Nebraska Workers' Compensation Court

FROI R1 Implementation Guide

Electronic Data Interchange (EDI)

Revised

June 1, 2015

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Section One:
Introduction

Overview

The Origin of EDI in the Workers' Compensation Arena

Since the beginning of workers' compensation in the United States, administrators have struggled with developing uniform practices and statistics. Throughout the years, various models were introduced. Jurisdictions modified the model to meet their individual requirements, thus defeating the purpose of a standard format.

The need for reliable information regarding workers' compensation grew as major entities evolved, including governmental entities and other interest groups, began collecting data for distinct purposes and found that there was a significant amount of overlap in information collected. All these entities were interested in collecting complete and accurate data in a timely basis and found that the data needed to be uniform and standardized.

In the 1970s legislators began questioning how their workers' compensation systems were working compared to other state systems, and in the 1980s the International Association of Industrial Accident Boards and Commissions (IAIABC) created a Statistics Committee, whose task it was to identify, compare, and standardize injury data across jurisdictional boundaries.

As technology boomed in the 1990s, carriers and jurisdictions met in an effort to continue the standardization process in order to develop electronic reporting of injury data. The result was the formulation of the IAIABC Electronic Data Interchange (EDI) Steering Committee, which created technical working groups. These groups focused on defining common data elements used when filing claims and developed a standard format for the electronic transfer of claims data from jurisdiction paper report of injury forms.

EDI, as used in many industries, is the computer-to-computer exchange of standard business data using telecommunications. In workers' compensation, EDI refers to the electronic transmission of claims information from Claims Administrators (insurers, self-insured and self-administered employers, and third party administrators) to a state workers' compensation agency.

The response to the IAIABC EDI project has been greatly received by state workers' compensation administrators. Jurisdictional members of IAIABC have all expressed support for the EDI project. EDI has increased productivity and minimized costs. Workers' compensation claims administrators realized that substantial savings could be made by electronically storing claim information into their own systems and transmitting that information to state jurisdictions.

EDI in Nebraska

An EDI working group began meeting in 1994, setting the foundation to accomplish several goals laid out by management of the Nebraska Workers' Compensation Court (NWCC). In an endeavor to accomplish those objectives, NWCC examined several phases of their business practices. Phase One began with an examination of the benefits and the disadvantages the current business practices. Phase Two focused on obtaining and storing information received from claim administrators. This phase led to a complete re-write of the computer system and adjustments to many of the business practices. Phase Three was to initiate EDI, allowing employers, insurers, and others to file injury claims in a computerized format.

The court's first EDI trading partner began production May 5, 1997. NWCC communicated its desire to go EDI, resulting in additional insurers and claim administrators signing trading partner agreements and transmitting claims information.

Meanwhile, the court's Information Technology section continued to re-write the computer system, moving from a mainframe environment to a personal computer based client/server environment. A new First Report of Alleged Occupation Injury or Illness (FROI) was adopted and in 1998, NWCC mandated the use of EDI

effective July 1, 2000. To prepare claims administrators for the mandate, NWCC sent out advisory notices and began rejecting paper FROIs that did not conform to the EDI mandatory requirements, opening the lines of communication and preparing claims administrators for EDI reporting.

All insurance carriers and self-insured, self-administered employers and third party administrators licensed with the State of Nebraska are required to complete an EDI Trading Partner Agreement with NWCC, which includes testing the reporting entity's system to determine whether the transmission mechanism is acceptable; to ensure a level of accuracy of data; and to determine computer-to-computer communication. In order to reach these requirements, entities may choose to buy 'off-the-shelf' software and/or hardware, or design in-house, or to contract with a third party reporter to transmit the required data. The IAIABC certifies vendors whose products are compliant with IAIABC EDI Standards and software developers or consultants who can assist entities in obtaining technology or business solutions.

In Nebraska, EDI replaces the NWCC's adopted paper copies of the FROI and in the future will replace the Compensation and Expense Report (Form 4), which reports subsequent payment information. The Nebraska Implementation Guide has been developed to help claims administrators understand specific details for reporting in the Nebraska.

NWCC is committed to the EDI process and will do everything with its resources and staff to make the change to the new process as efficiently as possible. As questions arise and issues are raised, NWCC requirements will change. The NWCC EDI Implementation Guide, available to all reporting entities, will be updated as changes to these requirements take place.

Purpose of Nebraska Workers' Compensation Court EDI Implementation Guide

The NWCC EDI Implementation Guide provides the information reporting entities need to transmit workers' compensation data to NWCC. As an educational tool, the guide helps reporting entities to understand EDI at both the local and the national level. This guide is jurisdictional specific and is a supplement to the IAIABC EDI Implementation Guide. It will be necessary to obtain both guides to successfully transmit in Nebraska.

Contact List

Nebraska Workers' Compensation Court
P.O. Box 98908
Lincoln, NE 68509-8908
402-471-6468 or 800-599-5155
402-471-2700 (FAX)
http://www.wcc.ne.gov/ (Website)

Tamra Walz
NWCC Administrator
402-471-3602 (Phone)
Tamra.Walz@nebraska.gov (Email)

Allen Kassebaum
NWCC EDI Business Manager
402-471-2953 (Phone)
Allen.Kassebaum@nebraska.gov (Email)

Beth Garbers
1st NWCC EDI Technical Contact
402-471-8992 (Phone)
Beth.Garbers@nebraska.gov (Email)

Michelle Pester
2nd NWCC EDI Technical Contact
402-471-6283 (Phone)
Michelle.Pester@nebraska.gov (Email)

International Association of Industrial Accidents Boards and Commissions (IAIABC)
5610 Medical Circle, Suite 24
Madison, Wisconsin 53711
608-663-6355 (Phone)
608-663-1546 (FAX)
edi@iaiabc.org (Email)
http://www.iaiabc.org (Website)

Section Two:

EDI Implementation Guidelines — General

Simple Steps for Implementing EDI Reporting of First Reports Of Injury (FROI) in Nebraska

Nebraska has adopted the International Association of Industrial Accident Boards and Commissions (IAIABC) Electronic Data Interchange (EDI) Standards for purposes of filing First Reports Alleged Occupational Injury or Illness (FROI) and eventually Subsequent Reports of Injury (SROI). This section will help you get started and direct you to the resources you need to begin Electronic Data Interchange for workers' compensation reporting in Nebraska.

Should you require further information about the IAIABC EDI transaction standards, please contact the IAIABC at: 5610 Medical Circle, Suite 24, Madison, Wisconsin 53711

- Phone: 608-663-6355
- FAX : 608-663-1546
- Email : edi@iaiabc.org
- Website URL: http://www.iaiabc.org

Why EDI?

Electronic Data Interchange is a major step toward adopting a paperless business environment. The benefits to reporting EDI are:

Reduction of paperwork and associated savings

- One time data entry
- Reduced errors and improved error detection
- On-line data storage
- Faster management reporting
- Automatic reconciliation
- Reduced clerical workload, letters, telephone calls, or faxed communications
- High productivity without increasing staff
- Reduced paper usage

More timely communications

- Rapid exchange of business data
- Elimination of mail charges or courier services
- Improved production cycle

Uniform communications with all trading partners/reporters

- Following a national standard
- Allows for interstate comparison of data

Nebraska EDI Required Documents

EDI is the computer-to-computer exchange of standard business data using telecommunications. When you prepare to use EDI, the Nebraska Workers' Compensation Court (NWCC) will provide you with its Element Requirements, Edit Matrix, Match Data, and Claim Event Tables. These documents, located in Section 5 of this guide, will advise you on exactly what information is expected to be submitted to NWCC and when.

Trading Partner and Reporter as defined by Nebraska

Trading Partner ('TP') — a regulated party defined to be an insurance carrier, self-insured employer or risk management pool that is legally responsible for filing reports and payment of compensation benefits. The regulated party may do their own claims administration or they may contract with a third party administrator which is licensed in the State of Nebraska to perform claims administration functions, file reports and pay compensation benefits on behalf of a regulated party. Therefore, the court refers to a third party administrator as a trading partner where a contract exists between a regulated party and a third party administrator for claims administration services. The trading partner may format claim data into EDI transaction sets and transmit it electronically to the court or contract with a reporter to perform such services on their behalf.

Reporter — a third party vendor that receives claim information via telephone, fax, mail, or otherwise and formats claim data into EDI transaction sets and transmits it electronically to the court. This excludes Value Added Network Service providers or Internet Service providers that are intermediary channels used only to route electronic messages from one point to another. A reporter (also known as a "reporting service" or "data collection agent") does not perform claims administration services and is not responsible for making payment of compensation benefits.

How do I get started?

Potential trading partners with NWCC are required to execute a trading partner agreement with the jurisdiction, which includes testing the reporting system to determine whether the proposed transmission mechanism is acceptable. Whichever technology option is selected, it must be adequate to ensure that trading partners can reach and maintain the agreed-upon level of accuracy of data specified in the trading partner agreement and can track and re-send any data that is incorrect. There are a number of ways to transmit electronically and a variety of technologies for using EDI. Trading partners may elect to use their existing technology, to buy 'off-the-shelf' software and/or hardware, to design an entire new system, or to contract with a third party to transmit the required data. The IAIABC pre-certifies vendors whose products are IAIABC EDI Standards compliant as well as software developers or consultants who can assist you in obtaining technology or business solutions.

It is recommended that you obtain the IAIABC FROI/SROI Release 1 Implementation Guide as your first step toward implementing EDI reporting. This publication is a technical manual available through the IAIABC at http://www.iaiabc.org/iaiabc/Standard_References.asp. Be sure to choose Claims R1.0 and any available update pages. The Guide contains the standard data dictionary, a multi-segmented flat file layout useful for designing your database interface, examples and sample data transmissions and other valuable information about the business, and technical specifications for workers' compensation EDI.

I. Preparation

Suggested Review of Business Processes

- Select or hire an EDI coordinator.
- Examine and evaluate business processes and how EDI will affect them.
- Conduct an in-depth review of all data elements to be transmitted using the data elements list and definitions in the IAIABC EDI Implementation Guide and Nebraska's Element Requirements Table.
- Review the definition of each element.
- Note the difference between these definitions and those of your firm.
- Note those elements not statutorily valid on the Edit Matrix.
- Note those elements not captured by your database that you may wish to add as enhancements.
- Identify the state reporting requirements for each data element using the Edit Matrix, Event and Element Requirements Tables.
- Conduct an in-depth review of the Standard Maintenance Type Codes (MTCs) and compare them with the Nebraska reporting requirements.
- Determine which MTCs are valid for the jurisdiction.
- Once you have an understanding of the MTCs, you can review or complete your own Claim Event Table.
- Review the example scenarios and sample data in the Implementation Guide.
- Determine those scenarios that are required for reporting in Nebraska.
- Determine the Data elements and MTCs that are required for each scenario.
- If using an in-house system, draft sample hardcopies of the example scenarios using the sample data and NWCC's approved forms for test validation or key sample data into on-line forms in the network system and print out hard-copy form. (Hardcopies are now ready to use in trial of the system.)
- Begin storing live claim data as soon as capable for later testing.
- Return to Element Requirements Table.
- Determine which data elements should be utilized as primary and secondary 'match' data elements. (Match elements will generally be mandatory on the Element Requirements Table.)
- Complete or review Match Data Table.
- Review each data element by MTC. Decide which elements are mandatory ('M'), conditional ('C'), and optional ('O') for each MTC.
- Complete or review the Element Requirements Table. There should be no indicators for those elements that are not valid for the jurisdiction, but they should remain on the table.
- Return to the Edit Matrix Table.
- Indicate those elements that are mandatory anywhere on the Element Requirements Table.
- Review all data elements by 'Error Message.' In other words, review all the data elements for the '001-Mandatory Field Not Present' error message, then continue through each of the following error messages.
- Review criteria for moving from 'test status' to 'production status.' It is common to require 90 percent or more acceptance (10 percent or less rejected) on two consecutive batches of at least six (production data) unique transactions each with a minimum of six paper FROIs and/or SROIs for a cross match.

Suggested Review of Technology Solutions

- Examine and evaluate current hardware and software and available vendor software packages or services. (IAIABC can provide a list of certified vendors or you can search the Internet to find vendors. Remember, not all vendors are experienced in this technology or workers' compensation requirements. Neither NWCC nor the IAIABC can take responsibility for information found on the Internet.)

- Decide whether you will need to upgrade your system, to acquire new software or not to enhance your internal technology. If you have an existing database or internal reporting system that you will continue to use, you will need to be able to perform data extraction from your internal system, data translation from flat file to ANSI ASC X12N, UNEDIFACT or flat file and transmission of reports over an external electronic network. Your company may have existing transmission agreements with Value Added Networks (VANs) that are acceptable to NWCC. You may elect to simply outsource the entire electronic aspect of the reporting process.
- Either purchase or develop in-house software or use third party services to convert your paper reports to electronic files or transmit the information to the jurisdiction.
- Verify Choice of format on Trading Partner Profile and Trading Partner Agreement: NWCC will not accept electronic files on tape or diskettes, or UNEDIFACT protocols. You may be able to transmit ANSI ASC X12 or IAIABC Standard flat file, Release 1 (Version 304).
- Verify Choice of transmission options for the Trading Partner Profile and Trading Partner Agreement: VAN, Internet, or Third Party Administrator.

Common Programming Requirements

- Develop an interface to load EDI information into your database.
- Develop edits on EDI information.
- Develop a method of extracting the proper transactions to send per the rules and triggers in the Trading Partner Table.

Education

- Educate your claims managers, agents, claims administrators, and data processing staff on new compliance requirements, timetables and definitions or specifications for data elements to be captured and reported.
- Educate your Information Systems and Claims management staff on cooperative business processes.
- Educate the state personnel on your internal organization and contacts.

II. Implementation Scheduling

- Identify when you are scheduled to begin transmitting electronically on NWCC's EDI implementation schedule.
- Contact NWCC to obtain documents and tables to advise you on Nebraska requirements for electronic reporting, such as event reporting triggers, rules and data elements.
- Review attachments to trading partner documents and internal business processes (See above).
- Begin internal employee education.
- Execute authorization process.
    - Review Trading Partner Agreement.
    - Obtain IAIABC Trading Partner License.
    - Obtain authorization from internal legal bureau to use Trading Partner Agreement.
    - Review and draft Master Trading Partner profile.
    - Review and draft internal/external transmission specifications.
    - Review and draft internal/external Events processes and tables.
    - Review and draft internal/external Element requirements documents.
    - Review and draft internal/external Edits processes and matrices.
    - Complete Trading Partner Agreement and attachments and return.

- Obtain technology enhancements or contracts with service vendors (See above).
- Internal test status.
- External test — transmit FROI in test status.
- Review test data.
- Provide feedback.
- Repeat until 90 percent accurate (or according to trading partner agreement).
- Production status: Receive letter from Jurisdiction granting production status.
- Stop sending hard copy FROIs on the date agreed upon with Jurisdiction.

Glossary

Authorization Process — the initial step in becoming a trading partner with the Jurisdiction by completing the trading partner agreement.

Batch — a set of records containing one Header, one or more detail transactions and a Trailer record.

File — a set of one or more batches.

Edited Data — a transaction after it goes through our automated edits.

