury changes, the next SA report is due 180 days from the new date of injury, whether that causes an SA report to be filed earlier than 180 days or later than 180 days. **Note:** An 02 change is required prior to submitting the SA."