



Commonwealth of Pennsylvania

Department of Labor & Industry
Bureau of Workers' Compensation

Electronic Data Interchange (EDI)

Claims Implementation Guide

December 2015

Version 13.0

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Change Log

Version	Date	Author	Status	Notes
0.0	11/15/2011	Faldie Gasant	Draft	Initial creation
0.1	2/20/2012	Faldie Gasant	Draft	Updated Introduction section
0.2	2/21/2012	Faldie Gasant	Draft	Updated BWC Forms section
0.3	3/5/2012	Faldie Gasant	Draft	Updates from IAIABC meeting held on 2/29/2012
0.4	3/15/2012	Faldie Gasant	Draft	Section 5.2 Test Plan Procedures. Changed wording to explicitly state that no paper forms will be accepted after implementation date.
0.5	3/15/2012	Faldie Gasant	Draft	Updated Section 2.1 BWC Forms on requirement to upload new agreements when data elements change.
0.6	3/19/12	Faldie Gasant	Draft	Included comments from the Press Office for the Introduction section.
0.7	3/21/12	Faldie	Draft	Updates to Section 2.1 based on EDI meeting on 3/21/12
0.8	3/27/12	Faldie Gasant	Draft	Added in section for Industry Code fields and updated Forms layout for LIBC-764.
0.9	4/2/2012	Faldie Gasant	Draft	Updates to Section 3.2 Sequencing Flow Diagram. Also, rewording issues as discussed in EDI meeting of 3/28/2012.
0.10	4/10/2012	Faldie Gasant	Draft	Updates based on feedback from EDI Committee meeting on 4/4/2012.
1.0	6/22/2012	BWC	Publish	Initial version of EDI IG Published.
1.1	8/27/2012	EDI Committee	Updated	Updated Edit Matrix to allow FROI 02 after any FROI transaction.
1.1	8/27/2012	EDI Committee	Updated	Updated Edit Matrix to allow MTC = FROI 01 if an AU or AQ or 04 was also on file.

1.1	8/27/2012	EDI Committee	Updated	Updated FROI Data Element Table- DN0146 (Death Result of Injury Code) – The dates were different in the Business Condition versus the Technical Condition. Changed date to September 9, 2013.
1.1	8/27/2012	EDI Committee	Updated	Updated Data Element Table. Initial Return to Work Date is optional for AB transaction.
1.1	8/27/2012	EDI Committee	Updated	Updated SROI Element Requirement Table – DN0068 (Initial Return To Work Date) – The SROI Conditional Requirements edit was written to be mandatory if Benefit Type Code 070 is Present. Modified this edit to also be applied when Benefit Type Code 270 is present.
1.1	8/27/2012	EDI Committee	Updated	Updated SROI Element Requirement Table – DN0070 (Date of Maximum Medical Improvement) – Benefit Type Codes 230 & 530 were included in this edit also.
1.1	8/27/2012	EDI Committee	Updated	Updated SROI Element Requirement Table – DN0097 (Dependent/Payee Relationship Code) – Added benefit type codes 210 & 510.
1.1	8/27/2012	EDI Committee	Updated	Updated SROI Element Requirement Table – DN0142 (Concurrent Employer Contact Business Phone) - changed to optional.
1.1	8/27/2012	EDI Committee	Updated	Updated SROI Element Requirement Table – DN0299 (Award/Order Date) – Business & Technical Condition added.
1.1	8/27/2012	EDI	Updated	Updated section “Complying

		Committee		with the 90-Day Rule for Medical-only Claims:" in EDI IG to clarify requirement for medical only claims.
1.2	10/15/2012	EDI Committee	Updated	Updated FROI Data Element Table "Employee Date of Death" field. Field was marked "N/A" for 02 transactions. Changed to "Y" for 02 transactions.
1.2	10/15/2012	EDI Committee	Updated	Updated Event Table to identify the events when LIBC-90 and LIBC forms need to be submitted.
1.3	10/25/2012	EDI Committee	Updated	Added section "Reporting Injury Details" to page 17 of EDI IG to outline requirements for UR transaction.
1.4	10/31/2012	EDI Committee	Updated	Completed updates to EDI Testing section in EDI IG for clarification of testing process.
2.0	11/6/2012	BWC	Publish	Final version of PA EDI IG.
2.1	12/20/2012	EDI Committee	Updated	Updated Event Table to include BWC forms and which events they are applicable to.
2.1	12/20/2012	EDI Committee	Updated	Updated section on 90-day rule for Temporary Indemnity and Medical Claims.
2.1	12/20/2012	EDI Committee	Updated	Updated EDI IG to remove section on Upon Request (UR) transaction.
2.1	12/20/2012	EDI Committee	Updated	Updated EDI IG to include section on new Web Portal.
2.1	12/20/2012	EDI Committee	Updated	Updated EDI IG to include testing instructions for Trading Partners filing direct EDI transactions to BWC.
2.1	12/20/2012	EDI Committee	Updated	Updated EDI IG BWC Forms section for new BWC Forms processing rules.
2.1	12/20/2012	EDI Committee	Updated	Updated LIBC-90 FROI and LIBC-91 SROI template to include legacy forms it replaces.

2.1	12/20/2012	EDI Committee	Updated	Updated section on 90-day rule for Temporary Indemnity and Medical Claims.
2.1	12/20/2012	EDI Committee	Updated	Updated Claims Administrator ID list to EDI email address.
2.1	12/20/2012	EDI Committee	Updated	Updated Edit Matrix to remove UR transaction rules.
2.2	12/20/2012	EDI Committee	Updated	Updated Data Element table based on feedback received.
2.2	1/18/2013	EDI Committee	Updated	Updated email address for EDI related inquiries to RA-CMDEDI@PA.GOV .
2.2	1/18/2013	EDI Committee	Updated	Added fax details for submission of EDI Trading Partner Agreements.
3.0	1/18/2013	BWC	Publish	Publish updated EDI IG.
3.0	1/18/2013	EDI Committee	Updated	Updated contact email address throughout document.
3.0	1/18/2013	EDI Committee	Updated	Section 2.1 first three paragraphs updated language.
3.0	1/18/2013	EDI Committee	Updated	Section 2.1 second table added forms LIBC-90 & 91
3.0	1/18/2013	EDI Committee	Updated	Section 2.1 paragraph after the forth table was revised. Word "uploaded" was deleted.
3.0	1/18/2013	EDI Committee	Updated	Section 2.4 Complying With 21 Day Requirement, paragraph 6,7,8 inserted instruction language.
3.0	1/18/2013	EDI Committee	Updated	Section 2.4 Reporting Agreement to Compensate on the Initial payment. Paragraph revised.
3.0	1/18/2013	EDI Committee	Updated	Section 2.4 Reporting of Injury Details – Language removed.
3.0	1/18/2013	EDI Committee	Updated	Section 2.4 Modifications not related to Return to Work (CA & CB). Language revised
3.0	1/18/2013	EDI Committee	Updated	Section 2.4 Modifications resulting from Return to Work Reduced earnings. Language revised.

