

EDI Advisory

August 22, 2003

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.**

Invalid employee names

The Nebraska Workers' Compensation Court continues to receive incorrect employee names. The names must be that person's full legal name. Do not use abbreviations, initials, nicknames, punctuation, or extraneous characters. Please note the name standard definitions added to the FROI and SROI Implementation Guides below.

New FROI Postal Code of Injury Site edits effective Nov. 22, 2003

Whenever possible, advance notice of at least 90 days will be given for trading partners to implement EDI data element changes. Effective November 22, 2003, the Nebraska Workers' Compensation Court will reject the Postal Code of Injury Site data element (which has always been a mandatory field) if the following requirements are not met:

- United States postal codes are either 9 numeric digits or 5 numeric digits and 4 spaces. Do not include dashes.
- If the injury did not occur in the United States the sender will be allowed to enter "NOT USA."
- Do not enter city or county names or any other special characters.

Senders who need assistance in determining which postal code to use can call the Nebraska Workers' Compensation Court's toll-free information line at 1-800-599-5155.

New SROI transactions for Suspension Jurisdiction Change (S8) and Re-Instatement of Benefits (RB) effective Nov. 22, 2003

At the request of our trading partners, the Nebraska Workers' Compensation Court has added support for the Suspension Jurisdiction Change (S8) and Re-Instatement of Benefits (RB) transactions. The Re-Instatement of Benefits (RB) can be sent only after filing a Final (FN) or Lump Sum Settlement report to close the claim. The effective date for vendors and trading partners is November 22, 2003. The necessary changes have already been implemented in the court system. If a vendor or trading partner system is capable of sending these transactions prior to the effective date the court system can receive and process them.

Amendments to First Report of Injury Implementation Guide

Select the following link to download the current **FROI Implementation Guide.**

Contact List (Page 6). The following was removed:

- EDI Service Providers (Certified Vendors)
- http://www.iaiaabc.org/Library/certified_vendors.htm (Web site)

Name Standards (Page 31). The following standards have been added for the names of employees, employers, insurers and third party administrators:

- **Employee** names must be the full legal name. Do not use abbreviations, initials, nicknames, punctuation, or extraneous characters.

- **Employer, insurer, self-insured employer and third party administrator** names must be the entity's full legal business name. Do not use abbreviations, initials, punctuation, or extraneous characters.

Amendments to Subsequent Report of Injury Implementation Guide

Select the following link to download the current **SROI Implementation Guide**.

Contact List (Page 4). The following have been removed:

- EDI Service Providers (Certified Vendors)
- http://www.iaiaabc.org/Library/certified_vendors.htm (Web site)

Name Standards (Page 20). The following standards have been added for the names of employees, employers, insurers and third party administrators:

- **Employee** names must be the full legal name. Do not use abbreviations, initials, nicknames, punctuation, or extraneous characters.
- **Employer, insurer, self-insured employer and third party administrator** names must be the entity's full legal business name. Do not use abbreviations, initials, punctuation, or extraneous characters.

Event Table (Page 22). Two new Maintenance Type Codes (MTCs) have been added:

- Suspension Jurisdiction Change (S8)
- Re-Instatement of Benefits (RB). To be sent only after filing a Final (FN) report or any other transaction that reports termination of benefits.

Addendum to Event Table (Page 23). Descriptions of the Suspension Jurisdiction Change (S8) and Re-Instatement of Benefits (RB) transactions have been added.

Element Requirements Table (Page 24). Two new edits have been added:

- Suspension Jurisdiction Change (S8)
- Re-Instatement of Benefits (RB)

Edit Matrix Table (Page 27). Three new edits have been added:

- Pay/Adjustment Amount (DN87), weekly compensation rate, to check that the rate does not exceed the maximum allowable rate. An "E" has been added to the intersection of data element number 87 and error message number 42.
- Claim Type (DN 74). An edit has been added that will verify that a value of "T" for transfer is received (Claim Jurisdiction Changed). If the Claim Type value is not "T" on the S8, a TR will be returned. An "R" has been added to the intersection of data element number 74 and error message number 58.

SROI Frequently Asked Questions (Page 39). A new FAQ has been added:

Q. *What is the Maintenance Type Code (MTC) Date to be used for Initial Payment (IP), Acquired Payment (AP), First Non-Indemnity Payment (PY), and other transactions?*

A. For IP and AP, the MTC Date is the issue date of the initial indemnity benefit check. For PY, the MTC Date is the issue date of the payment. For all other transactions, the MTC Date is the date the transaction is marked for sending to the Nebraska Workers' Compensation Court.

EDI Advisory

April 1, 2003

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.**

Important information about filing the paper Subsequent Report (Form 4)

Trading partners who have not yet implemented EDI continue to submit the paper Subsequent Report (Form 4) with missing indemnity payment information, especially on lump sum settlements. However, electronic EDI subsequent reports are rejected when indemnity information (such as start date, end date, weeks paid, days paid, compensation rate and total benefit amount paid) is missing.