MTC — a Maintenance Type Code that defines the specific purpose of individual records, i.e., suspension, denial, FROI.

Reporter — a third party vendor that receives claim information via telephone, fax, mail, or otherwise and formats claim data into EDI transaction sets and transmits it electronically to the court. This excludes Value Added Network Service providers or Internet Service providers that are intermediary channels used only to route electronic messages from one point to another. A reporter (also known as a "reporting service" or "data collection agent") does not perform claims administration services and is not responsible for making payment of compensation benefits.

Tables (Match Data, Element, Event, Edit) — tools provided in the implementation guides to communicate reporting requirements.

Trading Partner ('TP') — a regulated party defined to be an insurance carrier, self-insured employer or risk management pool that is legally responsible for filing reports and payment of compensation benefits. The regulated party may do their own claims administration or they may contract with a third party administrator which is licensed in the State of Nebraska to perform claims administration functions, file reports and pay compensation benefits on behalf of a regulated party. Therefore, the court refers to a third party administrator as a trading partner where a contract exists between a regulated party and a third party administrator for claims administration services. The trading partner may format claim data into EDI transaction sets and transmit it electronically to the court or contract with a reporter to perform such services on their behalf.

Trading Partner Tables — a set of tables designed to provide information integral to controlling the extraction and transmission processes for successful EDI of workers' compensation data. The data contained in these tables is originally established by the 'primary' trading partner to reflect their reporting requirements and environment.

Transaction — one detail record that contains data elements as defined in the IAIABC record layout. Each field in a transaction is validated.

Transaction Type — identifies the data contained within a record: FROI, Proof of Coverage, Acknowledgment Data elements contained within a transaction type may be mandatory, conditional, or optional.

Programming

NWCC will accept Flat File or ANSI X12 EDI transmissions for EDI Release 1. The entity must indicate on the Trading Partner Agreement which standard they will be using. The standard used may be changed after initial execution of the Trading Partner Agreement. For example, an entity may begin sending transmissions using the Flat File and if later they become capable of sending the transmissions using the ANSI X12 standard, they simply make an amendment to the original Trading Partner Agreement changing the standard used and schedule a new implementation date with NWCC.

Flat File Transmissions

Flat File formats have fixed record lengths or record segments. Each data element has assigned character positions within each record. Usually the fields and/or records are expanded to the maximum length. Deliminators are not included in the Flat File Transmissions.

ANSI ASC X12 Transmissions

- **ANSI — American National Standards Institute**
- **ASC — Accredited Standards Committee**

ANSI is recognized as the National Standards setting body for the United States. Traditionally, these standards have been used to set product design and safety standards. These standards provide both manufacturer and consumer with confidence and thus improve commerce. The ANSI Standards are best known for approving standards for items such as light bulbs, contractor's levels and rulers, nuts and bolts, etc. The X12 Committee for data interchange processes (electronic standards) reviews ANSI standards.

The IAIABC EDI Committee has been working with the ANSI ASC X12 since 1991. Both organizations provide different qualities that will be needed for the EDI project in workers' compensation to be successful. Below are some benefits that are indicated in the IAIABC EDI Guides:

Standards: Standards provide vendors with confidence that will attract them to produce products and services that enhance EDI. The involvement of vendors reduces the individual effort required by companies and ultimately lowers implementation and operation costs.

Translators: Are used to map sender and receiver data to ANSI designed transactions. This simplifies participant involvement.

Connectivity: Provides more compatibility with Trading Partners and intermediaries who offer data storage, forwarding and inter-operability services.

Software: The standardization of transactions will attract vendors to develop the IAIABC Processes that support the transactions.

Cost Benefits: 'Off-the-shelf' solutions cost less. This is especially true when these solutions provide other business requirements, i.e. purchase orders.

Promote Projects: Lower buy-in costs and ease of implementation will attract other participants. EDI volume reduces pay back periods and justifies participation. It is expected that soon customers and vendors will request that all business be handled via EDI.

Technical Capabilities: ANSI transactions provide much more capabilities, data set and size variations, and bulk transmission savings by reducing repetitious data.

Since 1997, NWCC has used EDI Release 1 for reporting work-related injuries in Nebraska. Only FROIs have been transmitted using that version of EDI. Currently NWCC does not collect electronic SROI information for claims.

We recommend that potential trading partners purchase the IAIABC EDI National Implementation Guide. Review this with all levels of your organization. Contact EDI Services Providers and listen to all solutions. Gather all the information you will need to determine if you will re-construct your existing system to fit the IAIABC national standards or if an EDI Service provider will provide your solutions at a cost.

Review this Nebraska Implementation Guide thoroughly. If you have any questions or need additional information, please contact us at:

Nebraska Workers' Compensation Court
P.O. Box 98908
Lincoln, NE 68509-8908
402-471-6468
800-599-5155 (Nebraska only)
402-471-2700 (FAX)
https://www.wcc.ne.gov/apps/IPUBA0001Afrm.aspx (Email)
http://www.wcc.ne.gov/ (Website)

Section Three:

EDI Implementation Guidelines — Nebraska Specific

Introduction to Nebraska Specific EDI Implementation Guidelines

Starting up a new Electronic Data Interchange (EDI) system can be very complex. First you must have a complete understanding of all that is required before investing in resources. Otherwise, you may end up with a collection of piecemeal fixes rather than a comprehensive solution.

The Nebraska Workers' Compensation Court (NWCC) EDI Implementation Guide has much of the information needed to implement EDI in Nebraska. As information is updated and becomes available it will be published to our website's EDI page (http://www.wcc.ne.gov/edi/electronic_data_interchange.aspx).

First Report of Injury (FROI) Filing Requirements

In every case of reportable injury arising out of and in the course of employment, the employer or workers' compensation insurer shall file a report thereof with the Nebraska Workers' Compensation Court. Such report shall be filed within 10 days after the employer or insurer has been given notice of or has knowledge of the injury.

NWCC processes EDI transmissions daily except holidays. The EDI operators normally send back acknowledgements the same day they receive data from the sender/entity. The EDI operators receive from the mailbox in the morning and they do not receive again from the mailbox until the next day. If the operators miss a transmission it might be because it was placed in our mailbox after daily processing was completed and the pending transmission will not be received and processed until the next business day.

A FROI need not be filed if there are no expenses involved. As a general rule, it is the court's position that a FROI must be filed for any work-related injury that generates a bill from a medical provider. Refer to the Addendum to the Event Table on page 50 of this Implementation Guide for more information.

NWCC will accept all FROIs that include lost time, medical only, first aid or any other reported occupational injury or illness per Rule 29 of the Rules and Procedures and Statutes 48-144, 48-144.01 of the Nebraska Workers' Compensation Act.

How it Works

The claims administrator creates a file of claims information from its data base system. Data from these files are transmitted in a standardized format and are sent to the NWCC electronic mail box through a communication software package. Once the transmitted data is received, NWCC processes each report record through an edit program. An acknowledgment report is sent and returned to the claims administrator. This report provides the claims administrators with an electronic record of accepted records with NWCC's assigned agency claim number, any errors received by data element within each transaction, and/or any transmissions that have been rejected. (Carriers are required to maintain a 90 percent error free rate on mandatory data elements and a 75 percent error free rate on conditional data elements submitted on each transmission.)

Assign responsibilities for implementing EDI:

Select an EDI coordinator. Some organizations put an Information Systems (IS) or Information Technology (IT) manager in charge of implementing EDI. Others may designate a Claims manager. Remember, implementing EDI will affect both your information system and the flow of claims information through your business processes. Regardless of who is assigned responsibility of implementing EDI, both Claims and Information Systems need to have representation on your EDI Implementation team and maintain continual oversight over the flow of claims information through your business processes.

Examine and evaluate business processes and how EDI will affect them. Implementing EDI highlights the importance of data quality. Addressing data quality problems may require adjustments in the overall business processes. It is advisable that someone with the authority to make these adjustments be made part of your EDI Implementation team.

Decide how to transmit EDI:

Transmissions may be sent either by a vendor certified by the International Association of Industrial Accident Boards and Commissions (IAIABC in-house directly to NWCC. Whichever method is selected, it must be adequate to ensure accuracy of data. There are a number of ways to transmit electronically and a variety of technologies for transmitting EDI.

Using existing technology: Transmitting formatted electronic records by EDI requires in-depth knowledge of EDI standards and protocols. Some organizations choose to implement EDI in-house, especially if there is department is familiar with EDI and the new on-line technology. If you choose this method, sample hard-copies will need to be drafted of sample scenarios using sample data and NWCC's approved forms for test validation.

'Off-the Shelf' software and/or hardware: examine and evaluate software and hardware packages available from vendors or services. IAIABC can provide a list of certified vendors or you may want to search the Internet to find vendors. Remember, not all vendors are experienced in this technology or workers' compensation requirements. Neither NWCC nor IAIABC can take responsibility for information found on the Internet.

You will need to communicate with vendors to ensure software compatibility. Some things to know about how the software works: the EDI translation software component converts the application data to a standard EDI format; and the telecommunication software initiates the communication session, establishes protocol, validates security, and transmits the EDI data.

Third Party Services: Third party providers can be of great help to you in implementing EDI. A data collection agent receives paper forms by phone, fax or mail, enters the data into their system and transmits it by EDI to state jurisdictions or to other electronic commerce trading partners. The benefit is that no one in your organization has to learn all the intricacies of EDI — the service provider takes care of the file formats, record layouts and many other details that may seem foreign to your organization. Some vendors can also provide full-service management of your claims. Third party services work well for those not knowledgeable with the technology or for those who do not have access to the hardware and software needed.

NWCC neither endorses nor requires that any of these methods be used. However, any product or service or internally developed software must be supported and approved by NWCC.

EDI Required Capabilities

In order for information to be shared among external trading partners, it must first be converted to the common standard. Trading partners must prepare information themselves or contract with third parties to provide this service for them, to be filed electronically with NWCC and must have the capability to:

- Construct a data file in the ASCII format of the IAIABC standards;
- Transmit the data file through electronic mail;
- Provide the information within the required parameters.

You will also need to choose a transmission mode from those supported by NWCC: commercial Value Added Networks (VANs), data files transmitted by secure Internet File Transfer Protocol (FTP) or vendors that send flat file transmissions and ANSI X12 data transmissions.

Currently NWCC accepts 'Release 1' IAIABC file format and its protocols. Also, NWCC is using VANs, the Internet and other vendors that send flat file transmissions.

Format

NWCC will use EDI Release 1 for FROI format on a voluntary basis until June 30, 2000. EDI Release 1 is mandated as of July 1, 2000.

- Flat File data shall be transmitted per layout of the tables.
- ANSI X12 data shall be transmitted per the standards.

Forms

NWCC's First Report of Alleged Occupational Injury or Illness (NWCC Form 1) is the paper form used until June 30, 2000 and for any testing requirements needed prior to EDI production. Hard copies of the form must be sent to NWCC for completing the testing requirements.

Acknowledgments

Acknowledgments will occur on every transmission. Acceptable IAIABC formats include Batch Rejected ('HD'), Transaction Rejected ('TR'), Transaction Accepted with Errors ('TE'), and Transaction Accepted ('TA'). NWCC has formatted its acknowledgment process to help educate, train and inform the Trading Partner or Reporter regarding what has happened to a transmission as well as a particular Maintenance Type Code (MTC).

Required Data Element Definitions and Values

A requirement code is defined for each data element definition and is Nebraska specific. A full set of requirement codes for each data element can be found in the Element Requirements Table. Each data element definition can be found in the IAIABC EDI Implementation Manual.

'M' – Mandatory field. A data element having this designation must be included in every transmission of record. If a mandatory field element is not contained in the transmission a critical error will result and the record will be sent back to the sender. (See Error Processing for details.)

'C' – Conditional field. A non-null data element having this designation must be transmitted with every FROI record. This information is usually time sensitive, related to other information, and is not provided at every stage of the claims process or may be dependent on an event such as a fatality. Refer to the Element Requirements Table on page 54 of this Implementation Guide and identify the appropriate conditional data elements.

'O' – Optional field. A non-null data element having this designation may be transmitted. Once transmitted, this field should be transmitted with every FROI.

Nebraska Requirements

Definitions: IAIABC EDI Element Name in brackets.

Employer Section

Business Name(s) [Employer Name]: The name of the employer where the employee was employed at the time of injury. (Use employer's name as it would appear in the telephone directory. Do not use initials unless they are part of the business name. Do not abbreviate. Include all names used by the company, including 'doing business as.')

Address, City, State, Zip Code [Employer Address Lines 1 & 2, City, State, Postal Code]: The mailing address of the injured worker's employer responsible for the claimant.

Insurance Carrier Section

Carrier FEIN [Insurer FEIN]: The Federal Identification Number of the Insurance Company or Self-Insured assuming the employer's responsibility for workers' compensation claim(s). A nine-digit number used to report federal withholding and FICA taxes.

Name [Insurer Name]: The name of the Nebraska licensed business insurance company issuing a contract of workers' compensation insurance and assuming financial responsibility. (Do not list a group name of insurance companies, an insurance agent, claim servicing company or a third part administrator.) If the employer has been approved to self-insure in Nebraska by the court, list the name of the company as it appears on its self-insurance certificate. (If this field is not contained in the transmission a critical error will result and the record will be sent back to the sender.)

Policy Period – From [Policy Effective Date]: The beginning date of the insurance contract/policy carried by the employer or association group to cover work-related injuries.

Policy Period – To [Policy Expire Date]: The ending has been approved to self-insure in Nebraska by the court, list the name of the company as it appears on its self-insurance certificate.

Admin. FEIN [Third Party Administrator FEIN]: The Federal Identification Number of the Claims Administrator contracted by the insurance carrier or self-insured employer to adjust and file claim information with Nebraska. A nine-digit number used to report federal withholding and FICA taxes.

Claim Administrator [Third Party Administrator Name]: The name of the Claims Administrator responsible for administrating the claim(s) on behalf of the Insurance Carrier or Self-Insured Employer.

Carrier/Claim Administrator Claim # [Claim Administrator Claim Number]: This number is assigned by the Claims Administrator or Third Party Administrator for identification of a specific claim within their system. The Claims Administrator must assign a number for this field. This field is mandatory unless the business entity is Self-Insured. Also, mandatory if Self-Insured uses a claim servicing company or third-party administrator. This information is optional if the business entity is Self-Insured and Self-Administered, but it is very useful. If it is available, please provide it.

Insured Report # [Insured Report Number]: A number used by the insured to identify a specific claim.

Employee Section

Name (Last, First, Middle) [Employee Last Name, First Name, Middle Initial]: The injured worker's legally recognized name carried on the payroll or social security information.

Address, City, State, Zip Code [Employee Address, Lines 1 and 2, City, State, Postal Code]: The complete mailing address used by the injured worker at the time of injury. Mailing address must include the street address, city, state, and zip code.

Phone [Employee Phone]: The current telephone number of the injured worker.

Date of Birth [Employee Date of Birth]: The date the injured was born. {Format: CCYYMMDD}

Date Hired [Date of Hire]: The date the injured worker began his or her employment with the employer under which the claim is being filed. If there have been multiple periods of employment, this is the beginning date of the current employment period.