3.0	1/18/2013	EDI Committee	Updated	Section 2.4 - Return to Work – paragraph revised
3.0	1/18/2013	EDI Committee	Updated	Section 2.4 Administrative Non-Compliance. Language Revised
3.0	1/18/2013	EDI Committee	Updated	Section 2.4 Incarceration. Language revised.
3.0	1/18/2013	EDI Committee	Updated	Section 2.4 Benefits Exhausted. Language revised.
3.0	1/18/2013	EDI Committee	Updated	Section 2.4 Jurisdiction Change. Language revised.
3.0	1/18/2013	EDI Committee	Updated	Section 2.4 Directed by Jurisdiction. Language revised.
3.0	1/18/2013	EDI Committee	Updated	Section 2.4 Pending Appeal or Judicial Review. Language revised.
3.0	1/18/2013	EDI Committee	Updated	Section 2.4 Benefits Exhausted – removed “uploaded”.
3.0	1/18/2013	EDI Committee	Updated	Section 2.4- Complying with the 90 day Rule for Temporary Medical only claims. Language revised.
3.0	1/18/2013	EDI Committee	Updated	Version 2.2 Section 3.3- Reporting of Injury Details paragraph removed.
3.0	1/18/2013	EDI Committee	Updated	Section 4.1 reworded third paragraph.
3.0	1/18/2013	EDI Committee	Updated	Section 4.3, 4.4, changed language and time for processing files.
3.0	1/18/2013	EDI Committee	Updated	Section 5.1 – Test plan development, revised language in last bullet point.
3.0	1/18/2013	EDI Committee	Updated	Section 5.2 table revised end dates to 6/14/13.
3.0	1/18/2013	EDI Committee	Updated	Throughout the guide the reference to Transaction partner has been change to direct-filing Trading Partner /EDI Transaction Partner.
3.0	1/18/2013	EDI Committee	Updated	Section 5.2 last paragraph the language no paper forms will be accepted has been deleted.

3.0	1/18/2013	EDI Committee	Updated	Section 5.2 – Step Three, 2 nd set of bullet points, 2 nd bullet has been revised to up to 15.
3.0	1/18/2013	EDI Committee	Updated	Section 5.3 above “SROI Test File #1” a paragraph has been added with contact email address.
3.0	1/18/2013	EDI Committee	Updated	Section 6.1 inserted language relating to EDI submittal method.
3.0	1/18/2013	EDI Committee	Updated	Section 6.1.2 – Inserted language relating to direct filing.
3.0	1/18/2013	EDI Committee	Updated	Section 6.2 Sentence above number items was revised to read “Six”.
3.1	2/8/2013	EDI Committee	Updated	Updated Data Element Requirements Table to reflect new requirements.
3.1	2/8/2013	EDI Committee	Updated	Updated Event Table to remove FROI UR scenarios for injury details.
3.1	2/8/2013	EDI Committee	Updated	Updated Edit Matrix to correct Value Table and Error Message table.
3.1	2/8/2013	EDI Committee	Updated	Updated testing timelines with end date of 8/8/2013 for all Trading Partners.
3.1	2/8/2013	EDI Committee	Updated	Updated “Complying with 21-day Rule” section to clarify reporting of Medical-Only Claims.
3.1	2/8/2013	EDI Committee	Updated	Added WCAIS EDI Testing Strategy Addendum.
3.1	2/8/2013	EDI Committee	Updated	Added WCAIS EDI Migration Strategy Addendum.
4.0	2/15/2013	BWC	Publish	Publish updated EDI IG.
5.0	3/11/2013	EDI Committee	Updated	Updated section 2.2 Migration Considerations to clarify optional data element requirements.
5.0	3/11/2013	EDI Committee	Updated	Updated section 2.4 Information and Data Reporting:
5.0	3/11/2013	EDI Committee	Updated	Updated Edit Matrix . Please refer the change log in the Edit Matrix.

5.0	3/11/2013	EDI Committee	Updated	Updated Data Element Requirements Table. Please refer the change log in the Data Element Requirements.
5.0	3/11/2013	EDI Committee	Updated	Updated Trading Partner Agreement to correct fax number. Please refer the latest trading partner agreement at DLI website http://www.dli.state.pa.us/wcais .
5.0	3/11/2013	EDI Committee	Updated	Updated section 5 "Testing Requirements"
5.0	3/11/2013	EDI Committee	Updated	Updated PA Testing Strategies Addendum.
5.0	3/11/2013	EDI Committee	Updated	Updated section 2.1
5.0	3/11/2013	EDI Committee	Updated	Updated Cut-Over Strategy Addendum.
6.0	4/10/2013	EDI Committee	Updated	Updated section 2.1
6.0	4/10/2013	EDI Committee	Updated	Updated section 2.3 Replaced "Employee" with Employee /Claimant
6.0	4/10/2013	EDI Committee	Updated	Updated section 2.4 Reminder and Suspension benefits sub-sections are updated
7.0	4/18/2013	EDI Committee	Updated	Updated section 2.1 Added LIBC-764 to the forms tables.
7.0	4/18/2013	EDI Committee	Updated	Updated section 4.2 (File Naming Convention) and added section 4.3 (File Layout)
7.0	4/18/2013	EDI Committee	Updated	Update section 6.1.3 EDI Claims Web Portal
8.0	6/21/2013	EDI Committee	Updated	Updated section 2.1. Form LIBC-336 field change.
8.0	6/21/2013	EDI Committee	Updated	Updated section 2.4. Clarification on Employer FEIN.
8.0	6/21/2013	EDI Committee	Updated	Updated section 2.4. Clarification of the SROI PD, CB, CA and RE filing

