

WCAIS EDI Presentation at the Workers' Compensation Annual Conference 2014

In 2005 the Bureau went live with Release 1 Electronic Data Interchange (EDI) for First Reports of Injury (FROIs). In September 2013, we went live with Release 3 EDI for FROIs and Subsequent Reports of Injury (SROIs) along with our new Computer system, Workers' Compensation Automation & Integration System (WCAIS). In the nearly nine months since we went live, our acceptance rates on EDI submissions has gone up to 90% for FROIs and 77% for SROIs. Acceptance rates indicate the rate at which the EDI transaction are submitted without being rejected for reasons such as submitting them out of sequence or reporting invalid data (invalid SSN for example).

We attribute those high acceptance rates to several factors:

- 1) Since before we went live last September, we have been hosting regularly scheduled calls with the Insurance Federation, Direct Filers, and Transaction Partners to discuss common issues, concerns, and suggested system updates in a public forum. We also continue to work closely with carriers and TPAs, addressing their questions and concerns in order to prevent rejections and problems. We will continue to work with these organizations for as long and as often as needed.
- 2) We created an EDI unit assigned to answer questions from our stakeholders on EDI processes, sequencing, edits, and rejections. The unit is staffed with 8 dedicated individuals trained on Pennsylvania EDI and they answer e-mails from our EDI resource account, Ra-CMDEDI@pa.gov.
- 3) Our system maintains high standards for party information which prevents inaccurate data from entering the system on a FROI and facilitates subsequent transactions to accept.
- 4) A Data Quality Section has been created to help us clean up lingering profile issues from our legacy system. The efforts of this section have strengthened the worth of data in WCAIS and helped carriers get transactions accepted.
- 5) The Implementation Guide, Event Tables, Element Tables, & Edit Matrix got the EDI process started but since go-live, we have added several supplementary documents to aid our stakeholders in interpreting the Guide and Tables, understanding how the codes affect the claim, and how the claim status affects the acceptance of a transaction. The additional documentation we added can be found on our website www.dli.state.pa.us and includes: The

Claim Status Reference Sheet, The Relaxed Rules document, the Pa Cheat Sheet, and the Pa Scenarios document.

- 6) Also adding to the high acceptance rate is the valuable insight of the active, interested, and invested group of internal staff, Deloitte staff, and external stakeholders. All of these individuals provided valuable insight into the EDI process and suggestions for improvement.

In a further effort to educate our external EDI community, we recently started sending e-mails to our constituents when common themes or a pattern of specific issues is noticed in the e-mails, calls, and review of rejections. Some of those topics include:

- 1) Returned/Rejected LIBC forms because a FROI hasn't been submitted or was submitted with information that didn't match the LIBC form. If the claimant's name is spelled differently, the Social Security Number is off by a few digits, or the date of injury isn't the same, we may not be able to attach the form you have submitted to a claim. If we return a form to you and you believe you have submitted the FROI to us, make certain to compare the LIBC form to the EDI transaction details before re-submitting the form to us. You may need to look at the LIBC 90 on the EDI transaction tab of the claim to see what information we have in WCAIS. Please make sure that the FROI 00 (original) or FROI 04 (denial) is accepted prior to submitting the LIBC form to us.
- 2) Another e-mail was circulated to the workers compensation community regarding information on the importance and influence of the Agreement to Compensate and Claim Type codes with respect to claim status and as a method for conveying compensability to us. The Agreement to Compensate code tells us if a claim is temporary or accepted. The Claim Type code tells us if a claim is medical only or indemnity.
- 3) Also disseminated was a description of the appropriate use of the SROI PD which is: an accepted medical only claim followed by a temporary acceptance of indemnity which is then denied. However, the denial cannot be a complete denial because the medical was already accepted, so the transaction must reflect a partial denial instead.
- 4) The importance of submitting both the LIBC form and the EDI transaction was in another e-mail push. Although the LIBC forms submitted to the Bureau are date stamped and uploaded to the claim, they do not update the

claim status. Only accepted SROI transactions will update the WCAIS claim status.

- 5) We also acknowledged an increase in incorrect conversions of claims due to missing or invalid EDI transactions. Some common errors include:
- Using the wrong Agreement to Compensate code ("W") which leaves the claim temporary and therefore doesn't prevent conversion.
 - Submitting a SROI PY in error to report a medical bill on a denied claim.
 - Forgetting to submit the EDI transaction to stop conversion from occurring.
 - Not submitting the transaction within the 90 day temporary window.

In addition to these conversion errors, we have noticed that sometimes we are asked to rescind a conversion but the LIBC forms were either not received or not received timely. Please make certain to submit both the EDI transaction and the LIBC form to accept or deny liability within the 90 day temporary window to prevent unnecessary conversions.

- 6) Use of invalid Social Security Numbers and requests for placeholder numbers has also been another major issue. Use of a Social Security Number or WC-ID number (AKA placeholder number) is required in EDI. Social Security Numbers must be in a valid format without the use of alpha characters or duplicative number strings (11111 or 22222 for example). If the claimant does not have a SSN or refuses to provide an SSN, you should contact our Helpline to provide you with a placeholder number (or WC-ID) to use on your LIBC forms and in the EDI transactions. Contact information for the Helpline can be found in your program book.

If you have any questions on EDI, please e-mail the EDI unit at RA-CMDEDI@pa.gov. We have a 24-48 hour turnaround for questions. If you have a number of questions, feel free to e-mail the resource account with a request for a conference call.

Questions asked:

- 1) Q- When forms are uploaded into WCAIS & we check the box 'Electronically Signed', do we have to upload another document that is signed?
A- If you utilize the 'Generate' feature on the Actions tab of the claim, the LIBC form that is generated is sufficient for reporting purposes. If you prepare the LIBC 751 on the Actions tab, it generates as a correspondence that you must sign, notarize, and then upload to the claim.
- 2) Q- Why do we need both WCAIS and EDI. The subsequent EDI transactions are very problematic.

A- The LIBC forms fulfill your statutory requirements but they do not update the claim. The SROIs update the claim status and claim details. If you neglect to submit a couple of SROIs and then go to close out the claim, you may end up with a rejected transaction. Also, if the employer or claimant logs into WCAIS to view the claim and the data or claim status isn't up to date, they may wonder why the WCAIS information doesn't match what you have reported to them. If you submit a transaction to make the claim Temporary but don't follow up with the appropriate EDI transaction to accept or deny liability within 90 days, the claim will convert and a letter will go out to the claimant so to prevent unnecessary conversions, you need to submit the appropriate EDI transactions to match the LIBC forms.

3) Q- I submitted a SROI PD but my claim still converted. Why?

A- If you submitted the PD with the Agreement to Compensate code "W", which is only for temporary claims, you couldn't have prevented the conversion. You need to submit the PD with the Agreement to Compensate code "L" to prevent conversion.

4) Q- What if we had not been reporting EDI on our claims and we need to catch up the claim?

A- You have to be mindful of the transactions you are using. If you intend to report that you had issued an NTCP then Stopped and Denied it, you need to make sure you are not outside the 90 days or the claim will convert when you submit the transaction with the "W". In these situations, you may find it in your best interest to submit only the SROI 04. If you already reported the Temporary and it already converted, you must make certain the LIBC forms are on file timely and then let us know you want us to review the conversion for a rescission.