Full Pay for DOI [Full Wages Paid for Date of Injury]: Defines whether the employer paid full wages for the date of the accident or illness to the insured worker. {'Y' = Yes, 'N' = No}

Salary Cont. [Salary Continued Indicator]: For workers' compensation – indicates whether the employer is continuing to pay the injured worker's regular wages without charge to employee benefits (vacation time, sick leave, etc.) during an absence caused by a work injury. This indicator is also used to indicate whether the employer is paying the injured worker under an injury-time program. {'Y' = Yes, 'N' = No}

Sex [Gender Code]:

Values: 'M' = Male
'F' = Female
'U' = Unknown

Martial Status [Martial Status Code]:

Values: 'U' = Widowed, Divorced, Single, Unmarried
'M' = Married
'S' = Separated
'K' = Unknown

Class Code: Corresponds to the primary occupation in which the claimant was engaged at the time of the accident or illness. The values are obtained through the National Council on Compensation Insurance (NCCI) Class Code Classification Manual.

Number of Days Worked Per Week [Number of Days Worked]: The number of the injured worker's regular scheduled workdays per week. {Values: '01', '02', '03', '04', '05', '06', '07'}

Employment Status [Employment Status Code]: A two-digit code (left justified, blank fill) used to indicate the employee's primary work code status at the time of the injury with the covered employer.

Values:

'C' = Piece Worker	'9' = Volunteer
'8' = Seasonal Worker	'A' = Apprenticeship Full Time
'1' = Full Time	'B' = Apprentice Part Time
'2' = Part Time	'6' = Retired
'3' = Not Employed	'5' = Disabled
'4' = On Strike	'7' = Other

Occurrence/Treatment Section

Date of Injury/Illness [Date of Injury]: The date on which the accident occurred. For occupational disease or cumulative injury, the date of injury is the date of last injurious exposure to the cause or substance creating the condition, unless otherwise defined by statute.

Time of Occurrence [Time of Injury]: The time at which the accident occurred.

Last Work Date [Date Last Day Worked]: The last paid work day prior to the initial date of disability. Enter the last day the employee was paid in full. (If the disability began as a result of the employee leaving work at the end of the workday, then the last full day paid would be the day the injury occurred. If the employee was injured early in the work day and was not paid for the full day, then the last full day paid would be the prior work day.) {Format: CCYYMMDD}

Where Did Injury/Illness Occur (city, State, Zip) [Postal Code of Injury Site]: The zip/postal code that corresponds to the location where the injury occurred.

Did Injury/Illness Occur On Employer's Premises [Employer's Premise Indicator]: Denotes whether the accident occurred at the employer's address. {Values: 'Y' = Yes, 'N' = No}

If Fatal, Give Date of Death [Employee Date of Death]: The date the claimant dies. {Format: CCYYMMDD}

Date Administrator Notified [Date Reported to Claims Administrator]: The date the claims administrator received notice of the accident. {Format: CCYYMMDD}

Best Practices for Acquired Claims

In order to more efficiently process claim acquisition transactions, the Nebraska Workers' Compensation Court now requires ***acquiring*** and ***prior*** claim administrators to each provide **written notice** to the court on company letterhead not less than **30 days prior to** the effective date of the claims acquisition, effective immediately.

The written notice should be as specific as possible about the acquisition and must provide:

1. The **Names** and **FEINs** for both the ***acquiring*** and ***prior*** claims administrators.
2. The transmission **start date** of the acquisition. If a phased transition is planned (e.g., FROIs acquired first, then SROIs), include the transmission **start dates** for each.
3. An explanation of how open claims will be administered:
    - Will the prior claims administrator continue to administer open claims and report ongoing payments until the open claims are closed (runoff)?
    - Or will the acquiring claims administrator begin to administer open claims and report ongoing payments?
4. The current contact information for the acquiring claim administrator's Business and Technical contacts.
5. An explanation of whether the acquiring claims administrator is able to report Paid-To-Date Codes **430** (Unallocated Prior Indemnity Benefits) and **440** (Unallocated Prior Medical). **If not, explain why.**

Claim administrators that fail to provide notice of acquisition in the form and manner described above may have their Acquired Unallocated (AU) and Acquired Payment (AP) transactions rejected. These transactions also may be rejected if they are not reported in accordance with the notice of acquisition provided to the court.

Section Four:

NWCC EDI Definition for Detailed Claim Information Codes

This is the first edition of the Nebraska Workers' Compensation Court's Definition for Detailed Claim Information Codes publication. This issue contains the most up-to-date codes approved by the International Association of Industrial Accident Boards and Commissions. Please use this as a reference tool in coding injuries on the First Report Of Alleged Occupational Injury or Illness paper form and for electronic reporting.

If you have any questions or need additional information, please do not hesitate to contact the court at 402-471-6468 (Lincoln & out-of-state), or 800-599-5155 (Nebraska only).

Definitions for Nature of Injury Codes

I. Specific Injury

01. No Physical Injury: Specific injury not listed; or nature stated as "no injury".
02. Amputation: Loss of limb, part or organ; bone loss must be involved to consider a finger or toe injury an amputation.
03. Angina Pectoris: Condition associated with heart disease.
04. Burn: Resulting from contact with hot or cold temperature extremes; tissue damage resulting from corrosive action of chemical compounds (acids, alkalies), fumes, etc. Includes skin burns from anhydrous ammonia and dry ice, cement, friction, lightning, and sunburns. Does not include electrical shock or heat stroke.
07. Concussion: Injury resulting from impact with an object; may include loss of consciousness.
10. Contusion: Bruise; skin is intact, broken blood vessels (includes broken blood vessels in the eye).
13. Crushing: Skin intact, broken blood vessels.
16. Dislocation: Temporary displacement of a bone from it's normal position in a joint. Includes herniated or ruptured disc; pinched nerve in back, slipped disc, and sciatica.
19. Electric Shock: Injury due to contact with electrical current; electrocution, "struck by lightning".
22. Enucleation: Removal of an entire mass without rupture, i.e. eye.
25. Foreign Body: Slivers, cinders, dirt or other small objects that lodge in the eyes, ears, nose, skin or internally. Does not include needle stick.
28. Fracture: Sudden breaking of a bone.
30. Freezing: Limp or part of body becoming stiff, rigid and inflexible due to exposure to cold. Includes hypothermia and frostbite.
31. Hearing Loss or Impairment: Loss of hearing; traumatic only; also includes deterioration of hearing subsequent to specific incident.
32. Heat Prostration: Exhaustion resulting from excessive exposure to heat, "heat stroke".
34. Hernia: Protrusion, projection, or rupture of an organ or a part of an organ through the wall of the cavity that normally contains it. Includes inguinal and non-inguinal hernia. Does not include herniated disc.
36. Infection: Condition in which a pathogenic agent invades part of the body (microorganism or virus). Includes boils, carbuncles, cellulitis, abscesses, lymphadenitis, impetigo, pyodermia, etc.
37. Inflammation: Tissue reaction due to injury (internal or external) of joints, tendons, or muscles. Includes tendinitis, arthritis, dermatitis, bursitis, etc. Does not include Occupational Diseases or injuries that developed over a period of time.
40. Laceration: Cut or tear of the skin; an open or superficial wound.
41. Myocardial Infarction: Heart Attack.
42. Poisoning - General: Not an OD or Cumulative Injury; specific incident of poisoning.
43. Puncture: Hole or wound made by a sharp pointed instrument. Includes injection of paint, grease, water or other fluid under pressure. Includes needle stick.

46. Rupture: Breaking of internal tissue or organ, i.e., rupture of appendix.
47. Severance: Loss of soft tissue, bone remains intact. May involve fingertips, earlobes, etc.
49. Sprain: Trauma to joint; may include torn ligaments; torn, ruptured muscles, ruptured knee cartilage (no dislocation), and spinal subluxation.
52. Strain: Trauma to muscle from violent contraction, strong effort, or excessive use.
53. Syncope: Fainting; loss of consciousness due to inadequate blood flow to the brain.
54. Asphyxiation: Insufficient intake of oxygen, may or may not result in death. Includes drowning, strangulation, suffocation, etc.
55. Vascular Loss: Loss of circulation
58. Vision Loss: Loss of eyesight; traumatic only.
59. All Other Specific Injuries, NOC: Specific injury Not Otherwise Classified.

II. Occupational Disease Or Cumulative Injury

60. Dust Disease, NOC: Condition of respiratory tract due to inhalation of dust particles (Dust diseases Not Otherwise Classified).
61. Asbestosis: Lung disease resulting from inhalation of asbestos particles.
62. Black Lung: Chronic lung disease or pneumoconiosis, often found in coal miners.
63. Byssinosis: Pneumoconiosis of cotton, flax and hemp workers.
64. Silicosis: Pneumoconiosis resulting from inhalation of silica (quartz dust).
65. Respiratory Disorders: As a result of exposure to gases, fumes, chemicals, etc.
66. Poisoning - Chemical: Any chemical substance taken into the body by ingestion, inhalation, or absorption that interferes with normal physiological functions. Includes pesticides, insecticides, cleaning agents, drug poisoning, etc.
67. Poisoning - Metal: Any metallic substance taken into the body by ingestion, inhalation or absorption that interferes with normal physiological functions. Includes alkalies, mercury, lead, arsenic compounds, etc.
68. Dermatitis: Inflammation of skin evidenced by itching, redness, boils, or lesions. Generally resulting from direct contact with drugs, agents, plants, woods, liquids, etc. Does not include tissue damage resulting from corrosive action of chemicals, burns from contact with hot substances, or effects of radiation or temperature extremes.
69. Mental Disorder: Includes acute anxiety, neurosis (nontoxic or toxic), and shock (when not incurred by physical trauma). Does not include mental stress.
70. Radiation: Radiation syndrome; illness resulting from exposure of body tissue to ionizing radiations from radioactive substances.
71. All Other Occupational Disease Injury, NOC: Involves Occupational Diseases which have occurred over a period of time. Does not apply to specific injuries.
72. Loss of Hearing: Loss of hearing due to cumulative circumstances.
73. Contagious Disease: Resulting from contact with an infectious organism. May include TB, conjunctivitis, meningitis, chicken pox, anthrax, hepatitis, etc.
74. Cancer: Malignant or benign tumor; includes leukemia.
75. AIDS*: Resulting from contact with an infectious patient. Acquired Immune Deficiency Syndrome.
76. VDT-Related Disease*: Video Display Terminal-related; may affect eyes, hands, back, neck, etc.
77. Mental Stress: Psychological disruption (fear, anxiety, crisis, depression).
78. Carpal Tunnel Syndrome*: Soreness, tenderness and weakness of the muscles of the thumb caused by pressure on the median nerve at the point which it goes through the carpal tunnel of the wrist. May involve damage to the hands, wrists, forearms, elbows, and shoulders. May also include ganglion cysts in the wrist area.

80. All Other Cumulative Injuries, NOC: Applies to injuries occurring over a period of time as a result of repetitive motion, which may include sitting, typing, folding, etc. Includes varicose veins and bone spurs.

III. Multiple Injuries

90. Multiple Physical Injuries Only: Involves more than one Nature of Injury; does not include Psychological disorders.
91. Multiple Injuries (Including Phys & Psych): Involves multiple injuries where at least one is of the Psychological nature.

*Effective for claims having accident dates of 1/1/90 and subsequent.

Definitions for Part of Body Codes

I. Head

10. Multiple Head Injury: Any combination of brain, scalp, skull with or without ears, eyes, nose, mouth, teeth, face, or neck. Includes Head - Not Otherwise Classified.
11. Skull: Cranial bones
12. Brain: Includes brain concussion; brain damage.
13. Ear(s): Includes inner and outer ear, eardrum, hearing and loss of hearing.
14. Eye(s): Includes optic nerves, vision and loss of vision.
15. Nose: Includes nasal passages, sinus and sense of smell.
16. Teeth: Does not include gums or false teeth
17. Mouth: Includes tongue, gums, lips, throat, and sense of taste. Includes jaw and chin. Does not include teeth.
18. Soft Tissue: Pertaining to cuts and bruises; includes cheek, eyebrow, forehead, and scalp.
19. Facial Bones: Pertaining to fractures of facial bones, not the skull.

II. Neck

20. Multiple Injury: Any combination of vertebrae, disc, spinal cord or soft tissue in neck. Also, Neck - Not Otherwise Classified.
21. Vertebrae: Spinal column bone in the neck, includes the first seven bones of the spinal column (cervical vertebrae).
22. Disc: Spinal column cartilage in the neck.
23. Spinal Cord: Nerve tissue in the neck.
24. Larynx: "Voice box", includes loss of voice, vocal chords.
25. Soft Tissue: Soft tissue in the neck area (internal) other than the larynx or trachea.
26. Trachea: Cartilage tube leading from the larynx to the bronchial tubes.

III. Upper Extremities

30. Multiple Upper Extremities: Any combination of arm, elbow, or fingers. Also, Arm - Not Otherwise Classified. Does not include a specific wrist & hand combination.
31. Upper Arm(s): Arm between elbow and shoulder. Does not include shoulder, clavicle (collarbone), scapula (shoulder blade) or rotator cuff.
32. Elbow(s): Joint of the upper arm and the forearm.
33. Lower Arm(s): Between the elbow and the wrist.
34. Wrist(s): Joint of the hand and the forearm.
35. Hand(s): Does not include the wrist or fingers. Includes metacarpal bones, top of hand and the palm. Use for any injury described as "between the fingers".

36. Finger(s): Includes fingernail(s)
37. Thumb(s): Includes thumbnail(s)
38. Shoulder(s): Junction of clavicle & scapula where arm meets trunk; includes rotator cuff, collarbone and shoulder blade.
39. Wrist(s) & Hand(s): Specific injury or Occupational Disease where both the Wrist(s) and Hand(s) are involved.

IV. Trunk

40. Multiple Trunk: Any combination of hip, abdomen, chest, back, and shoulder. Also, Trunk - Not Otherwise Classified. Includes "side".
41. Upper Back Area: Thoracic area, includes vertebrae and muscle pull or ligament strain.
42. Low Back Area: Lumbar and lumbo-sacral areas, includes muscle pull or ligament strain; use when description does not differentiate between upper and lower back, i.e., "back". Does not include lumbar or sacral vertebrae.
43. Disc: Spinal column cartilage in the back.
44. Chest: Includes ribs, sternum (breastbone), soft tissue and "chest pain"; does not include heart or lungs.
45. Sacrum and Coccyx: Posterior boundary of pelvis and base of vertebral column (tailbone).
46. Pelvis: Bone structure formed by innominate (nameless) bones and the ligament uniting them.
47. Spinal Cord: Nerve tissue in the back.
48. Internal Organs: Applies when the functioning of an entire body system has been affected without specific injury to any other part, as in the case of poisoning, corrosive action affecting internal organs, insect bites resulting in an allergic reaction, damage to nerve centers, stress, etc.
49. Heart: Use in cases of heart attack, congestive heart failure.
60. Lungs: Specific injury or condition affecting the lungs only.
61. Abdomen Including Groin: Specific injury to specific parts only; includes stomach, lower esophagus, groin, small or large intestines, liver, gall bladder, spleen, pancreas, kidneys, and appendix. Do not use if functioning of entire body system is affected (INTERNAL ORGANS).
62. Buttocks: External posterior of pelvis & hip area.
63. Lumbar and/or Sacral Vertebrae: Vertebrae of the Lumbar and/or Sacral areas; also includes vertebrae in trunk area that are Not Otherwise Classified.