				requirements.
9.0	08/20/2013	EDI Committee	Updated	Updated section 2.1 Electronic Data Reporting Format(BWC Forms Required section with LIBC-91 form changes)
9.0	08/20/2013	EDI Committee	Updated	Updated section 2.4 - Information and Data Reporting. Adding an "Important" bullet.
10.0	12/10/2013	EDI Committee	Updated	Updated section 2.4. Clarification of the requirements for submitting JCN with EDI transactions.
10.0	12/10/2013	EDI Committee	Updated	Updated section 6.1. Clarification of EDI reporting channel selection process.
10.0	12/10/2013	EDI Committee	Updated	Updated section 6.1.3. Clarification of the Web Portal reporting requirements.
11.0	8/1/2014	EDI Committee	Updated	Updated web page links
12.0	3/1/2015	EDI Committee	Updated	Corrected 21 day language
13.0	1/1/2016	EDI Committee	Draft	Updated section 1 with new Helpline process for submitting questions.
13.0	1/1/2016	EDI Committee	Draft	Updated section 2.1 for forms requirements for LIBC-495, 496, 501 and 502.
13.0	1/1/2016	EDI Committee	Draft	Removed section 2.2 Migration considerations – no longer applicable.
13.0	1/1/2016	EDI Committee	Draft	Updated section 2.3 Complying with 90-day rule.
13.0	1/1/2016	EDI Committee	Draft	Added section 4.6 for explanation of WCAIS EDI Forms Generation.

1 Introduction

1.1 Preface

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

This EDI Claims Implementation Guide is designed to assist claim administrators with the transition from the filing of paper compensable and subsequent forms to the electronic filing of Subsequent Reports of Injury, or SROI, using EDI Claims Release 3.0. Claim administrators, for the purpose of this document, refer to insurers, self-insured employers or third-party administrators. This guide serves as a reference tool for reporting first reports of injury and subsequent reports of injury to BWC. This guide should be used in conjunction with the IAIABC Claims Release 3.0 Implementation Guide to comply with Pennsylvania's requirements.

If there are questions about information provided in this guide, please submit all inquiries via the 'Help' or 'Submit a Question' links in WCAIS.

1.2 Background

Workers' compensation in Pennsylvania is legislated under two separate acts. These are the Pennsylvania Workers' Compensation Act enacted in 1915 and the Occupational Disease Act enacted in 1939. The administration of these acts is under the supervision of the Department of Labor & Industry, and performed by BWC, the Workers' Compensation Office of Adjudication (WCOA) and the Workers' Compensation Appeal Board (WCAB). The workers' compensation process was previously supported by a number of systems and applications. While those systems continued to support the program areas' mission, they surpassed their technical lifespan. Going from EDI Claims Release 1.0 to EDI Claims Release 3.0 enabled the business program area to more efficiently and accurately manage the Workers' Compensation Act. Not only did BWC gain efficiency, but enhancements to the program areas' customer service initiatives have been realized. WCAIS modernized technical infrastructure and business processes in all workers' compensation business areas. A key component and cornerstone of the effort was replacing forms-based data capture with EDI.

BWC adopted the EDI standard established by the IAIABC with Claims Release 3.0 standard and replaced and supplemented the data collection previously performed by BWC’s compensable and subsequent paper forms with this standard. Some organizations already had significant experience with EDI and transmitting data to workers' compensation agencies in many states. For them, this guide can serve as a reference for Pennsylvania-specific protocols. While national EDI standards have been adhered to, Pennsylvania's implementation does have minor differences from other states.

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

1.3 Electronic Data Interchange

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

BWC made the determination to interact with its trading partners via the IAIABC Claims Release 3.0 EDI standard with the implementation of the WCAIS application in September of 2013. BWC has a strong commitment to the IAIABC and believes that its interests are well aligned with those across the industry, commercial and jurisdictional, as represented within the IAIABC. BWC is committed to focusing its EDI collection efforts on data that adds value to its mission and is aligned with its trading partners’ core work processes. BWC firmly believes that the EDI Claims Release 3.0 standard accomplishes these objectives.

1.4 Resources

Acronyms

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

AKC	Release 3.0 Acknowledgment Report
CA	Claim Administrator
DN	Data Element Number
EDI	Electronic Data Interchange
FEIN	Federal Employer Identification Number
FROI	First Report of Injury
SROI	Subsequent Report of Injury
FTP	File Transfer Protocol

IAIABC	International Association of Industrial Accident Boards and Commissions
JCN	Jurisdiction Claim Number
MTC	Maintenance Type Code
TA	Transaction Accepted
TR	Transaction Rejected
BWC	Pennsylvania Bureau of Workers' Compensation
DLI	Pennsylvania Department of Labor and Industry

Websites

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

Commonwealth of Pennsylvania Bureau of Workers' Compensation Website:

<http://www.portal.state.pa.us/portal/server.pt/community/workers'-compensation/10386>

WCAIS Project Website: <http://www.dli.pa.gov/wcais>

IAIABC Website:

<http://www.iaiabc.org/i4a/pages/index.cfm?pageid=3347>

This link goes directly to the IAIABC web page where the Claims Release 3.0 Implementation guide is published. Implementation Guide for IAIABC adopted Claims Release 3.0 standards are available on this page. BWC supports the Release 3.0 Version of the Claims EDI.

Email Resources:

- For EDI-related or general inquiries, submit a question in WCAIS via the 'Help' or 'Submit a Question' links.

2 Reporting Rules

2.1 Electronic Data Reporting Format

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

BWC Forms Required

BWC requires the electronic submission of injury reports as part of its EDI Implementation. For all data and information which is submitted to BWC via EDI in connection with filing for which a copy is required by law to be provided to another party, a true and correct copy of such data and information must be provided to that party consistent with the Act, regulations and/or any applicable Department-issued policy statement or written guidance. Some business scenarios may also require the submission of forms to BWC. These forms are available for download from the DLI website, and should be completed and filed with BWC. The specific forms and their reporting requirements are outlined in the PA Event Table as well as in the tables below.

The following forms must be filed as required by the associated business scenario(s) as identified in the PA Event Table. These forms are required by the PA Workers’ Compensation Act to be signed by one or more of the interested parties.

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

BWC has the following forms available for download from the DLI website in support of existing FROI/SROI claims management processes. These forms should not be filed with BWC because an EDI transaction is sufficient for BWC reporting in the scenarios identified in the PA Event Table, but a copy of the information that was submitted via the EDI transaction must be sent to the employee/claimant as required by the PA Workers’ Compensation Act. Claim administrators may use LIBC forms currently generated by their system or, for FROI transactions, the LIBC-90 generated by WCAIS. The forms listed below may also be used and can be downloaded from the DLI website at www.dli.pa.gov/edi.