Effective immediately, the court will apply the same data requirements to subsequent reports submitted on paper as to those submitted electronically. When information is missing on a paper subsequent report, it will be returned to the sender to be corrected and resubmitted. This new requirement will make the transition to electronic report submission easier for trading partners as the court finishes scheduling certification testing for them. The paper Subsequent Report (Form 4) was modified on July 1, 2001 to mirror the data present in the IAIABC EDI transaction to ease in migration from paper to EDI.

Additionally, the court requires that paper subsequent reports filed by attorneys or claim administrators must indicate one date of injury and cannot list multiple dates of injury. This is a current requirement for electronically filed Subsequent Reports. An attorney-filed subsequent report should match what is shown in the claim administrator's information system. Therefore, if a settlement application includes (and settles) more than one date of injury, then the attorney or claim administrator will have to assign the settlement amount to one date of injury or to allocate the settlement amount among the various dates of injury.

Help on reporting court-approved settlements

It has been observed that there may be some confusion in reporting court-approved settlement information. The following **Frequently Asked Questions (FAQs)** will be added to the Subsequent Report of Injury Implementation Guide on our Web site's EDI page (<http://www.nol.org/workcomp/edi/edi.htm>) to help clarify how information is to be reported.

Q: *Where do I report court-approved settlements?*

A: Each subsequent report that is reported to the court should include all previously reported payment information. Therefore, the report will often consist of a variety of information, e.g. previous TTD, TPD, PPD payments and previous Paid-To-Date information. Often a subsequent report for a court-approved settlement will only add the amount of the settlement. The settlement amount should be reported using the payment code 500 and would be reported in the payment section of the subsequent report.

Example: An individual suffers a work related injury on January 1, 2003 and misses two weeks of work from 01/01/2003 to 01/14/2003. The employee returns to work on light duty and receives TPD benefits from 01/15/2003 through 01/28/2003. Due to surgery the person is off two more weeks from work and is paid TTD benefits from 01/29/2003 through 02/11/2003. Released to return to work on light duty the employee receives TPD benefits for an additional two weeks from 02/12/2003 through 02/25/2003 before reaching maximum medical improvement. The employee reaches MMI on 03/01/2003 and is given an impairment rating entitling the employee to PPD benefits. However, no PPD benefits are paid. Instead the parties enter into a court-approved settlement for \$20,000. Payments should be reported as follows. (**Please Note:** This example ignores the seven-day waiting period for indemnity benefits.)

(How to Report Court-Approved Settlements)

Payment Code	Start Date	End Date	Days and Weeks	Weekly Amount	Total Amount
050	01/01/2003	02/11/2003	4 Weeks	\$400	\$1600
070	01/15/2003	02/25/2003	4 Weeks		\$400
500					\$20,000

In the example above, the TTD and TPD benefit types are identified by using their appropriate detailed information codes, 050 and 070 respectively. Even though the benefits were not paid consecutively they are reported as though they were. The number of weeks reported will not match what is reflected by the start and end dates. There is no requirement that the Start Date, End Date, Days and Weeks, and Weekly Amount be completed when using code 500.

While this scenario does not include PPD benefits that were paid, it can easily be changed. You would simply insert a line for the appropriate PPD code, either 030 or 040, and report the amount that was paid for the benefit that is not part of the settlement.

A list of the valid codes can be found on our Web site's EDI page (<http://www.nol.org/workcomp/edi/edi.htm>). If a compromised payment code is reported in either the Benefit Adjustment section or the Paid-to-Date section, the filing will be rejected.

Progress report on EDI subsequent report soft mandate

With 43 of our trading partners now in EDI subsequent report production, the court will continue its "soft mandate" of subsequent report implementations throughout the spring and summer. In the fall, the court will call a public hearing in which it will propose mandating subsequent report production for all trading partners by July 1, 2004.

Other changes/additions to the SROI Frequently Asked Questions (FAQs):

Q: *How do I report payments and other benefits that were paid on a claim?*

A: All benefits paid on a claim are to be reported to the court on a subsequent report. Each type of benefit is reported by using the appropriate detailed information code found in the Subsequent Report of Injury Implementation Guide on our Web site's EDI page (<http://www.nol.org/workcomp/edi/edi.htm>). Payment reporting is cumulative in nature. *No code should be used more than once on each subsequent report.* If there are multiple start and stop dates of a particular benefit code, all payments with that code should be "collapsed" into one line.