V. Lower Extremities

50. Multiple Lower Extremities: Any combination of leg, hip, thigh, knee, ankle, foot and toe. Also, Leg - Not Otherwise Classified.
51. Hip(s): Upper part of thigh formed by femur and innominate (nameless) bones. The region on each side of pelvis; does not include buttocks or "side".
52. Upper Leg(s): Between knee and hip; part of thigh below hip.
53. Knee(s): Includes the patella (kneecap) and supporting ligaments.
54. Lower Leg(s): Above the ankle, below the knee.
55. Ankle(s): Joint between the leg and the foot.
56. Foot/Feet: Does not include the ankle or the toes. Includes the heel. Use for any injury described as "between the toes".
57. Toe(s): Includes toenail(s)
58. Great Toe(s): Large toe (s)

VI. Multiple Body Parts

64. Artificial Appliance: Damage to a device that is used to augment performance of a natural function, i.e. hearing aid, eyeglasses, dentures, artificial limbs, etc.

65. Insufficient Info to Properly Identify - Unclassified: Applies when Specific Part of Body is not identified or known.
66. No Physical Injury: Applies when Specific Part of Body is stated as "No Injury".
90. Multiple Body Parts: Applies when more than one major body part has been affected, such as an arm and a leg.
91. Body Systems & Multiple Body Systems: Applies when one or more body systems have been affected, i.e. circulatory and/or respiratory systems. Includes AIDS, paralysis, electrocution, electrical shock, forms of infectious or parasitic illnesses, such as scabies, ticks, chicken pox, shingles, etc. Also includes Fatality, NOC.
99. Body As A Whole.

Definitions for Cause of Injury Codes

I. Burn Or Scald - Heat Or Cold Exposure

01. Acid Chemicals: Includes hydrochloric acid, sulfuric acid, battery acid, and methanol and antifreeze.
02. Contact with Hot Objects or Substances: In cases where contact with a specific hot object occurs; does not include steam or hot fluids.
03. Temperature Extremes: Applies to non-impact injuries resulting in a burn due to hot or cold temperature extremes; includes freezing or frostbite.
04. Fire or Flame: Burns to the skin as a result of exposure to fire not caused by an explosion.
05. Steam or Hot Fluids: Contact with steam or hot fluids.
06. Dust, Gases, Fumes, or Vapors: Includes inhalation of carbon dioxide, carbon monoxide, propane, methane, silica (quartz), and asbestos dust. Includes smoke inhalation.
07. Welding Operations: Includes welder's flash, burns to skin or eyes as a result of exposure to intense light from welding.
08. Radiation: Includes effects of ionizing radiation found in X-rays, microwaves, nuclear reactor waste, and radiating substances and equipment. Also includes non-ionizing radiation such as sunburn.
09. Contact With, NOC: Burned or scalded by contact with heat or cold but exact injury is not discernable on First Report of Injury or is Not Otherwise Classified in any other code; may include injury due to cleaning agents, fertilizers, etc.
11. Contact with Cold Objects or Substances: In cases where contact with a specific cold object or substance occurs; does not include freezing or frostbite.
14. Abnormal Air Pressure: Burn or scald injury caused by exposure to abnormal air pressure.
84. Electrical Current: Burn or scald injury from electric shock, electrocution, lightning, etc.

II. Caught In Or Between

10. Machine or Machinery: Running or meshing objects, a moving and a stationary object, two or more moving objects (not necessarily a machine).
12. Object Handled: May include medical hospital bed & parts, wheelchair, clothespin, vise etc.
13. Caught In, Under or Between, NOC: Not Otherwise Classified; "Caught between" codes do not apply when the source of injury is a flying or falling object.
20. Collapsing Materials (Slides of Earth): Slides of earth, collapse of buildings, etc.

III. Injured By Cut, Puncture Or Scrape

15. Broken Glass: Cut or puncture caused by the handling of broken glass.
16. Hand Tool, Utensil; Not Powered: Includes injury caused by needle, pencil, knife, hammer, saw, axe, screwdriver, etc.

17. Object Being Lifted or Handled: Includes being cut, punctured or scraped by a person or object being lifted or handled; not including powered hand tools, appliances, utensils or broken glass.
18. Powered Hand Tool; Appliance: Includes injury caused by drill, grinder, sander, iron, blender, welding tools, etc.
19. Cut, Puncture, Scrape, NOC: Not Otherwise Classified; includes injury by power actuated tools such as a gun.

IV. Fall Or Slip Injury

25. From Different Level: Fall to a lower level from a higher level; includes collapsing chairs, falling from piled materials, etc.
26. From Ladder or Scaffolding: Fall to a lower level from a ladder or scaffolding.
27. From Liquid or Grease Spills: Fall to the same or a lower level as a result of slipping in a liquid or grease spill.
28. Into Openings: Fall or slip into opening ie mining shafts, holes in the floor, elevator shafts.
29. On Same Level: Fall to the same level or walkway; does not include falling as a result of liquid or grease spills.
30. Slipped; Did Not Fall: Slipped but regained balance and did not come in contact with the floor or ground.
31. Fall, Slip, Trip, NOC: Not Otherwise Classified; includes tripping over object, slipping on organic material, slip but fall not specified.
32. On Ice or Snow: Fall to same or lower level as a result of slipping on ice or snow.
33. On Stairs: Fall or slip injury caused by falling down stairs, "missed step while going down", falling "up" the stairs, etc.

V. Motor Vehicle - includes motorized carts, snowmobiles, forklifts, etc.

40. Crash of Water Vehicle: Collision of water vehicle with a fixed object or another water vehicle.
41. Crash of Rail Vehicle: Collision of rail vehicle with a fixed object or another rail vehicle.
45. Collision or Sideswipe With Another Vehicle: Collision occurring when both vehicles are in motion; does not apply to water or rail vehicles.
46. Collision With a Fixed Object: Collision occurring when one vehicle or another object are stationary; does not apply to water or rail vehicles.
47. Crash of Airplane: Collision of airplane with a fixed object or another airplane.
48. Vehicle Upset: Rollover of vehicle
50. Motor Vehicle, NOC: Not Otherwise Classified; injuries due to sudden stop or start. Includes being thrown against interior parts of the vehicle and vehicle contents being thrown against occupants; does not include being struck by a water, rail or motor vehicle.

VI. Strain Or Injury By

52. Continual Noise: Injury to ears or hearing due to constant or repetitive noise; cumulative.
53. Twisting: Free bodily motion which imposes stress or strain on some part of body; assumption of un-natural position; also involuntary motions induced by sudden noise, fright or efforts to recover from slips or loss of balance.
54. Jumping: Injury occurs as a result of jumping or leaping; does not include injuries as a result of landing on the ground. Does not include injuries resulting from a fall. Applies if injury occurs from an upward springing motion.
55. Holding or Carrying: Applies to objects or people. Includes "restraining a person". Does not include "struck by a person".
56. Lifting: Applies to objects or people.
57. Pushing or Pulling: Applies to objects or people.
58. Reaching: Injury resulting from reaching up, down, out, or across to retrieve an object or a person.

59. Using Tool or Machinery: Sudden overexertion while using a tool or a machine.
60. Strain or Injury by, NOC: Injury resulting in a strain where cause is unknown or Not Otherwise Classified.
61. Wielding or Throwing: Excessive physical effort resulting in overexertion may result from attempts to resist a force applied by an object being handled.
97. Repetitive Motion: Cumulative injury or condition caused by continual, repeated motions; strain by excessive use.

VII. Striking Against Or Stepping On

Note: Applies to cases in which the injury was produced by the impact created by the person, rather than by the source. Does not include cuts or strains. Includes bruises and rubbed or abraded by, in which case the injury is caused by pressure, vibration, or friction between the person and the source.

65. Moving Parts of Machine – Struck Against
66. Object Being Lifted or Handled – Struck Against
67. Sanding, Scraping, Cleaning Operations: May include scratches or abrasions caused by sanding, scraping, and cleaning operations.
68. Stationary Object
69. Stepping on Sharp Object
70. Striking Against or Stepping On, NOC: Injuries caused by striking against or stepping on something that is Not Otherwise Classified.

VIII. Struck Or Injured By

Note: Applies to cases in which the injury was produced by the impact created by the source of injury, rather than by the injured person. Does not include foreign body in eye.

74. Fellow Worker, Patient: Struck by co-worker, either on purpose or accidentally; includes being struck by a patient while lifting or moving them.
75. Falling or Flying Object
76. Hand Tool or Machine in Use
77. Motor Vehicle: Applies when a person is struck by a motor vehicle, including rail vehicles, water vehicles and airplanes.
78. Moving Parts of Machine – Struck By
79. Object Being Lifted or Handled – Struck By: Includes dropping object on body part.
80. Object Handled by Others: Includes another person dropping object on injured person's body part.
81. Struck or Injured, NOC: Injury caused by being struck or injured by something that is Not Otherwise Classified.
85. Animal or Insect: Includes bite or sting from a living organism. Includes an allergic reaction to the presence of a dog, cat, etc.
86. Explosion or Flare Back: Rapid expansion, outbreak, bursting or upheaval. Includes explosion of cars, bottles, aerosol cans, buildings, etc. Does not include electrical short circuits ("blown fuses"). "Flare Back" involves superheated air and combustible gases at temperatures just below the ignition temperature. Flare back may have same effects as welder's flash.

IX. Rubbed Or Abraded By

94. Repetitive Motion: Caused by repeated rubbing or abrading; applies to non-impact cases in which the injury was produced by pressure, vibration or friction between the person and the source of injury.
95. Rubbed or Abraded, NOC: Caused by a specific incident of rubbing or abrading that is Not Otherwise Classified; includes foreign body in ears.

X. Miscellaneous Causes

82. Absorption, Ingestion, Inhalation, NOC: Applies only to non-impact cases in which the injury resulted from inhalation, absorption (skin contact), or ingestion of harmful substances Not Otherwise Classified.
87. Foreign Matter (Body) in Eye(s)
88. Natural Disasters
89. Person in Act of Crime: Specific injury caused as a result of physical contact between injured person and another person in the act of committing a crime; does not include stress or psychological trauma that develops secondary to physical injuries.
90. Other Than Physical Cause of Injury: Stress, shock, or psychological trauma that develops in relation to a specific incident or cumulative exposure to conditions.
91. Mold
93. Gunshot
96. Terrorism
98. Cumulative, NOC: Involves cases in which the cause of injury occurred over a period of time; any condition increasing in severity over time, Not Otherwise Classified.
99. Other – Miscellaneous, NOC: Any injury or condition that does not apply or is Not Otherwise Classified in other categories; includes specific injury to ears/hearing, etc.

Name Standards

Following are the name standards for 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.

Section Five:
EDI Trading Partner Requirements

Trading Partner Agreement (next page):

Trading Partner Agreement

Electronic Data Interchange

This is an agreement between the parties named below to use Electronic Data Interchange (EDI) technologies and techniques for the purpose(s) set out below or as amended from time to time in writing by mutual agreement and such further purposes and objectives as the parties may agree in writing from time to time with reference to this Agreement.

1. **Parties.** The parties to this agreement are: State of Nebraska Workers' Compensation Court (hereafter NWCC); and_____ (insurance company, self-insured employer, risk management pool or claims administrator (hereafter Trading Partner).
2. **Purpose.** Trading Partner is either required to file or may be allowed by law or regulation to file for itself or on behalf of customers or clients a First Report of Alleged Occupational Injury or Illness and Subsequent Report to the Nebraska Workers' Compensation Court. The Objective is to initiate, implement and maintain First Report and Subsequent Reports through electronic filing.
3. Both agree that the Objective is lawful and performance hereunder shall be deemed complete performance of the parties' obligations under any law or regulation governing the Objective. This document shall be deemed to fulfill any requirement on the part of the Trading Partner to apply to NWCC to file information electronically.
4. Exhibit A and all requirements defined in the NWCC EDI Implementation Guide are annexed and incorporated in this Agreement and set forth the following mutually agreed conditions of the arrangement between the parties:
   A. The schedule, form, including data element definitions, and format of data transmissions including original submissions and corrections or resubmissions as needed from the Trading Partner.
   B. The test and implementation plan and schedule under which the parties will prepare to send and receive data from each other.
   C. The schedule, form, including data element definitions, and format of data transmission, including acknowledgments, notices of error or notices of acceptance as applicable from the NWCC.
   D. The network transmission facilities and EDI Third Party Vendors or Data Collection Agents (Reporters) agreed upon by the parties in the Trading Partner Profiles.
   E. The allocation of data transmissions costs between the parties.
5. Each party shall retain the content of data transmissions in confidence to the extent required by law.
6. The participation of NWCC in this agreement is contingent upon legislative appropriation of funds, and NWCC may terminate this agreement should said funds not be appropriated. The parties may also terminate this agreement upon ninety (90) days written notice. An orderly phase-out schedule will be mutually created by the parties.

Agreed this _____ day of _____ for the parties by their duly authorized or lawfully empowered representatives.

_____	_____
(signature)	(signature)
_____	_____
(name)	(name)
_____	_____
(title)	(title)
_____	_____
(TRADING PARTNER)	(NWCC)

Nebraska Workers' Compensation Court

Exhibit A

A.1 Trading Partner and NWCC agree to use the American National Standards Institute X12N Standards established by the International Association of Industrial Accident Boards and Commissions (IAIABC), where applicable, or the flat file equivalent.

B.1. The Project will commence with the transmission of the version of the First Report of Alleged Occupational Injury or Illness defined per paragraph C3 below on _____. During the testing phase, the Trading Partner will be required to file paper forms in addition to the electronic transmission of records. Once the testing requirements are met, the Trading Partner will no longer be required to file paper forms.

B.2. The parties will perform a test of the reporting system. The test will determine whether the transmission mechanism is acceptable. Acceptance will occur when the parties agree that ninety percent (90%) of all electronic First Reports (a) meet or pass all technical requirements; and (b) match or are more accurate than the paper forms filed for a period of up to four (4) consecutive weeks. The term of the test will not exceed 90 days unless an extension is agreed to between the parties.

C.1. The format of data elements and definitions will conform to the IAIABC Data dictionary as it is today and as amended from time to time and approved by the IAIABC or as otherwise agreed between the parties in writing.

C.2. The transmission of data will occur in accordance with the transmission profiles but in no case shall an electronic claim be filed later than the timeframes indicated in Rules 29 and 30.

C.3. The data elements for the First and Subsequent Reports and their priority are found in the Trading Partner Tables. Additional tables for other reports and forms can become part of this agreement by mutual agreement between the parties.

C.4. Any error in transmission will be timely identified by the NWCC, but not greater than five (5) business days.

D.1. Transmission will be accomplished via the IVANS, AT&T, or other network transmission facilities as agreed between the parties from time to time.

E.1. The Trading Partner agrees to pay all transmission costs, unless otherwise agreed upon by both parties.

Instructions For Completing Trading Partner Profile

The following set of trading partner tables are designed to provide information integral to controlling the extraction and transmission process for successful electronic data interchange of workers' compensation data. The data contained in these tables are originally established by the jurisdiction trading partner to reflect their reporting requirements and environment.