Form	Description
LIBC-392A	FINAL STATEMENT OF ACCOUNT OF COMPENSATION PAID
LIBC-498	COMMUTATION OF COMPENSATION
LIBC-761	NOTICE OF WORKERS' COMPENSATION BENEFIT OFFSET
LIBC-762	NOTICE OF SUSPENSION FOR FAILURE TO RETURN FORM LIBC-760
LIBC-763	NOTICE OF REINSTATEMENT OF WORKERS' COMPENSATION BENEFITS
LIBC-90	PA EDI FROI Template

For the following four forms, submission of the EDI transaction will generate the LIBC form in WCAIS and is sufficient for BWC reporting in the scenarios identified in the PA Event Table. Please note that mailing a copy of the form to the employee/claimant, as required by the PA Workers' Compensation Act, is still required.

If a denial FROI 04 EDI transaction is completed, notice to the employee/claimant consisting of the LIBC-90 & LIBC 496 must be provided.

Form	Description
LIBC-495	NOTICE OF COMPENSATION PAYABLE
LIBC-496	NOTICE OF WORKERS' COMPENSATION DENIAL
LIBC-501	NOTICE OF TEMPORARY COMPENSATION PAYABLE
LIBC-502	NOTICE STOPPING TEMPORARY COMPENSATION.

BWC has the following form available for download from the DLI website in support of existing FROI/SROI claims management processes. This form does not need to be filed with BWC because an EDI transaction is sufficient for BWC reporting in the scenarios identified in the PA Event Table, but a copy of the information that was submitted via the EDI transaction must be sent to the employee/claimant as required by the PA Workers' Compensation Act on the LIBC-764.

Form	Description
LIBC-764	NOTICE OF CHANGE OF WORKERS' COMPENSATION DISABILITY STATUS

The form listed below is available for download or can be prepared and submitted electronically through the WCAIS project website. When an LIBC-751 is prepared in WCAIS, it must still be printed, notarized, and uploaded to complete the submission for BWC reporting purposes.

Form	Description
LIBC-751	NOTIFICATION OF SUSPENSION OR MODIFICATION. WCAIS has a screen that collects this information and generates the form that must then be printed, signed and notarized by the claim administrator and uploaded into WCAIS. A copy of this form must also be sent to employee/claimant.

A Statement of Wages, Form LIBC-494A, or Statement of Wages, Form LIBC-494C must be filed with BWC to establish or change the average weekly wage calculations on which the compensation rate is based. These forms can be provided by batch transmission, by electronically attaching the document to the individual claim, by utilizing the Forms Generation, or by mail.

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

Claim Administrators must file new agreements with BWC whenever there are updates to previously signed agreements. In particular, we expect to receive the following agreements to be filed with BWC when the related fields indicated below differ from what had previously been reported to BWC:

AGREEMENT FOR COMPENSATION FOR DISABILITY OR PERMANENT INJURY (LIBC-336):

- 0031 Date of Injury
- 0035 Nature of Injury Code
- 0036 Part of Body Injury Code
- 0038 Accident/Injury Description Narrative
- 0056 Initial Date Disability Began
- 0083 Permanent Impairment Body Part Code
- 0088 Benefit Period Start Date
- 0134 Calculated Weekly Compensation Amount
- 0192 Benefit Payment Issue Date
- 0286 Average Wage
- 0077 Late Reason Code

SUPPLEMENTAL AGREEMENT FOR COMPENSATION FOR DISABILITY OR PERMANENT INJURY (LIBC-337):

- 0031 Date of Injury
- 0035 Nature of Injury Code
- 0036 Part of Body Injury Code
- 0038 Accident/Injury Description Narrative

- 0088 Benefit Period Start Date
- 0094 Benefit Adjustment Start Date (Modification, Recurred and Specific Loss)
- 0134 Calculated Weekly Compensation Amount
- 0193 Suspension Effective Date (Suspension or Termination)

AGREEMENT TO STOP WEEKLY WORKERS' COMPENSATION PAYMENTS (FINAL RECEIPT) (LIBC-340):

- 0031 Date of Injury
- 0035 Nature of Injury Code
- 0036 Part of Body Injury Code
- 0038 Accident / Injury Description Narrative
- 0056 Initial Date Disability Began
- 0068 Initial Return to Work Date
- 0086 Benefit Type Amount Paid
- 0090 Benefit Type Claim Weeks

2.2 Maintenance Type Codes Required

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

	MTC	Description
FROI	00	Original
	01	Cancel
	02	Change / Update
	04	Denial
	AQ	Acquired
	AU	Acquired / Unallocated
	UR	Upon Request
SROI	02	Change
	04	Denial
	AB	Add Concurrent Benefit Type
	AP	Acquired Payment
	CA	Change in Benefit Amount
	CB	Change in Benefit Type
	FN	Final
	IP	Initial Payment
	P1	Partial Suspension, Returned to Work or Medically Determined / Qualified to Return to Work
	P4	Partial Suspension, Employee/Claimant Death
	P7	Partial Suspension, Benefits Exhausted

MTC	Description
PJ	Partially Suspended Pending Appeal or Judicial Review
PD	Partial Denial
PY	Payment Report
RB	Reinstatement of Benefits
RE	Reduced Earnings
S1	Suspension, Returned to Work, or Medically Determined / Qualified to Return to Work
S3	Suspension, Administrative Non-Compliance
S4	Suspension, Claimant Death
S5	Suspension, Incarceration
S7	Suspension, Benefits Exhausted
S8	Suspension, Jurisdiction Change
SD	Suspension, Directed by Jurisdiction
SJ	Suspended Pending Appeal or Judicial Review
UR	Upon Request

2.3 Information and Data Reporting

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

Date of Injury (DN0031)

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

Employee ID

Social Security Number (DN0042) is required, if known. If the Social Security Number is not known, then the Employee ID Assigned by Jurisdiction (DN0154) should be used. Claim administrators should contact BWC at 1-800-482-2383 (long-distance calls inside PA) or 717-772-4447 (local and outside PA) for the Employee ID Assigned by Jurisdiction and use it when submitting the FROI 00.

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

Employer FEIN

Employer FEIN (DN0016) is required on FROI 00 and FROI 02 transactions. For FROI 04 transactions an Employer FEIN is required unless the claim administrator is filing to deny a claim due to no coverage. If the Employer does not have a FEIN, then the claim administrator should contact BWC at

1-800-482-2383 (long-distance calls inside PA) or 717-772-4447 (local and outside PA) for a placeholder Employer ID.