Example: An individual suffers a work related injury on January 1, 2003 and misses two weeks of work from 01/01/2003 to 01/14/2003. The employee returns to work on light duty and receives TPD benefits from 01/15/2003 through 01/28/2003. Due to surgery the person is off two more weeks from work and is paid TTD benefits from 01/29/2003 through 02/11/2003. Released to return to work on light duty the employee receives TPD benefits for an additional two weeks from 02/12/2003 through 02/25/2003 before reaching maximum medical improvement. Payments should be reported as follows. (**Please Note:** This example ignores the seven-day waiting period for indemnity benefits.)

(How to Report Payments and Other Benefits Paid on a Claim)

Payment Code	Start Date	End Date	Days and Weeks	Weekly Amount	Total Amount
050	01/01/2003	02/11/2003	4 Weeks	\$400	\$1600
070	01/15/2003	02/25/2003	4 Weeks		\$400

In the example above, the TTD and TPD benefit types are identified by using their appropriate detailed information codes, 050 and 070 respectively. Even though the benefits were not paid consecutively they are reported as though they were. The number of weeks reported will not match what is reflected by the start and end dates.

While this scenario specifically involves payment codes, the same applies to paid-to-date codes. *No code should be used more than once on each subsequent report.*

Q: *How can we send the agency claim number if the claim was originally filed on paper?*

A: We strongly encourage you to sign up for access to the court's **Claims Search database** on the State of Nebraska's (Guardian) Secure Extranet Web site for this purpose. Please visit our Web site's EDI page (<http://www.nol.org/workcomp/edi/edi.htm>) to learn more about accessing this database. Also, you can contact the court and we will look up the number by searching secondary match data such as name, social security number and date of injury.

Q: *Is it possible to report payments with a future end date?*

A: Yes, but there are two different scenarios that will be applied:

1. If you are filing an FN MTC, then you may report payments with a future end date; however, the end date will be given an edit check of seven years. If the end date is greater than seven years from the current date, then a TR will be returned.
2. For all other MTCs, a future end date will be allowed, but the end date will carry a 180-day edit check. If the end date is greater than 180 days from the current date, then a TR will be returned. Please contact the court if you have further questions.

Please Note: The court will use a UR MTC transaction at the time a trading partner begins sending EDI subsequent reports. Future end dates will be allowed on UR transactions, the same as the FN transaction above. If there are any questions about the UR transaction they should be resolved prior to being certified for EDI subsequent report transactions.

Amendments to Subsequent Report of Injury Implementation Guide

Select the following link to download the current **SROI Implementation Guide**.

Element Requirements Table (Page 24). Changes to Notes 3 & 5:

- **Note 3:** Mandatory for First Med/Hosp Payment.
- **Note 5:** Mandatory for Indemnity Payments, Date fields are required, Payment amount fields require amounts greater than zero.

Payment/Adjustment Element Requirements Table (Page 26):

Addition of Payment/Adjustment Element Requirements table to further clarify what is required on payment transactions.

Edit Matrix Table (Page 27). A new Weekly Max Rate edit has been added:

Added new edit (DN 87) Pay/Adjustment Amount (weekly compensation rate) to check that the rate does not exceed the maximum allowable rate.

Also, please note all changes/additions to SROI Frequently Asked Questions (above).

Report Purpose Code clarification

Please do not indicate "**Notification Only**" when payments are present. The report purpose should be a medical only payment report (PY) or if indemnity was also paid, it should be a report purpose code of IP (for an initial payment), SA (for a period semi-annual report), or FN (for a final report). Trading partners who have not yet been certified for EDI subsequent reporting should be using the correct report purpose code which is associated with the report type in the SROI Implementation Guide on our Web site's EDI page (<http://www.nol.org/workcomp/edi/edi.htm>).

Requesting court-assigned values for missing or invalid social security numbers

EDI trading partners may now request court-assigned values for missing or invalid social security numbers using a form on our Web site's EDI page (<http://www.nol.org/workcomp/edi/edi.htm>). When the court-assigned value is received, the trading partner should resubmit its claim electronically. The transaction will be accepted once the claim is resubmitted and the first report passes all edits. A change transaction should be sent by the claims administrator to update the records of the court when the real social security number is obtained.

Changing a date of injury via EDI

Please do not send an original transaction maintenance type code "**00**" when the court requests a change in the date of injury. The appropriate transaction to use is the change transaction maintenance type code "**02**". Sending in a original first report creates a duplicate even though dates of injury are different. This could cause a subsequent report transaction to reject due to there being no match on the database when using the original agency claim number to report settlements or other indemnity payments.

Invalid names and FEINs for employers, insurers and third party administrators

The following edits became effective **March 1, 2003** as announced in the 12/01/2002 EDI Advisory:

- 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.

The court is continuing to receive incorrect FEINs and names for the insurer, self-insured employer and Third Party Administrator names. The names must be that entity's full legal business name. Do not use abbreviations or initials.

Also, do not abbreviate the employer's name. Employer names must be that entity's full legal business name.