Trading Partner Profile:

This form will uniquely identify a trading partner and contact information. Each member in a partnership will fill out the information as it pertains to them and then exchange it with their trading partner(s).

Trading Partner Type:

The business function (e.g., employer, insurer, third-party administrator) performed by a trading partner within a trading partner agreement. If 'other', please specify. The completed Jurisdiction Trading Partner Profile is on page 31.

Master Trading Partner Information:

Legal Name . . .

The name of your business entity that corresponds with the Sender ID (no abbreviations).

Sender ID . . .

The Federal Employer's Identification Number of your business entity. This, along with the nine-position Postal Code (Zip+four), will be used to identify a unique trading partner. The **Sender ID FEIN** and **Postal Code** should be the same as those that will be used by the partner as the Sender ID in the Header Record of all EDI Transmissions from the partner.

Physical Address . . .

The street address of the physical location of your business entity. It will represent where materials may be received regarding your trading partner agreement with the NWCC (if using a delivery service other than the U.S. Postal service).

City . . .

The city portion of the street address of your business entity.

State . . .

The two-character standard state abbreviation of the state portion of the street address of your business entity.

Postal Code . . .

The nine-position postal code of the street address of your business entity. This field, along with Sender FEIN will be used to uniquely identify a trading partner.

Mailing Address/City/State/Postal Code . . .

The mailing address used to receive deliveries via the U.S. Postal Service for your business entity. This should be the mailing address that would be used to receive materials pertaining to your trading partner agreement with the NWCC. If this address is the same as the aforementioned physical street address, indicate 'Same as Above.'

Contact Information:

This section provides the ability to identify individuals within your business entity that can be used as contacts for this trading partner agreement. Room has been provided for two contacts: business and technical.

The **Business Contact** should be the individual most familiar with the overall extract and transmission process within your business entity. This person may be the project manager, business systems analyst, etc. This individual should be able to track down the answers to any issues that may arise from your trading partner that the technical contact cannot address.

The **Technical Contact** is the individual that should be contacted if issues regarding the actual transmission process arise. This person may be a telecommunications specialist, computer operator, etc.

Business/Technical Contact: Name . . .

The name of the contact.

Business/Technical Contact: Title . . .

The title of the contact or the role that contact performs within a given trading partner agreement.

Business/Technical Contact: Phone . . .

The telephone number at which that contact can be reached.

Business/Technical Contact: FAX . . .

If FAX facilities are available, the telephone number of the FAX machine to use for the contact is provided in this space.

Business/Technical Contact: Email . . .

If the contact can be reached via electronic mail, all email addresses that may be used to send messages to this contact are provided in this section.

Preparer Information:

The profile **Preparer** will also need to provide his or her name, title, phone, FAX, and email information.

Insurer ID List (Who Do You File For?):

If you are an Insurer, Self-Insured Employer or Pool: Complete and attach a list (available on Page 33) of **ALL** insurer/claim administrator **LEGAL NAME(S)** and their **FEINs** for whom you will be electronically reporting claims information.

If you are a Third Party Administrator (TPA): Complete and attach a list (available on Page 33) of **ALL** insurer **LEGAL NAME(S)** and their **FEINs** for whom you will be electronically reporting claims information.

TRADING PARTNER PROFILE

Trading Partner Type (Check all that apply):

__ Employer

__ Insurer

__ Third Party Administrator

X Other (specify): Jurisdiction

Master Trading Partner:

Legal Name (no abbreviations): Nebraska Workers's Compensation Court

Sender ID: The Federal Employer's Identification Number of your business entity. This, along with the nine-position Postal Code (Zip+four), will be used to identify a unique trading partner. The Sender ID FEIN and Postal Code should be the same as those that will be used by the partner as the Sender ID in the Header Record of all EDI Transmissions from the partner.

Sender ID FEIN: 47-0491233 **Postal Code** (9 digits): { 68508 } – { 8908 }

Physical Address:

Address Line 1: TierOne Center

Address Line 2: 1221 'N' Street, Suite 402

City: Lincoln State: { NE } Postal Code: { 68508 } – { 8908 }

Mailing Address:

Address Line 1: P.O. Box 98908

Address Line 2:

City: Lincoln State: { NE } Postal Code: { 68509 } – { 8908 }

Contact Information:

Business Contact:

Name Su Perk Davis

Title: NWCC EDI Business Manager

Phone: 402-471-6455

FAX: 402-471-2700

Email: su.davis@wcc.ne.gov

Technical Contact:

Name Bruce Mayfield, CCP

Title: NWCC EDI Project Manager

Phone: 402-471-3527

FAX: 402-471-2700

Email: bruce.mayfield@wcc.ne.gov

Preparer Information:

Name Su Perk Davis

Title: NWCC EDI Business Manager

Phone: 402-471-6455

FAX: 402-471-2700

Email: su.davis@wcc.ne.gov

TRADING PARTNER PROFILE

Trading Partner Type (Check all that apply):

__ Employer

__ Insurer

__ Third Party Administrator

__ Other (specify): _____

Master Trading Partner:

Legal Name (no abbreviations): _____

Sender ID: The Federal Employer's Identification Number of your business entity. This, along with the nine-position Postal Code (Zip+four), will be used to identify a unique trading partner. The Sender ID FEIN and Postal Code should be the same as those that will be used by the partner as the Sender ID in the Header Record of all EDI Transmissions from the partner.

Sender ID FEIN: _____ **Postal Code** (9 digits): { _____ } – { _____ }

Physical Address:

Address Line 1:_____

Address Line 2: _____

City:_____ State: { ____ } Postal Code: { _____ } – { _____ }

Mailing Address:

Address Line 1: _____

Address Line 2: _____

City:_____ State: { ____ } Postal Code: { _____ } – { _____ }

Contact Information:

Business Contact:

Name _____

Title: _____

Phone: _____

FAX: _____

Email: _____

Technical Contact:

Name _____

Title: _____

Phone: _____

FAX: _____

Email: _____

Preparer Information:

Name _____

Title: _____

Phone: _____

FAX: _____

Email: _____

Insurer ID List (Who Do You File For?)

If you are an Insurer, Self-Insured Employer or Pool: Complete and attach the following list of **ALL** insurer/claim administrator **LEGAL NAME(S)** and their **FEINs** for whom you will be electronically reporting claims information.

If you are a Third Party Administrator (TPA): Complete and attach the following list of **ALL** insurer **LEGAL NAME(S)** and their **FEINs** for whom you will be electronically reporting claims information.

Master Trading Partner Legal Name: _____

Sender ID FEIN: _____

Insurer/Claim Administrator Legal Name:	Insurer/Claim Administrator FEIN:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____
10. _____	10. _____
11. _____	11. _____
12. _____	12. _____
13. _____	13. _____
14. _____	14. _____
15. _____	15. _____

Transmission Profile — Receiver's Options

This form is used to communicate all allowable options the receiver of Workers' Compensation data will provide to a sender. The receiver is responsible for providing the information on the first page of this form, indicating all their requirements, and where applicable, the supported options from which a sender can select. The sender will then complete page two of this form providing their data in the allotted spaces, and indicating their selections were choices provided by the receiver. This information is then returned to the receiver.

One profile should be completed for each set of transactions with common transmission requirements. For example, one form may be used for '148' and 'A49' transmissions because a given receiver can only accept flat file format for these report types and can only accept them via Value-Added Network (VAN) 'A', while a second form will provide requirements and options that will relate to 'MED' reports, which can only be accepted in ANSI format and via VAN 'B' *or* 'C'*.*

Although one profile will satisfy most needs, it should be noted that if transmission parameters vary by transaction types, you can specify those differences by providing more than one profile.

Ideally, the receiver will customize the first page of the form, removing those selections and options that do not apply to their environment.

Transmission Profile — Receiver's Options Information:

Receiver Name . . .
The name of your business entity corresponding with the Master FEIN.

Date . . .
Date this form completed.

Trading partner Type . . .
Check the appropriate category reflecting the receiver's business type.

Receiver Identifier . . .
This is unique identifier consisting of the receiver's FEIN and Receiver's Postal Code.

Receiver FEIN . . .
The FEIN of the trading partner that will receive Worker's Compensation data. This must match the FEIN supplied on the entity's Trading Partner Profile. This entity will be the first to fill in this form.

Receiver Postal Code . . .
The nine-position postal code associated with the receiving trading partner's street address, which together with the Receiver FEIN will be used as the identifier of this trading partner.

Profile ID . . .
This profile ID is a free-form field used to uniquely identify a given profile between any given pair of trading partners. This field becomes critical when more than one profile exists between a given pair of trading partners. It is used for reference purposes.

Transaction Sets:

This section identifies all the transaction sets/report types described within the profile along with any options the receiver can provide to the sender for each transaction set. Both the IAIABC and ANSI designators or Transaction Sets are provided (e.g. 'POC/271', where 'POC' is the IAIABC designator and '271' is the ANSI designator).

Transaction Set ID IAIABC/ANSI . . .
Indicates the type of EDI documents the receiving trading partner will support with parameters.

Flat File Releases . . .
If a Flat file can be accepted for a given transaction set by the receiving trading partner, the release number(s) supported by the receiver is/are specified here. Note that multiple releases may be supported per transaction set within a receiver's environment. The sender will specify a single release per transaction set on the return form.

ANSI Version # . . .
If an ANSI transmission can be accepted for a given transaction set by the receiving trading partner, the version number(s) supported by the receiver are specified here. Note that multiple versions may be supported per transaction set within a receiver's environment. The sender will specify a single version per transaction set on the return form.

Acknowledgement Information:

This section provides acknowledgment options the receiver provides.

Acknowledgment Information . . .
Mode — For any given transaction set, the receiver will indicate whether they can support electronic, paper or no acknowledgments. Any unsupported option should be removed/crossed-off by the receiving trading partner.

Acknowledgment Information . . .
Resp. Period — The receiving trading partner will indicate the maximum period of elapsed time within which an sending trading partner may expect to receive an acknowledgment for the given transaction set.

Acknowledgment Information . . .
Level — For a given transaction set, the receiving trading partner will specify whether they can support acknowledgments for all transactions, only transactions with errors, and/or only transactions that are rejected. It should be noted that providing multiple options indicates that the receiving trading partner is capable of supporting 'filtered' acknowledgments. Options not supported must be removed/crossed-off.

Frequency . . .
All frequencies the receiving trading partner will accept transmissions for the transaction sets identified within this profile are specified here. Frequencies that cannot be supported by the receiving trading partner should be removed/crossed-off the list.

Day of Week . . .
If weekly or bi-weekly options are supported by the receiving trading partner, all days of the week that the receiver will accept transmissions will be specified here. Remove/cross-off any day of the week that cannot be used to accept transmission data.

Day of Month . . .
For frequencies other than daily, weekly, and bi-weekly all calendar days of the month that the receiving trading partner will accept transmissions will be specified here.

Month of Year . . .
If frequencies of bi-monthly, quarterly, semi-annually or annually are supported frequencies by the receiving trading partner, the month(s) of the year that can be used to receive transmissions are specified here.

Transmission Cut-Off Time . . .
The receiving trading partner will specify the time up until which the transmissions will be accepted for that processing cycle.

Electronic Mailbox Available . . .
If one or more VANs can be used to exchange data, the receiving trading partner will specify all available electronic mailboxes to which data can be transmitted. Separate mailbox information may be provided for transmitting production versus test data.

Direct Connect Available . . .
If data can be transmitted directly to the receiving trading partner's computer, the receiving trading partner must provide (or have available upon request) the technical specifications needed to support this media type. All pertinent data (telephone numbers, baud rates, communications protocol, transmission window, etc.) must be available for the sender to develop the send process if the direct connect option is selected.

Flat File Record Delimiter . . .
If a flat file format is supported by the receiving trading partner, the character used to physically indicate end of record is specified here.

Using ANSI:

This section provides information needed to exchange ANSI formatted transmission data.

ANSI Segment Terminator . . .
If ANSI transmissions are supported by the receiving trading partner, the character used as a segment terminator is specified here.

ANSI Data Element Separator . . .
If ANSI transmissions are supported by the receiving trading partner, the character used as a data element separator is specified here.

Sub-Element Separator . . .
If ANSI transmissions are supported by the receiving trading partner, the character used as a sub-element separator is specified here.

ANSI Sender/Receiver Qualifier . . .
If you can accept ANSI transmissions, this will be your ANSI ID Code Qualifier as specified in an 'ISA' segment.

Separate Qualifiers are provided to exchange Production and Test data, if different identifiers are needed.

ANSI Sender/Receiver ID . . .
If you can accept ANSI transmissions, this will be the ID Code that corresponds with the ANSI Sender/Receiver Qualifier (ANSI ID Code Qualifier) as specified in an 'ISA' segment.

Separate Sender/Receiver Ids are provided to exchange Production and Test data, if different identifiers are needed.

Acknowledgment Information . . .
The receiving trading partner can specify if they wish to receive a Functional Acknowledgment (AK1) when an ANSI detailed acknowledgment has been transmitted back to the sender. This does not apply if the receiving trading partner cannot support ANSI electronic acknowledgments.

Network . . .
The name of the VAN service on which the mailbox can be accessed.

Network: Mailbox Acct ID . . .
The name of the receiver's mailbox on the specified VAN.

Network: User ID . . .
This is the identifier of the receiver entity to the VAN.

Network Message Class . . .
If this VAN allows for 'slots' in their mailbox (classification of messages), this field will contain the message class to be used when transmitting information to the receiving entity.

Special Note: Message Class is not recommended for usage. If the Receiver allows usage, this information must be coordinated between both trading partners.

Transmission Profile — Receiver's Specifications

Receiver Name: Nebraska Workers' Compensation Court **Date:** May 28, 1999

Trading Partner Type: X Jurisdiction ___Claims Admin. ___ Employer ___Service Bureau ___Other

Receiver Identifier: Receiver FEIN: 470491233 Receiver Postal Code: 68509-8908

Profile ID: _____	**Description:** _____

Transaction Sets For This Profile:

Transaction Information			Acknowledgement Information		
Transaction IAIABC/ANSI	**File Release**	**ANSI Version**	**Mode (EDI/Paper/None)**	**Production Response Period**	**Level (All/Err/ Rejects)**
148/148	01	3041	EDI/Paper (during testing)	7 days	All
A49/148	N/A	N/A	N/A	N/A	N/A
POC/271	N/A	N/A	N/A	N/A	N/A
MED/837	N/A	N/A	N/A	N/A	N/A
AKI/824	01	3041	N/A	N/A	N/A

Transmission Frequencies For This Profile:

X Daily ___ Weekly — Select: SUN MON TUE WED THU FRI SAT ALL

____ Monthly Select Day (1B31): ____

____ Quarterly Select Month(s): JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC ALL

Select Day (1B31): ____

____ Annually Select Month(s): JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC ALL

Select Day (1B31): ____

____ Other: _____

____ Transmission Cut-Off Time: _____

Electronic Mailbox(s) For This Profile:

Network: ADVANTIS

	Test	**Prod.**
Mailbox Acct. ID:	WCST	WCST
User ID:	WCST023	WCST023
***Message Class**	FROIE	FROIE

Network: EASYLINK (AT&T)

	Test	**Prod.**
Mailbox Acct. ID:	F1NEWC01	F1NEWC01
User ID:	N/A	N/A
***Message Class**	#E2	#E2

***See special note in Trading Partner instructions.**

(Replace 'FROIE' with '#E2' for ANSI Transmissions)

Flat File Record Delimiter: OD OA

ANSI Information:

Segment Terminator ~

Data Elements Separator *

Sub-Element Separator >

Acknowledge 824 Transmissions? X Yes _____ No

ISA Information:	**Test**	**Prod.**
Qualifier:	ZZ	ZZ
ID:	470491233	470491233

Transmission Profile — Sender's Response

Receiver Name, Receiver Identifier, Profile ID and Description are information transferred from the Receiver's portion of the Transmission Profile.