If the placeholder Employer ID is used and the Employer FEIN becomes known, the claim administrator must file a FROI 02 (Change) transaction to update the record.

Match Data

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

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

Jurisdiction Claim Number (JCN)

The JCN (DN0005) is required for all transactions except FROI 00, FROI 04 and FROI and SROI UR transactions. If JCN is not known, please search for it in WCAIS. If you are unable to locate it, submit an inquiry in WCAIS via the 'Help' or 'Submit a Question' links to request the information currently in our system. Use this information when resubmitting the transaction so the data matches.

If a FROI or SROI UR transaction is submitted without a JCN, the system will match the claim based on the following fields:

- Insurer FEIN
- SSN
- Date of Injury

Computation of Time

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

Complying with 21-Day Requirement

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

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

Claims where workers' compensation benefits are not paid are not reviewed for timeliness. Therefore, claims where the employer pays salary in lieu of compensation (under the Heart & Lung Act or Act 632/534) or medical bills only are not reviewed for 21-day compliance. For medical only claims, the Claim Type Code (DN0074) must have a value of M or it will be reviewed for timeliness. When only medical bills are paid, and there are no indemnity or specific loss payments, claims should be coded as "M".

Forms Submission

If a claim administrator chooses to use an agreement to initiate payment or to change, stop or reinstate benefits being paid on the claim, the proper agreement must be filed with BWC, as required by PA law. The form must be signed by the claim administrator and claimant, or in the event of a fatal claim, the claimant's dependent. The claim administrator should indicate the presence of an agreement by populating the Award/Order Date (DN0299) with the date the parties entered into the agreement in their EDI Transaction.

If a claim administrator chooses to use a Notification of Suspension or Modification, form LIBC-751, to modify or suspend benefits paid on the claim, it must be filed within seven days of the modification/suspension effective date. The form must be signed, dated and notarized.

Statement of Wages (LIBC-494A and LIBC-494C) must be filed with BWC.

Reminder: Paper forms MUST be sent to the employee/claimant for transactions as required by the Pennsylvania Workers' Compensation Act. Written notice to the employee/claimant has not changed due to EDI. The Event Table lists paper forms required to be filed with BWC and sent to the employee/claimant for each event. Written notice to BWC for these forms can be provided by EDI, by electronic batch upload, by electronically attaching the document to the individual claim, or by mail.

Reporting Temporary Compensation on the Initial Payment (SROI IP) Transaction

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

Complying with the 90-Day Rule for Temporary Indemnity Claims

When the Claims Administrator decides to file a Notice of Temporary Compensation Payable, a determination must be made to accept or deny liability within 90 days of the date the disability began. To accept liability, the claim administrator should file a SROI 02 (Change) transaction to update the Agreement to Compensate Code from a "W" to an "L" to generate the LIBC-495. To deny a claim, the claim administrator must file a SROI 04 (Denial) transaction denying any liability for the claim to generate the LIBC-496 and LIBC-502. To deny a claim if a SROI PY (Payment) transaction with the Agreement to Compensate Code set to "L" was initially submitted to accept a Medical Only claim, the claim administrator must file a SROI PD (Partial Denial) transaction to deny indemnity payments but accept medical payments to generate an LIBC-502 and LIBC-496. If, at the end of the 90-day period, the claim administrator has neither accepted nor denied their liability for the claim, the claim will automatically convert to a fully compensable claim under the Pennsylvania Workers' Compensation Act and the claim administrator will be held liable for payment of all current and future payments due the claimant. The filing of a suspension or final will be prohibited while the Agreement to Compensate Code is set to "W".

Once a claim is accepted with liability, the claim administrator will be prevented from submitting a SROI 04 Denial or SROI PD Partial Denial.

Complying with the 90-Day Rule for Temporary Medical-Only Claims

If the claim administrator chooses to file a Medical-Only Notice of Temporary Compensation Payable, the FROI 00 must be filed first to establish the originating transaction. Once the FROI 00 is on file, a Payment (PY) transaction can be submitted to report the initial payment of medical expenses and to generate the LIBC-501. As with indemnity claims, the Agreement to Compensate Code must indicate that the claim administrator

is not accepting liability by coding the transaction with a "W". The claim administrator then has 90 days from the injury date to either accept or deny liability.

To accept liability for the claim, the claim administrator should file a SROI 02 (Change) transaction to update the Agreement to Compensate Code from a "W" to an "L" to generate the LIBC 495. To deny liability for the claim, the claim administrator must submit a SROI 04 (Denial) transaction denying any liability for the claim to generate the LIBC-496 and LIBC-502. If the Claims Administrator has filed a Medical-Only Notice of Temporary Compensation Payable and has not taken one of these steps within the 90-day period, the claim will automatically convert to a compensable medical-only claim under the Pennsylvania Workers' Compensation Act and the claim administrator will be held liable for payment of all current and future medical payments due the claimant.

The filing of a suspension or final transaction will be prohibited while the Agreement to Compensate Code is set to "W".

Partial Denials

A Partial Denial (PD) must be used to deny liability for indemnity benefits but continue the payment of medical bills if a SROI PY (Payment) transaction with the Agreement to Compensate Code set to "L" was initially submitted to accept a Medical Only claim and was followed by a SROI IP transaction with the Agreement to Compensate Code set to "W" to temporarily accept an Indemnity claim. A SROI 04 (Denial) will be rejected because a Medical Only claim was already established.

A Partial Denial (PD) can be used to deny liability for indemnity benefits but continue the payment of medical bills only if an IP transaction is on file with the Agreement to Compensate Code set to "W". If the claim administrator accepts liability for medical expenses, the Agreement to Compensate Code must be set to an "L". If an agreement is entered by the parties, the Award/Order Date (DN0299) should be populated with the date of the agreement and an agreement form as prescribed by the jurisdiction must be filed.

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

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

If an agreement to pay indemnity benefits has been reached between the parties by the time the Initial Payment (IP) transaction is filed, the claim administrator should indicate the presence of the agreement by populating the Award/Order Date (DN0299) with the date that the parties entered into the agreement. The claim administrator should also populate the Agreement to Compensate Code with an "L" to indicate that they have accepted liability for the claim. If the claim administrator decides to pay compensation without an agreement, the IP transaction is filed without populating the Award/Order Date (DN0299).