Sender Selections/Information:

Once the sender has an opportunity to investigate all available options for transmitting data to the receiving trading partner, their selected media option and related information is specified in this section.

Master Trading Partner Information:

Name . . .
The primary trading partner name of the receiver. This information should be provided in pre-printed form by the trading partner receiving transmissions.

FEIN . . .
The primary FEIN of the receiving trading partner. Again, this should be pre-printed by the receiving trading partner.

Sender Name . . .
The name of the business entity that will be extracting and transmitting detailed Workers' Compensation information to their trading partner. This should be the name that appears on the Trading Partner Profile.

Trading Partner Type . . .
Check the appropriate category reflecting the sender's business type.

Sender FEIN . . .
The FEIN of the trading partner that will transmit Workers' Compensation data. This must match the FEIN supplied on the entity's Trading Partner Profile.

Sender Postal Code . . .
The nine-position postal code associated with the sending trading partner's street address, which together with the Sender FEIN will be used as the identifier of this trading partner.

For Each Transaction Set The Sender Will Be Originating:

The sender will indicate the format of each transaction set for which an agreement is being made — Flat File or ANSI. The format and Release/Version number that the sender wants to receive electronic detailed acknowledgments is specified on the line indicated by 'AK1/824'.

Release/Version . . .
If flat file was selected, the IAIABC Release Number this trading partner will use to format the respective report is specified in this space; if ANSI format was selected, the ANSI Version Number is specified in this space. It is recommended that the latest release that can be commonly supported by both sender and receiver be selected.

Projected # Per Transmission . . .
The sending trading partner will specify the projected average number of detail records for a given Transaction Set ID that will be sent to the receiving trading partner per transmission. This will be used for planning purposes.

Mode . . .
The sending trading partner will select their preferred mode (electronic/paper/none) of acknowledgments for that transaction set from the options provided by the receiving trading partner.

Level . . .
The sending trading partner will select their preferred level (all/errors/rejected) of acknowledgments for that transaction set from the options provided by the receiving trading partner.

Transmission Frequency:

The sending trading partner will specify which one frequency they will use to transmit data from the choices provided by the receiving trading partner.

Selected Media . . .
The sender will place an 'X' in front of the option they have selected to transmit information. If 'Direct Connect', the receiver must have provided any technical specifications that the sending trading partner may need for successful data exchange. If 'Electronic Mailbox' is selected, the selected VAN will be specified by providing network information in the fields provided in this section.

Network . . .
The sender specifies the VAN they will use to transmit data to the receiving trading partner. Separate mailbox information is provided for production versus test transmissions.

Network: Mailbox Acct ID . . .
The name of the sender's mailbox on this VAN where acknowledgments can be routed from the receiver back to the sender.

Network: User ID . . .
This is the identifier of the sender entity to the VAN.

Network: Message Class . . .
If this VAN allows for 'slots' in their mailbox (classification of messages), this field will contain the message class to be used when transmitting information back to the sending entity.

Transmission Profile — Sender's Response

Return This Page To:

Receiver Name:_____

Receiver Identifier: Receiver FEIN:_____ Receiver Postal Code:_____

Profile ID:_____ **Description:**_____

Sender Selections/Information:

Master Trading Partner Information:

Name:_____ **FEIN:**_____

Sender Name:_____

Trading Partner Type: ___Jurisdiction ___Claims Admin. ___Employer ___Service Bureau ___Other

Sender Identifier: Sender FEIN:_____ Sender Postal Code:_____

Transaction Sets For This Profile:

Transaction Information				Acknowledgment Information	
Transaction IAIABC/ANSI	Format	Release/Version	Projected Number per Transaction	Mode	Level
148/148					
A49/148					
POC/271					
MED/837	ANSI				
AKI/824					

Transmission Frequency: (select only one from Receiver's options):

____ Daily ____ Weekly — Select: SUN MON TUE WED THU FRI SAT ALL

____ Monthly Select Day (1–31): _____

____ Quarterly Select Month(s): JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC ALL

Select Day (1–31): _____

____ Annually Select Month(s): JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC ALL

Select Day (1–31): _____

____ Other: _____

Electronic Mailbox Information:

Network:_____

Sender's verification block goes here . . .

	Test	Prod.
Mailbox Acct. ID:		
User ID:		
Message Class		

Draft Approved: 11-20-96

Event Table Usage Instructions

This table was designed to provide information integral for a sender to understand the receiver's EDI reporting requirements. It relates EDI information to events and under what circumstances they are initiated. This includes legislative mandates affecting different reporting requirements based on various criteria (i.e. dates of injury after a certain period).

It is used and controlled by the receiver of EDI transactions to convey the level of EDI reporting that they currently accept. It is also used by each trading partner to record an individual trading partner's production level by maintenance type codes (MTC) and implementation dates.

For a sender of EDI information, at least one Event Table must be completed. If there are any exceptions within clients of a sender, then an Event Table must be completed for each exception.

Event Table Usage Information:

Trading Partner ID . . .
A composite field containing a trading partner's FEIN and nine-position postal code. This is a generic term that can identify either the sender or receiver.

Transaction Set ID . . .
The code that identifies the transaction being sent/received (i.e. '148', 'A49', 'POC'). An entry for each transaction set that a trading partner is using should be included along with each MTC.

MTC . . .
The Maintenance Type Code defines the specific purpose (event) for which the transaction is being sent (triggered).

MTC Description . . .
Text describing the MTC.

Production Level IND . . .
Reflects an EDI participation status for a specific transaction. It indicates whether the transaction being sent is being targeted to a receivers 'production' or 'test' system. Transactions performed while under 'parallel' status should have the 'test' indicator set. ***Technical Note:*** This flag is set at the transmission (batch) header level in the 'HD1'. Therefore, all transactions with a batch must be at the same production level.

Implementation DT From/Thru . . .
These are the effective dates of the production level indicator for a trading partner.

Report Trigger Criteria . . .
This is list of events that trigger a specific report and cause it to be submitted. If there are multiple events for a given MTC, then each event must be listed separately.

Report Trigger Value . . .
A value that is used to modify or define a Report Trigger Criteria.

Periodic Qualifier . . .
These are code values that describe the type of claims that are required to be reported periodically (e.g. open claims, closed claims). ***Note:*** See Periodic Qualifier Code Table appendix to system dictionary.

Report Limit Number . . .
When present, this value reflects the maximum number of periodic reports required.

Report Requirement Criteria . . .
The criteria that defines the claim event date. This will be compared to the Effective From and Thru dates. This reflects statutory requirements that affect report submission.

Effective Date From . . .
The first date that a claim meeting the Report Requirement Criteria will be reported for a specific report trigger.

Effective Date Thru . . .
The last date that a claim meeting the Report Requirement Criteria will be reported for a specific report trigger.

Report Due Criteria . . .
The criteria that determines the latest date that a report must be completed and submitted for a specific trigger to be considered timely.

Report Due Value . . .
A value that is used to modify or define a Report Due Criteria.

Follow Up Form . . .
The 'hard-copy' form, or form number, that is required to be sent out at the time of an EDI transaction is submitted.

Receiver . . .
A code (from a valid code list) to identify the receiver of the Form/Pamphlet being sent.

EDI EVENT TABLE

TRANS			PROD	IMP DT		REPORT TRIGGER	RPT	PERIODIC	REP LMT	RPT REQMNT.	EFFECTIVE DATE		REPORT DUE	RPT DUE	FOLLOW UP	
SET ID	MTC	MTC DESCRIPTION	LEVEL IND	FROM	THRU	CRITERIA	TRIGGER VALUE	QUALIFIER	NUM	CRITERIA	FROM	THRU	CRITERIA	VALUE	FORM	RECVR
148	00	Original	Prod			A= New Clm (Note 1)	< 10 Days			A = Dt of Injury			A= Days frm Dt. Acc/Inj	< 10 Days		
						F = Formula	< 10 Days			G = Dt of Death			A= Days frm Dt. Acc/Inj	< 10 Days		
						Q = Employee Death	< 10 Days						I = Days frm Dt. of Dth	< 10 Dayss		
	04	Denial of Claim	Prod			A= New Clm (Note 1)	< 10 Days			A = Dt of Injury			A= Days frm Dt. Acc/Inj	< 10 Days		
						F = Formula	< 10 Days			G = Dt of Death			A= Days frm Dt. Acc/Inj	< 10 Days		
						Q = Employee Death	< 10 Days						10 = Days frm Dt. of Dth	< 10 Days		
	01	Cancellation	Prod			O= Maint. Type Event	N/A						H= Immediate	0 Days		
	02	Elem. Change	Prod			O= Maint. Type Event	N/A						H= Immediate	0 Days		
	04	Denial of Claim	Prod			O= Maint. Type Event	N/A						A= Days frm Dt. Acc/Inj	10 Days		
	AU	Aquired/Unallocated	Prod			O= Maint. Type Event	N/A						H= Immediate	0 Days		
	CO	Correction	Prod			O= Maint. Type Event	N/A						H= Immediate	0 Days		

Note 1: Includes all reports, Lost Time, Medical Only, Alleged, etc.

Nebraska Workers' Compensation Court Addendum To Event Table

February 7, 2007

Release1

MTC	Event	Time Report is Due
'00'	The original first report transmitted between trading partners, including the re-transmission of an original first report that was rejected due to critical errors. All mandatory fields and non-null required fields must be completed for transmission of the record.	Within 10 days after the employer or insurer has been given notice of or has knowledge of the injury.
'01'	Cancellation: the original first report(s) was sent in error and a request is sent to have it eliminated from NWCC's database. A previous original report must have been filed. Only mandatory fields are required for transmission of the record.	Immediate — defined to be the time the claims administrator becomes aware of the need to retract a previously submitted original and instructs their system to send the cancel request in the next transmission.
'02'	Change: a change transaction is made when the **claim administrator identifies** that a change is necessary on a previously filed report. All mandatory fields must be completed for transmission of the record. **Note:** A *change* is not made as a result of a warning error (TE) received from the NWCC in an electronic transaction acknowledgement. This scenario would require a *correction*, shown below.	Immediate — defined to be the time the claims administrator identifies information that has changed in their system since the time an original was first sent to the NWCC and instructs their system to send the change request in the next transmission.
'CO'	Correction: a correction transaction (MTC CO) is made when **NWCC identifies** a warning-error or non-critical error (TE). Since an original report has previously been filed with NWCC, the trading partner files a correction including all mandatory fields with the transmission.	Immediate — defined to be the time the claims administrator receives a notification from the NWCC (received in a electronic transaction acknowledgement), makes the necessary changes to their internal system, and instructs their system to send the correction in the next transmission.
'04'	Denial: used by the trading partner to indicate that the claims administrator denies the claim. All mandatory fields must be completed for transmission of the record.	Immediate — defined to be the time the claims administrator determines the claim is to be denied and instructs their system to send the denial request in the next transmission.
'AU'	Acquired: used to identify that a claim or injury report has been acquired from another claims administrator	Immediate — defined to be the time the claims administrator becomes aware of the need to notify the NWCC that a claim has been acquired and instructs the system to send the notification in the next transmission.

Please note: The agency claim number is required when submitting an amended FROI for any of the above MTCs ('01', '02', 'CO', '04', 'AU') after an original FROI (MTC '00', '04', 'AU') is filed electronically and accepted by the court. Any amended FROI EDI transactions with missing or incorrect agency claim numbers will fail the agency claim number edits and a warning message will be returned in the acknowledgement. Agency claim numbers should not be sent on original FROI electronic filings (MTC '00', '04', 'AU').

Medical Only First Reports

In every case of reportable injury arising out of and in the course of employment, the employer or workers' compensation insurer shall file a report thereof with the Nebraska Workers' Compensation Court. Such report shall be filed within ten days after the employer or insurer has been given notice of or has knowledge of the injury.

Reportable injury means an injury or diagnosed occupational disease which results in: (i) Death, regardless of the time between the death and the injury or onset of disease; (ii) time away from work; (iii) restricted work or termination of employment; (iv) loss of consciousness; or (v) medical treatment other than first aid;

Restricted work means the inability of the employee to perform one or more of the duties of his or her normal job assignment. Restricted work does not occur if the employee is able to perform all of the duties of his or her normal job assignment, but a work restriction is assigned because the employee is experiencing minor musculoskeletal discomfort and for the purpose of preventing a more serious condition from developing;

Medical treatment means treatment administered by a physician or other licensed health care professional; and

First aid means:

(i) Using a nonprescription medication at nonprescription strength. For medications available in both prescription and nonprescription form, a recommendation by a physician or other licensed health care professional to use a nonprescription medication at prescription strength is not first aid;

(ii) Administering tetanus immunizations. Administering other immunizations, such as hepatitis B vaccine and rabies vaccine, is not first aid;

(iii) Cleaning, flushing, or soaking wounds on the surface of the skin;

(iv) Using wound coverings, such as bandages and gauze pads, and superficial wound closing devices, such as butterfly bandages and steri-strips. Using other wound closing devices, such as sutures and staples, is not first aid;

(v) Using hot or cold therapy;

(vi) Using any nonrigid means of support, such as elastic bandages, wraps, and nonrigid back belts. Using devices with rigid stays or other systems designed to immobilize parts of the body is not first aid;

(vii) Using temporary immobilization devices, such as splints, slings, neck collars, and back boards, while transporting accident victims;

(viii) Drilling of a fingernail or toenail to relieve pressure or draining fluid from a blister;

(ix) Using eye patches;

(x) Removing foreign bodies from the eye using only irrigation or a cotton swab;

(xi) Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means;

(xii) Using finger guards;

(xiii) Using massages. Using physical therapy or chiropractic treatment is not first aid; and

(xiv) Drinking fluids for relief of heat stress.

A non-self-insured employer is not permitted to directly pay for medical treatment required under the Nebraska Workers' Compensation Act. In essence, this would be an attempt by the employer to self-insure its liability for such treatment without first being approved by the court for self-insurance as required in the Act and rules of the court. In addition, the Nebraska legislature has addressed the issue of payment for small medical claims and specifically determined that payment must be made by the insurer, rather than the employer. This is included in 48-146.03, which provides for a medical deductible option for workers' compensation insurance policies. That section first establishes such a deductible but then states that the insurer shall pay the entire cost of medical benefits for each claim irrespective of the deductible provision. The insurer is then to be reimbursed by the employer for any deductible amounts paid by the insurer.

Reference: Statute 48-144.01.

Element Requirements Table Usage Instructions

This table was designed to provide a tool to communicate a Receiver's business data element requirements for each of its trading partners. This allows for element requirements to be defined to a Transaction Set ID and down to the level of each MTC. Further, it provides for element requirements to differ based on Report Requirements Criteria established on the Event Table.

Note: This table should be completed after the Event Table as it relates to events described on that table.

Trading Partner ID . . .

A composite field containing a trading partner's FEIN and nine-position postal code. This is a generic term that can identify either the sender or receiver.

Transaction Set ID . . .

The code that identifies the transaction being sent/received (i.e. '148', 'A49', 'POC'). An entry for each transaction set that a trading partner is using should be included along with each MTC.

MTC . . .

The Maintenance Type Code defines the specific purpose (event) for which the transaction is being sent (triggered).

MTC Description . . .

Text describing the MTC.

Production Level IND . . .

Reflects an EDI participation status for a specific transaction. It indicates whether the transaction being sent is being targeted to the receiver's 'production' or 'test' system. Transactions performed while under 'parallel' status should have the 'test' indicator set.

Technical Note: This flag is set at the transmission (batch) header level in the HDI. Therefore, all transactions with a batch must be at the same production level.

Implementation DT From/Thru . . .

These are the effective dates of the production level indicator for a trading partner.

Report Trigger Criteria . . .

This is a list of events that trigger a specific report and cause it to be submitted. If there are multiple events for a given MTC, then each event is listed separately.

Nebraska Workers' Compensation Court
Summary Element Requirements Table IAIABC Release 1 First Report of Injury

NE REQUIREMENTS BY MAINTENANCE TYPE CODE - IAIABC RELEASE 1 FIRST REPORT OF INJURY (148)

IAIABC GROUPING	*IAIABC DN*	*IAIABC DATA ELEMENT NAME*	*IAIABC FORMAT*	*POSITIONS BEG*	*POSITIONS END*	*MTC REQUIREMENTS* 00	01	02	04	AU	CO	*NOTES*
TRANSACTION												
	0001	Transaction Set ID	3 A/N	1	3	M	M	M	M	M	M	
	0002	Maintenance Type Code	2 A/N	4	5	M	M	M	M	M	M	
	0003	Maintenance Type Code Date	DATE	6	13	M	M	M	M	M	M	
JURISDICTION												
	0004	Jurisdiction	2 A/N	14	15	M	M	M	M	M	M	
	0005	Agency Claim Number	25 A/N	16	40	NA	M	M	C	C	M	**Note 1**
CLAIM ADMINISTRATOR												
	0006	Insurer FEIN	9 A/N	41	49	M	M	M	M	M	M	
	0007	Insurer Name	30 A/N	50	79	M	M	M	M	M	M	
	0008	Third Party Administrator FEIN	9 A/N	80	88	C	C	C	C	C	C	**Note 2**
	0009	Third Party Administrator Name	30 A/N	89	118	C	C	C	C	C	C	**Note 3**
	0010	Claim Administrator Address Line 1	30 A/N	119	148	M	M	M	M	M	M	
	0011	Claim Administrator Address Line 2	30 A/N	149	178	O	O	O*	O	O	O*	
	0012	Claim Administrator City	15 A/N	179	193	M	M	M	M	M	M	
	0013	Claim Administrator State	2 A/N	194	195	M	M	M	M	M	M	
	0014	Claim Administrator Postal Code	9 A/N	196	204	O	O	O*	O	O	O*	
	0015	Claim Administrator Claim Number	25 A/N	205	229	M	M	M	M	M	M	**Note 4**
INSURED												
	0016	Employer FEIN	9 A/N	230	238	M	M	M	M	M	M	
	0017	Insured Name	30 A/N	239	268	M	M	M	M	M	M	
	0018	Employer Name	30 A/N	269	298	M	M	M	M	M	M	
	0019	Employer Address Line 1	30 A/N	299	328	O	O	O*	O	O	O*	
	0020	Employer Address Line 2	30 A/N	329	358	O	O	O*	O	O	O*	
	0021	Employer City	15 A/N	359	373	M	M	M	M	M	M	
	0022	Employer State	2 A/N	374	375	M	M	M	M	M	M	
	0023	Employer Postal Code	9 A/N	376	384	O	O	O*	O	O	O*	
	0024	Self Insured Indicator	1 A/N	385	385	M	M	M	M	M	M	
	0025	Industry Code	6 A/N	386	391	O	O	O*	O	O	O*	
	0026	Insured Report Number	10 A/N	392	401	O	O	O*	O	O	O*	
	0027	Insured Location Number	15 A/N	402	416	O	O	O*	O	O	O*	

Nebraska Workers' Compensation Court
Summary Element Requirements Table IAIABC Release 1 First Report of Injury

NE REQUIREMENTS BY MAINTENANCE TYPE CODE - IAIABC RELEASE 1 FIRST REPORT OF INJURY (148)

IAIABC GROUPING	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	POSITIONS BEG	POSITIONS END	MTC REQUIREMENTS 00	01	02	04	AU	CO	NOTES
POLICY												
	0028	Policy Number	18 A/N	417	434	O	O	O*	O	O	O*	
	None	Filler	12 A/N	435	446	O	O	O*	O	O	O*	
	0029	Policy Effective Date	DATE	447	454	O	O	O*	O	O	O*	
	0030	Policy Expiration Date	DATE	455	462	O	O	O*	O	O	O*	
ACCIDENT												
	0031	Date of Injury	DATE	463	470	M	M	M	M	M	M	
	0032	Time of Injury	HHMM	471	474	O	O	O*	O	O	O*	
	0033	Postal Code of Injury Site	9 A/N	475	483	M	M	M	M	M	M	
	0034	Employers Premisis Indicator	1 A/N	484	484	O	O	O*	O	O	O*	
	0035	Nature of Injury Code	2 A/N	485	486	M	M	M	M	M	M	
	0036	Part of Body Injured Code	2 A/N	487	488	M	M	M	M	M	M	
	0037	Cause of Injury Code	2 A/N	489	490	M	M	M	M	M	M	
	0038	Accident Description/Cause	150 A/N	491	640	M	M	M	M	M	M	
	0039	Initial Treatment	2 A/N	641	642	O	O	O*	O	O	O*	
	0040	Date Reported to Employer	DATE	643	650	O	O	O*	O	O	O*	
	0041	Date Reported to Claim Administrator	DATE	651	658	O	O	O*	O	O	O*	
EMPLOYEE												
	0042	Social Security Number	9 A/N	659	667	M	M	M	M	M	M	
	0043	Employee Last Name	30 A/N	668	697	M	M	M	M	M	M	
	0044	Employee First Name	15 A/N	698	712	M	M	M	M	M	M	
	0045	Employee Middle Initial	1 A/N	713	713	O	O	O*	O	O	O*	
	0046	Employee Address Line 1	30 A/N	714	743	M	M	M	M	M	M	
	0047	Employee Address Line 2	30 A/N	744	773	O	O	O*	O	O	O*	
	0048	Employee City	15 A/N	774	788	M	M	M	M	M	M	
	0049	Employee State	2 A/N	789	790	M	M	M	M	M	M	
	0050	Employee Postal Code	9 A/N	791	799	M	M	M	M	M	M	
	0051	Employee Phone	10 A/N	800	809	O	O	O*	O	O	O*	
	0052	Employee Date of Birth	DATE	810	817	M	M	M	M	M	M	Effective 10/01/02
	0053	Gender Code	1 A/N	818	818	O	O	O	O	O	O	Effective 10/01/02
	0054	Marital Status Code	1 A/N	819	819	O	O	O*	O	O	O*	
	0055	Number of Dependents	2 N	820	821	O	O	O*	O	O	O*	
	0056	Date Disability Began	DATE	822	829	O	O	O*	O	O	O*	

Nebraska Workers' Compensation Court
Summary Element Requirements Table IAIABC Release 1 First Report of Injury

NE REQUIREMENTS BY MAINTENANCE TYPE CODE - IAIABC RELEASE 1 FIRST REPORT OF INJURY (148)

IAIABC GROUPING	*IAIABC DN*	*IAIABC DATA ELEMENT NAME*	*IAIABC FORMAT*	*POSITIONS BEG*	*POSITIONS END*	*MTC REQUIREMENTS* 00	01	02	04	AU	CO	*NOTES*
	0057	Employee Date of Death	DATE	830	837	C	C	C	C	C	C	**Note 5**
EMPLOYMENT												
	0058	Employment Status Code	2 A/N	838	839	O	O	O*	O	O	O*	
	0059	Class Code	4 A/N	840	843	O	O	O*	O	O	O*	
	0060	Occupation Description	30 A/N	844	873	O	O	O*	O	O	O*	
	0061	Date of Hire	DATE	874	881	O	O	O*	O	O	O*	
	0062	Wage	$9.2	882	892	O	O	O*	O	O	O*	
	0063	Wage Period	2 A/N	893	894	O	O	O*	O	O	O*	
	0064	Number Days Worked	1 N	895	895	O	O	O*	O	O	O*	
	0065	Date Last Day Worked	DATE	896	903	O	O	O*	O	O	O*	
	0066	Full Wages Paid for Date of Injury Indicator	1 A/N	904	904	O	O	O*	O	O	O*	
	0067	Salary Continued Indicator	1 A/N	905	905	O	O	O*	O	O	O*	
	0068	Date of Return to Work	DATE	906	913	O	O	O*	O	O	O*	

M=Mandatory, Transaction will be rejected if data field absent

O=Optional, If value available send it.

C=Trading Partner must specify conditions

***If value changed, send it**

Note 1: Agency Claim Number (DN0005) - Mandatory on all non-original FROI transactions AU, 04.

Note 2: TPA FEIN (DN0008) - Mandatory if TPA Name (DN0009) is present.

Note 3: TPA Name (DN0009) - Mandatory if TPA is applicable.

Note 4: Claim Administrator Claim Number (DN0015) - Self-insured, self-administered employers should populate this field with the date of injury. For example, "08012004."

Note 5: Employee Date of Death (DN0057) - Mandatory on injuries resulting in a fatality.

Nebraska Workers' Compensation Court Addendum To Element Requirements Table

August 1, 2004

INSURER FEIN ('DN006') — Is mandatory. The Federal Employer's Identification Number is a nine-digit number used to report federal withholding and FICA taxes and is reported.

THIRD PARTY ADMINISTRATOR FEIN ('DN008') — Mandatory if Third Party Administrator Name is present ('DN009').

THIRD PARTY ADMINISTRATOR NAME ('DN009') — Mandatory unless Claim Administrator name and address is the same as the Insurance Carrier name and address in which case it becomes optional.

CLAIM ADMINISTRATOR ADDRESS LINE 1, CITY, STATE ('DN010', 'DN012', 'DN013') — Is mandatory. The Claim Administrator Address, City, and State, the mailing address of the claim administrator's processing facility, third party administrator, risk management or self-insured responsible for administrating this claim.

CLAIM ADMINISTRATOR CLAIM NUMBER ('DN015') — Self-insured, self-administered employers should populate this field with the date of injury. For example, "08012004."

SOCIAL SECURITY NUMBER ('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 email, 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 that 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.

GENDER CODE ('DN053') — Optional.

EMPLOYEE DATE OF DEATH ('DN057') — Mandatory on injuries resulting in a fatality.

OCCUPATIONAL DESCRIPTION ('DN060') — Optional. If trading partner has a data element defined to collect this information in their database, please send it.

ALL DATA ELEMENTS — Follow the standard IAIABC edits model as documented in the dictionary in Section Six of the Release I EDI Implementation Guide. Most edits from the IAIABC model plus Nebraska state specific edits will check for valid values and codes as defined in the dictionary and return error messages as defined in the edit matrix table. The Nebraska Edit Matrix Table is included in the Nebraska Implementation Guide and it replaces what is in the IAIABC EDI Implementation Guide. Any data element that does not pass a reasonable edit check will be accepted with error unless noted otherwise above.

Edit Matrix Table Usage Instructions

The Edit Matrix is designed to convey which data elements have edits applied to them and to provide standard error messages to use in association with these edits. Error messages are communicated in the Acknowledgement record in the form of data element number and error message. ***Note:*** *All error messages and data element numbers must be assigned by the EDI Systems group to ensure standardization across jurisdictions.*

Those elements with 'TE' or 'TR' on the coordinate are edits the NWCC has implemented.

The Edit Matrix includes all transaction set edits established by the IAIABC EDI Development committee.

The data element numbers and element descriptions are listed down the left column while the error message numbers and associated text are listed across the top of the table.

TRADING PARTNER ID: NEBRASKA WCC

EDIT MATRIX TABLE

	EDIT MATRIX																																				
	ERROR MESSAGE	Mandatory field not present	Number of Days worked must be 0-7	Number of Days must be 0-6	Must be numeric (0-9)	Must be a valid date (CCYYMMDD)	Must be A-Z, 0-9, or spaces	Must be a valid time (HHMMSS)	Must be <= Date of Injury	Must be >= Date of Injury	Must be >= Date Disability Began	Must be <= Date of Death	Must be <= Maintenance Type Code date	Must be >= Payment Adj Start date	No match on database	All digits cannot be the same	Must be <= Current date	Not statutorily valid	Value is > than required by jurisdiction	Value is < than required by jurisdiction	No matching Subsequent Report (A49)	No Matching First Report (148)	Must be valid occurence for segment	Must be <= Date of Hire	Duplicate transmission/transaction	Code/ID invalid	Value not consistent with value previously reported	Event Criteria not met	Required segment not present	Invalid event sequence/relationship	Invalid data sequence/relationship	Corresponding report/data not found	Invalid record count	Must be >= Policy Effective Date	Must be <= Policy Effective Date	No Leading / Imbedded Spaces
Elem #	**Element Description**	**001**	**018**	**019**	**028**	**029**	**030**	**031**	**033**	**034**	**035**	**036**	**037**	**038**	**039**	**040**	**041**	**042**	**044**	**045**	**050**	**053**	**054**	**055**	**057**	**058**	**059**	**061**	**062**	**063**	**064**	**065**	**066**	**067**	**068**	**100**
	FIRST REPORT TRANSACTION																																				
001	Transaction Set ID	R																							R	R											
002	Maintenance Type Code	R																								R											
003	Maintenance Type Code Date	R				R													R																		
004	Jurisdiction	R																								R											
005	Agency Claim Num	R													R																						
006	Insurer FEIN	R			R										R	R																					
007	Insurer Name	R																																			
008	Third Party Admin FEIN	R			R										R	R																					
009	Third Party Admin Name	R																																			
010	Claim Admin Addr Line1	R																																			
011	Claim Admin Addr Line 2																																				
012	Claim Admin City	R																																			
013	Claim Admin State	R																								R											
014	Claim Admin Post Code																																				
015	Claim Admin Claim Num	R					R																														
016	Employer FEIN	R			R											R																					
017	Insured Name	R																																			
018	Employer Name	R																																			
019	Employer Addr Line																																				
020	Employer Addr Line 2																																				
021	Employer City	R																																			
022	Employer State	R																								R											
023	Employer Post Code																																				
024	Self Insured Indicator	R																								R											
025	SIC Code																																				
026	Insured Report Number																																				
027	Insured Location Num																																				
028	Policy Number																																				
029	Policy Effective Date																																				
030	Policy Expire Date																																				
031	Date of Injury	R				R							R																								
032	Time of Injury																																				
033	Post Code of Injury Site	R																R																			