Changing or Modifying Benefits Paid

A change to compensation paid can be accomplished by submitting any of the following transactions: Change in Benefit Amount (CA), Change in Benefit Type (CB), or Reduced Earnings (RE); please refer to the PA Event Table for specific reportable events for filing. If an agreement is entered into by the parties, the Award/Order Date (DN0299) should be populated with the date of the agreement.

Industry Code (DN0025)

This is an important data element for BWC workers' compensation statistical reports. Claim administrators should report the correct industry code and, if doubts exist, the claim administrator should reference the correct code at the NAICS organization website at www.naics.com.

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

These transactions must be filed when the claimant's compensation has been reduced for reasons other than a return to work (e.g., a recalculation of the average weekly wage). The CA should be filed if the average weekly wage or compensation rate needs corrected, there is a benefit offset, a credit is taken against future compensation payments, or there is a change in a dependent's status for a death claim. The CB should be filed when the benefit type previously reported is not related to a return to work event, benefit type changes from Total Temporary to Temporary Partial benefits as a result of an Impairment Rating Evaluation, or the employee dies as a result of injuries after indemnity payments were initiated on the claim.

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

This transaction must be filed when the claimant has returned to work at less than the pre-injury wage entitling them to Temporary Partial Disability..

Reporting Fatalities

A First Report of Injury (FROI 00) should be filed within 48 hours for every injury resulting in death. To temporarily accept liability for a fatality, an Initial Payment (IP) transaction should be filed and the Agreement to Compensate Code (DN0075) must be set to "W." To accept liability without an agreement, an IP transaction should be filed with the Agreement to

Compensate Code set to "L." To accept liability with an agreement, an IP transaction should be filed with the Agreement to Compensate Code set to "L" and the Award/Order Date (DN0299) should be present.

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

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

Suspending Benefits

Return to Work (S1/P1) - This transaction must be filed when the claimant returns to work with no loss of earnings.

Administrative Non-Compliance (S3) – If the claimant fails to return form LIBC-760 to the claim administrator and benefits are suspended, a SROI S3 must be filed.

Claimant Death (S4/P4) - The claim administrator must file the SROI S4/P4 transaction to notify BWC that the claimant has died and benefits are no longer due on this claim. A Death Certificate or Coroner's Report must also be filed with BWC.

Incarceration (S5) – This transaction must be filed when benefits are suspended because the claimant has been incarcerated following a conviction.

Benefits Exhausted (S7/P7) – The S7/P7 must be filed when benefits are exhausted. This includes benefits being suspended because there are no longer any dependents entitled to benefits for the claim. In case of a death claim, a Supplemental Agreement for Death (LIBC-339) must be filed.

Jurisdiction Change (S8) – The S8 must be filed when there is a jurisdiction change.

Directed by Jurisdiction (SD) – The SD must be filed when a judge, the Appeal Board or a court issues a decision, opinion or an order.

Pending Appeal or Judicial Review (SJ/PJ) – The SJ/PJ must be filed when a judge or appellate authority grants Supersedeas while a case is under review.

2.4 Event Table

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

The current version of the PA Event Table can be downloaded from the following link: www.dli.pa.gov/edi.

2.5 Data Element Requirements

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

The current version of the PA Data Element Requirement Table can be downloaded from the following link: www.dli.pa.gov/edi.

2.6 Edit Matrix

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

- *DN-Error Message* describes editing that will be applied to each data element.
- *Value Table* expresses BWC's acceptable code values.

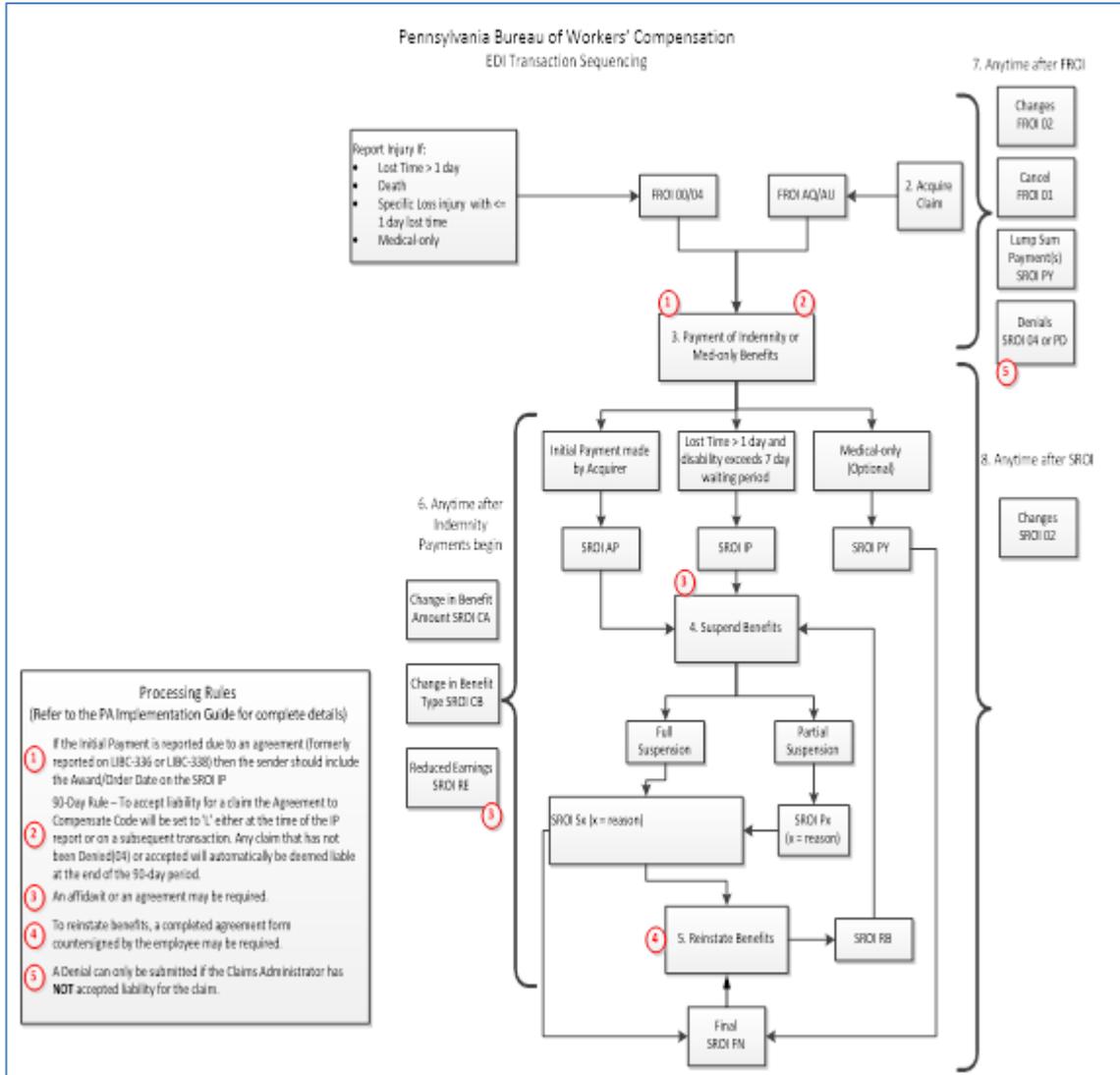
- *Match Data* describes the data elements that will be used to determine if the report will create a new claim or find an existing claim or transaction in the WCAIS database.
- *Population Restrictions* contains BWC's restrictions applied to the data element(s).
- *Sequencing* illustrates logical transaction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

The current version of the PA Edit Matrix can be downloaded from the following link: www.dli.pa.gov/edi.

3 Business Scenarios

3.1 PA EDI Transaction Sequencing

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



3.2 EDI Transaction Sequencing Rules

Please refer to the PA R3 Edit Matrix Sequencing table for the sequencing rules governing the EDI transactions accepted by BWC. If EDI transactions do not satisfy these sequencing rules they will be rejected.

4 Data Exchange

4.1 File Transfer Protocol

Secure FTP (File Transfer Protocol)

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

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

Direct-filing Trading Partners/EDI Transaction Partners are required to check the "OUT" directory for any waiting acknowledgements to pull. The direct-filing Trading Partners/EDI Transaction Partners are required to delete files from the "OUT" directory as soon as they have verified that the files have been successfully received.

4.2 File Naming Convention

Inbound File Naming Convention

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

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

<version> - The IAIABC release version (R3)

<type> - will be either FROI or SROI

<fein> - Direct-filing Trading Partner/EDI Transaction Partner FEIN or Trading Partner FEIN of the submitting Direct-filing Trading Partners/EDI Transaction Partner

<t or p> - Test or Production Indicator

<date> - current date of the submission, format CCYYMMDD

<time> - the current time of the submission, in the military format HHMMSS

<state code> - the jurisdiction's state code

.txt - default extension for EDI files

Example of First Report of Injury File:

R3FROI_123456789_P_20080218_234501_PA.txt

Acknowledgement File Naming Convention

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

<version> - The IAIABC release version (R3)

<type> - will be either FROI or SROI

<fein> - FEIN of the submitting Direct-filing Trading Partners/EDI Transaction Partner

<t or p> - Test or Production Indicator

<date> - current date of the submission, format CCYYMMDD

<time> - the current time of the submission, in the military format HHMMSS

<state code> - the jurisdiction's state code

.txt - default extension for EDI files

Example of First Report of Injury File:

R3ACK_FROI_123456789_P_20080218_234501_PA.txt

4.3 EDI File Layout

BWC accepts only one batch per file i.e. one header and one trailer record per file. For multiple batches BWC accepts multiple files per day. Below is an example of the expected file layout:

Example of 1 Batch-1 Transmission (Shown partial for display)

```

HD1666777888 888777666999999999 23423424220010327074530 P14830
1480020010327PR 666777888ABC INSURER 818181818TPA 406
R21 02CLMADMCLNUM 666777888ABC INSURER
1480020010327PR 666777888ABC INSURER 818181818TPA 406
R21 02CLMADMCLNUM 666777888ABC INSURER
1480020010327PR 666777888ABC INSURER 818181818TPA 406
R21 02CLMADMCLNUM 666777888ABC INSURER
TR2000000006000000003
    
```

4.4 Reporting Timelines

The cut-off time for processing files is 11:59 p.m. Eastern Time. All files located in the "IN" directory will be processed by BWC. Data that arrives after this cut-off time will be processed with the next day's files.

4.5 Acknowledgement Reports

There are two types of Acknowledgments (AKC) that are sent back to direct-filing Trading Partners/EDI Transaction Partners when First Reports of Injury or Subsequent Reports of Injury batches are processed. One is a batch level AKC and the other is the transaction level AKC.

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

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

It is important to note that any rejections (batch or transaction) should be corrected and resent by the direct-filing Trading Partners/EDI Transaction Partners. TA transactions are not to be resent. Resending a TA transaction will result in a duplicate rejection (TR). It is important to note that rejections (TR) for duplicate batches/transactions should not be present.

Acknowledgment Reports will be available in your "OUT" directory by 7:00 a.m. Eastern Time the following business day for those transactions sent prior to BWC cut off for transmissions (before 11:59 p.m. Eastern Time).

4.6 WCAIS Generated Claims Forms

As listed in section 2.1, the WCAIS application will generate electronic copies of certain BWC claim forms for the benefit of Claim Administrators. Claim Administrators who submit EDI transactions via batch files will be able to download these forms the next business day after the day of submission of their EDI transaction file. It will also be automatically attached to the claim in WCAIS for viewing and downloading through application screens. The electronic copies will be available at the same time that the corresponding Acknowledgement Reports are made available. Claim Administrators using the WCAIS EDI Web Portal will have immediate access to the generated form after successful submission of their EDI transaction.

BWC will return a Forms ZIP file for certain specific EDI files submitted by direct-filing Trading Partners/EDI Transaction Partners in addition to the corresponding Acknowledgement file. The Forms ZIP file will contain one of the four WCAIS generated LIBC forms that corresponds to one of the specific EDI transactions submitted to BWC as identified in the PA R3 Event table. These forms will be in PDF format which the trading partner can download in bulk to send to the claimant/injured worker. The Forms Zip file will only

contain PDFs for EDI transactions that are required to be mailed to the claimant/injured workers as indicated in the Event Table. In addition to the LIBC form PDF files, the Forms Zip file will also include a manifest text file (manifest.txt) that will contain a list of the PDF file names with the total number of PDF files generated. The manifest serves as a cross-check mechanism that allows the trading partner to confirm that the Board included the correct number of PDFs in the ZIP file. When an EDI file does not contain any EDI transactions that would generate LIBC forms, the Forms Zip file will only contain the manifest text file indicating "0 LIBC Forms Generated".

4.6.1 Forms Zip File Naming Convention

The Forms Zip file will have the same naming convention as the data filename except that "FORMS" is included in the name.