TRADING PARTNER ID: NEBRASKA WCC

EDIT MATRIX TABLE

Elem #	Element Description	001	018	019	028	029	030	031	033	034	035	036	037	038	039	040	041	042	044	045	050	053	054	055	057	058	059	061	062	063	064	065	066	067	068	100
034	Employers Premisis Ind																																			
035	Nature of Injury Code	R																								R										
036	Part of Body Injured Code	R																								R										
037	Cause of Injury Code	R																								R										
038	Accident Descriptn/Cause	R																																		
039	Initial Treatment																																			
040	Date Reported to Employer																																			
041	Date Reported to Clm Admin																																			
042	Social Security Num	R			R											R		R																		
043	Employee Last Name	R																																		
044	Employee First Name	R																																		
045	Employee Middle Initial																																			
046	Employee Addr Line 1	R																																		
047	Employee Addr Line 2																																			
048	Employee City	R																																		
049	Employee State	R																								R										
050	Employee Post Code	R																																		
051	Employee Phone																																			
052	Employee Date of Birth	R				R			R				R						R					R												
053	Gender Code																																			
054	Marital Status Code																																			
055	Num of Dependents																																			
056	Date Disability Began																																			
057	Employee Date of Death					E				E			E																							
058	Employment Status Code																									E										
059	Class Code																																			
060	Occupation Description																																			
061	Date of Hire																																			
062	Wage																																			
063	Wage Period																																			
064	Num Days Worked																																			
065	Date Last Day Worked																																			
066	Full Wages Paid for DOI																																			
067	Salary Cont Indicator																																			
068	Date of Return to Work																																			
098	Sender ID	R			R										R																					
099	Receiver ID	R			R																					R										
100	Date Transm. Sent	R			R	R											R																			
101	Time Transm. Sent	R			R			R																												
102	Original Transm. Date				R	R											R																			
103	Original Transm. Time				R			R																												
104	Test/Prod. Indicator	R																								R										
105	Interchange Vers. ID	R													R											R					R					
106	Detail Rec. Count	R			R																												R			

Nebraska Workers' Compensation Court Addendum To Edit Matrix Table

May 18, 2004

The following edits are uniquely identified and described in addition to the standard edits that are defined in the edit matrix table.

SELF INSURED INDICATOR ('DN024') — Check for 'Y' or 'N'. If not valid the transaction will be rejected with error code '#058'.

POSTAL CODE OF INJURY SITE ('DN033') — Postal code must be at least five numeric digits, if not the transaction will be rejected with error code '#028'. Out of state postal codes will be accepted for those injuries incurred out of state, otherwise postal code is expected to be a Nebraska code. If the injury occurred outside of the United States, Nebraska will accept "NOT USA" in the postal code data element — otherwise country codes will not be accepted. Please use the following guideline when specifying a Nebraska postal code. At a minimum ***a postal code*** should exist in the county for which an accident occurred in Nebraska.

ALL DATA ELEMENTS — Implement most of the standard edits from the IAIABC model, in addition Nebraska has implemented a few state specific edits which will check for valid values and codes as defined in the IAIABC dictionary and return error messages as defined in the edit matrix table. The Nebraska Edit Matrix Table is included in the Nebraska Implementation Guide and it replaces what is in the IAIABC EDI Implementation Guide. Any data element that does not pass a reasonable edit check will be accepted with error unless noted otherwise in the Edit Matrix Table.

NWCC Match Data Table

The Match Data Table is designed to convey which data elements NWCC uses as primary or secondary 'match' data elements. It is used to identify a transaction as a new claim when created, or match to an existing claim for updating and processing. This match process is primarily employed on a Correction (MTC 'CO') and Change (MTC '02') but can also be used on Denial (MTC '04'), Cancel (MTC '01') or Acquired (MTC 'AU'). Match data may also be used to reconcile duplicate claims. NWCC has identified the primary match data element and secondary match data elements.

Note: ***A transaction may include only one changed match value at a time to allow the remaining match values to accomplish a match to a claim in the court's database.***

The data element names are listed down the center column. An 'X' in the appropriate column indicates 'P' (primary) or 'S' (secondary) match data.

Grouping	Data Element Name	P	S
Claim Administrator	Jurisdiction Claim Number (Not to be sent when original new claim is created using MTC '00')	X	
	Claim Administrator Claim Number		X
	Insurer FEIN		X
	TPA FEIN		X
Claimant	Employee ID ● Employee SSN ● Employee ID Assigned by Jurisdiction		X
	Date of Injury		X
	Employee Last Name		X
	Employee First Name		X

Nebraska Workers' Compensation Court
Acknowledgment Record (AK1) For First Report (148) and Subsequent Report (A49)

IAIABC Release 1 Acknowledgment Record (AK1) For First Report (148) & Subsequent Report (A49)					
IAIABC GROUPING	*IAIABC DN*	*IAIABC DATA ELEMENT NAME*	*IAIABC FORMAT*	*POSITIONS BEG*	*POSITIONS END*
TRANSACTION					
	0001	Transaction Set ID	3 A/N	1	3
	0107	Record Sequence Number	9 N	4	12
	0108	Date Processed	Date	13	20
	0109	Time Processed	Time	21	26
	0006	Insurer FEIN	9 A/N	27	35
	0014	Claim Administrator Postal Code	9 A/N	36	44
	0008	Third Party Administrator Fein	9 A/N	45	53
	0110	Acknowledgement Transaction Set ID	3 A/N	54	56
	0111	Application Acknowledgment Code	2 A/N	57	58
	0026	Insured Report Number	25 A/N	59	83
	0015	Claim Administrator Claim Number	25 A/N	84	108
	0005	Agency Claim Number	25 A/N	109	133
	0002	Maintenance Type Code	2 A/N	134	135
	0003	Maintenance Type Date	Date	136	143
	0112	Request Code (Purpose)	3 A/N	144	146
	0113	Free Form Text	60 A/N	147	206
	0114	Number of Errors	2 N	207	208
VARIABLE SEGMENT ERROR CODE: Error Code Occurs Number of Error Times (maximum number of occurrences = 99)					
	0115	Element Number	4 N	209	212
	0116	Element Error Number	3 N	213	215
	0117	Variable Segment Number	2 N	216	217

Section Six:

Test (Pilot) and Production

Attaining full production Electronic Data Interchange (EDI) status for First Reports of Injury (FROI) is a three-stage process.

Stage One: EDI Trading Partner Profile(s)

The trading partner first provides the EDI Trading Partner Profile(s) to the Nebraska Workers' Compensation Court (NWCC) at least 10 days before its first submission of EDI data. The Trading Partner Profile form is used to prepare NWCC for your data transmission: what file format to expect, where to send an acknowledgment, when you plan to transmit reports, and similar information.

1. Get copies of the Trading Partner Profile forms.

- The Trading Partner Profile forms can be found on pages 37, 38 and39 of this Implementation Guide.
- Contact NWCC with your request:
  - Website: http://www.wcc.ne.gov/
  - Email address: https://www.wcc.ne.gov/apps/IPUBA0001Afrm.aspx
  - Telephone numbers: 800-599-5155 (Nebraska only) or 402-471-6468 (Lincoln and out-of-state)
  - Mailing address: Nebraska Workers' Compensation Court, P.O. Box 98908, Lincoln, NE 68509-8908

2. Complete the forms.

The Trading Partner Profile form asks you to provide the following information:

- Your business name, Federal Employer's Identification Number (FEIN), nine-digit postal code, address, and type of business (insurer, employer, TPA, etc.)
- Name, phone, fax, and email of business contact person
- Name, phone, fax, and email of technical contact person
- Transmission mode (VAN or Internet)
- Transmission specifications for each transaction type (flat file or ANSI X12)
- Transmission schedule (NWCC recommends biweekly transmissions at a minimum if there are reports to be filed.)
- Special transmission specifications, to be filled out by NWCC ***after*** a request for a variance from reporting all or a portion of required data elements has been received from the Trading Partner and approved by NWCC. For example, if you are unable to provide particular data element(s) (e.g., employee date of birth) at the time you plan to begin transmitting data, this will be indicated here, plus the date by which you plan to begin providing the data element(s).
- A list of all companies and FEINs being reported for by the Trading Partner

3. Return the completed form to NWCC

Mail to: ***Nebraska Workers' Compensation Court, P.O. Box 98908, Lincoln, NE 68509-8908***.

4. Wait for approval of your Trading Partner Profile

- NWCC will review your Trading Partner Profile for completeness and accuracy. If there are any questions, you will be contacted by email or telephone.
- Upon approval, you will be notified by email or telephone. You may begin sending test file(s) to NWCC once you receive your scheduled start date.

Stage Two: Test (Pilot)

During the pilot phase, the Trading Partner will submit both paper and electronic copies of first reports of injury to NWCC. The paper copies will be compared to the electronic test data to make sure requirements for complete, valid and accurate data are met. Facsimile copies of real Nebraska paper FROIs are preferred but fictitious data may be used with permission from NWCC. The paper copies may be faxed or mailed to NWCC. This DOES NOT satisfy the requirement for filing a first report of injury. Until the pilot test is completed and the production date is set the real live FROIs will need to be mailed to NWCC.

Complete data — In order to evaluate the effectiveness and efficiency of NWCC, claim administrators must submit all required data elements for workers' compensation claims.

Valid data — Data that are what they are purported to be. For example, data in the date of injury field must be date of injury and not some other date or something else entirely. Data must consist of allowable values. For example, date of injury cannot be a non-existent date (a date in the future). 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.

Accurate data — Data that is free from errors. There is little value in collecting and utilizing data unless there is assurance that the data is accurate.

The suggested Test (Pilot) Phase is to ensure that the above requirements are met before a Trading Partner is allowed to routinely submit electronic data to NWCC in the place of hard copy reports — in other words, to move to Production status.

Data Quality Criteria

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

It is suggested that at least 12 'real' claims be transmitted. 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.
- Of the accepted reports, any that contain errors (Application Acknowledgment/Transaction Code = TE 'accepted with errors') must be corrected and resubmitted until accepted.
- The **transmission mode** (VAN or Internet) for both report and acknowledgment files is functional and acceptable for both receiver and sender.
- The **sender ID** is valid and recognized by the receiver and vice versa.
- The **file format** (ANSI X12 or flat file with appropriate delimiters) matches the file format specified in the Trading Partner Profile of the sender and is structurally valid.
- The **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 number indicated in the trailer).
- No errors in header or trailer records
- Correct ANSI structure (if using ANSI)
- Trading Partner can receive electronic acknowledgment reports

The length of the test phase depends on you. It can be completed after two test transmissions of test data (for each transaction/report type), as long as 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 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 pilot process.

The data reporting requirements for each data element are listed in the Element Requirements Table.

In parallel with the sending of test data, the Trading Partner sends copies of the corresponding paper reports. These reports will be manually cross-checked against the EDI reports for accuracy. The claims administrator may be asked to justify any mismatches between the paper and EDI reports.

Nebraska Test (Pilot) MTCs

The following are the MTCs piloted in Nebraska at this time: '00', '01', '02', '04', 'CO', and 'AU'. Refer to the Addendum to the Event Table on page 51 of this Implementation Guide for more information.

During the pilot process, Trading Partners may also need to submit reports with corrections (MTC 'CO') in order to correct data reported in error or to fill in missing data. Trading Partners may also submit reports with changes (MTC '02') to update any previous reported data elements that were accepted without error.

Depending on overall Trading Partner performance, NWCC may later choose to incorporate additional MTCs into the piloting requirements.

EDI Test (Pilot) Procedure

1. Trading Partner needs to submit six FROI claims in the first test transmission as follows:
   a. Four Original Transactions (MTC '00'). One claim must have an invalid SIC code. One claim must have all 68 data elements. Contact the court if any of the test data elements cannot be sent.
   b. One Denial Transaction (MTC '04') without agency claim number. This would be an entirely new claim that does not have an agency claim number ('DN5') in which the claims administrator has no intention of paying benefits.
   c. One Original Transaction with all 68 data elements present. Some of the data may be fictitious.
   d. One Acquired Transaction (MTC 'AU') without agency claim number (Optional).
2. NWCC will process the transactions, apply all edits, validate data accuracy and return acknowledgments to the Trading Partner. Processing is usually done the same day.
3. Trading Partner needs to submit a second transmission as soon as can be scheduled with the following transactions:
   a. Original — another new claim.
   b. Correction with the agency claim number. This is to correct the invalid SIC code.
   c. Change with the agency claim number. Change a SSN, name or date of injury.
   d. Denial with the agency claim number.
   e. Cancel with the agency claim number.
   f. Acquired with the agency claim number. (Optional).
4. NWCC will process the transactions, apply all edits, validate data accuracy and return acknowledgments to the Trading Partner. Processing is usually done the same day. In this test, the ability of the Trading Partner to store and properly use the agency claim number assigned by the court will be validated. The agency claim number is a nine-digit numeric number that is used as primary match data to locate the claim in the NWCC database.
5. This test process will be repeated until the Trading Partner demonstrates the ability to submit the transactions in steps one and three above with no errors.
6. NWCC will notify the Trading Partner by email that the Trading Partner has passed the pilot tests and is approved for production.
7. NWCC and the Trading Partner determine a day in which to schedule and begin production. This is usually mutually agreed upon between the Nebraska Worker's Compensation Court and Trading Partner. Once all the parties have agreed on the production start date each party makes sure to switch the test indicator to production.

Moving from pilot to Production Status

Once the data quality criteria of the EDI and parallel phase of the pilot have been met for a given transaction, the Trading Partner will be approved for production status for that transaction. You will receive written authorization from NWCC to submit production status data to NWCC for the transaction type successfully tested and piloted. Once production status for a transaction type has been granted, you may begin submitting production data.

Stage Three: Production

NWCC and the Trading Partner will determine a day on which to schedule and begin production. This is usually mutually agreed upon between the NWCC and Trading Partner. Once the parties have agreed on the production start date, each party will verify that the test indicator has been switched to 'production'.

During production, data transmissions will be monitored for completeness, validity, and accuracy. Each Trading Partner will be routinely sent reports describing their data quality.

Congratulations! You are now officially in production for EDI reporting of workers' compensation claims data with Nebraska Workers' Compensation Court.

During production, the following conditions apply:

Test/Production Indicator

The Test/Production indicator ('DN104') located in the Header record is set to 'P' during production. Data are posted to the NWCC production database.

Data Quality Requirements

Data sent to NWCC will continue to be monitored for completeness and validity. The following are guidelines for data quality that Trading Partners should strive to meet or exceed.

At least 95 percent of transmitted reports should be free of any errors in mandatory and conditional data elements.

Data Quality Reports

NWCC automatically monitors the quality of data received during pilot and production from individual Trading Partners. The system tracks all outstanding errors and produces automated data quality reports. NWCC plans to provide these reports to each Trading Partner to be determined. The frequency of providing these reports has not yet been determined.

Trading Partner Profiles must be kept up-to-date. NWCC must be notified of any changes to the Trading Partner Profile, since these may affect whether NWCC recognizes your transmissions. Note that if the transmission mode or specifications are changed, this may require re-testing some or all transaction types.