Forms Zip File Name: <version>FORMS_<type>_<fein>_<t or p>_<date>_<time>_<state code>.txt
.zip

- Example: R3FORMS_FROI_123456789_P_20160610_234501_PA.zip

<Version> - The IAIABC release version (R3)

<Type> - will be either FROI or SROI

<FEIN> - FEIN of the submitting Direct-filing Trading Partners/EDI Transaction Partner

<T or P> - Test or Production Indicator

<Date> - current date of the submission, format CCYYMMDD

<Time> - the current time of the submission, in the military format HHMMSS

<State Code> - the jurisdiction's state code

.pdf - default extension for EDI files

Each form PDF file within the ZIP file will be associated to a specific EDI transaction from the corresponding data file. The PDF file naming convention includes the Record Sequence Number (DN0107), Jurisdiction Claim Number (DN0005), and the Claim Administrator Claim Number (DN0015). The elements that make up the file name provide the necessary linkage to the specific EDI transaction in the data file.

PDF File Name: [Version + FORM + Type + FEIN + <T/P>_ + Date + _ + Time + _ + Record Sequence Number + _ + Jurisdiction Claim Number + _ + Claim Admin Claim Number].pdf

- Example: R3FORM_SROI_123456789_<T/P>_20160610_234501_000000101_7045656_1234567.pdf.

4.6.2 Forms Zip File Download Path

Forms Zip files are downloaded from the following location on the BWC's FTP server:

Test Files: /Outgoing/Test/Forms/

Prod Files: /Outgoing/Production/Forms/

Summary:

BWC Cut-off for transmissions – before 11:59 p.m. Eastern Time

BWC Acknowledgment return – 7:00 a.m. Eastern Time (following business day)

5 Testing Requirements

Please refer to the EDI Testing Addendum available on the WCAIS project website: www.dli.pa.gov/edi.

6 EDI Partnership

6.1 EDI Claims Submittal Process

Trading Partners must submit EDI FROI/SROI data using only one of the following channels:

- EDI files via a Transaction Partner
- EDI files directly to BWC
- Data entry into EDI web portal

After a trading partner elects a process to submit EDI FROI/SROI data to BWC, they must submit the required trading partner documents available at www.dli.pa.gov/edi. If the partner would like to change their method of reporting, they must first submit updated trading partner documents to BWC prior to making that change.

6.1.1 EDI files via a Transaction Partner

BWC has partnered with industry-leading EDI Transaction Partners. These Transaction Partners provide services to clients to submit EDI transactions to jurisdictions. In the context of EDI, claim administrators, insurers and self-insured employers are Trading Partners. All Trading Partners have the option of selecting an EDI Transaction Partner to submit reports to BWC or of submitting EDI transactions directly to BWC. BWC does not endorse a particular EDI Transaction Partner, but all Partners have been vetted to ensure that they are capable of meeting the requirements set forth in this

Implementation Guide. It is the responsibility of the individual Trading Partners to choose which EDI Transaction Partner best meets their needs, if they choose to utilize one. This model is similar to the one already in place in BWC for EDI Release 1 FROI submittals.

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

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

6.1.2 EDI Direct Filing

A Trading Partner can submit FROI/SROI transactions directly to BWC by placing their files directly at the Department of Labor & Industry's SFTP location. Trading Partners must fulfill the direct filer's criteria available at www.dli.pa.gov/edi and complete all testing requirements successfully.

6.1.3 EDI Claims Web Portal

A Trading Partner can submit FROI/SROI transactions directly to BWC by utilizing WCAIS's EDI Claims Web Portal. The EDI Claims Web Portal has data entry screens that allow Trading Partners to enter First Report of Injury (FROI) as well as Subsequent Report of Injury (SROI) claim information that would otherwise have been required to be submitted by using one of the approved Transaction Partners or by direct EDI filing.

The data elements captured through the web portal screens corresponds to EDI IAIABC Release 3 Claims data elements. Trading Partners submitting EDI FROI/SROI data using the web portal do not receive an acknowledgement file. Instead, an onscreen confirmation message is provided to the Trading Partners when they use the EDI Claims Web Portal for submitting their EDI transactions.

6.2 Jurisdiction Requirements

Requirements for Becoming an EDI Trading Partner

There are six requirements for becoming an EDI Trading Partner:

1. Choose an EDI Transaction Partner from the approved list, if desired
2. Complete the EDI Trading Partner Agreement
3. Complete the EDI Transmission Profile
4. Complete the Claim Administrator Address List
5. Complete the Claims Administrator ID List
6. Complete Testing Requirements outlined in Section 5

EDI Transaction Partners, if utilized, are responsible for ensuring that Trading Partners have completed EDI Trading Partner Agreements before sending Trading Partners' EDI transactions to BWC. All required forms can be downloaded from the DLI website at <http://www.dli.state.pa.us/wcais>.

1. EDI Trading Partner Agreement

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

2. EDI Transmission Profile

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

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

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

3. Claim Administrator Address List

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

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

After completing the Address list, save the file using the following file naming convention:

<Sender FEIN>CA_Address_List_<Date>_<state code>.xls

Example: **999999999_CA_Address_List_20080218_PA.xls**

4. Claim Administrator ID List

BWC requires the claim administrator's list of FEINs on whose behalf EDI transactions will be sent.

7 Glossary

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

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

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

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

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

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

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

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

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

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

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

Claim Administrator - An insurer, self-insured employer or third party administrator.

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

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

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

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

Direct Filing - The process of submitting EDI transaction files directly to BWC's SFTP servers.

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

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

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

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

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

Format - The technical method used to exchange information.

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

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

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

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

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

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

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

Impairment Rating Evaluation (IRE) – A medical examination requested pursuant to §306(a.2) of the Pennsylvania Workers' Compensation Act to determine the degree of whole body impairment that is attributable to the

work-injury. The outcome of an IRE may alter the maximum number of weeks for which disability benefits are payable.

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

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

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

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

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

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

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

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

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

Trading Partner - An entity that has entered into an agreement with another entity to exchange data electronically. For the purpose of this document trading partner refers to the claim administrators who will be sending EDI Claims transactions to BWC.

Trading Partner Agreement - Trading Partner Agreement is an agreement that describes the expectations between two entities exchanging data electronically. These expectations include, but are not limited to, what transactions to send, what format to use, what data elements to include, when and where data elements are to be sent, and testing to be performed.

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

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

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

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

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