Workers' Compensation Information System (WCIS)

California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI)

Version ~~3.1~~ 4.0

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CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS
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DRAFT

February 1, 2016

Dear Claims Administrators:

Welcome to Electronic Data Interchange (EDI). The California Division of Workers' Compensation (DWC) is pleased to introduce its revised system for receiving workers' compensation claims data via EDI. This data will be integrated with related industry data to make up our Workers' Compensation Information System, which is becoming a rich resource for analyzing the performance of California's workers' compensation system.

This revised manual, the *California EDI Implementation Guide For First and Subsequent Reports of Injury*, is intended to be a primary resource for the organizations that comprise the Division's "trading partners" – claims administrators for California workers' compensation claims.

Most reporting organizations already have substantial experience with EDI, and transmit data to workers' compensation agencies in many states. For them, this *Implementation Guide* can serve as a reference for California-specific protocols. While we have adhered to national EDI standards, California's implementation does have minor differences from other states' protocols.

The *Implementation Guide* also includes background information for organizations new to EDI. If your organization is just getting started, the "Overview of EDI" and the "Managers' Guide" are for you. You will also find numerous valuable resource materials.

This *Implementation Guide* will remain under development for some time. As both the Division and our EDI trading partners gain experience with California's EDI system, updates to the *Guide* will be posted on our Web site at http://www.dir.ca.gov/dwc/wcis.htm.

I hope that, if you are new to reporting via EDI, your start-up of reporting in California will be as smooth and as painless as possible, both for the Division and for our EDI trading partners. DWC is dedicated to full, open communication as a cornerstone of a successful start-up process, and this *Implementation Guide* is a key element of that communication.

Sincerely,

GEORGE PARISOTTO

Acting Administrative Director

Section A: EDI in California – An Overview

EDI – Electronic Data Interchange

Electronic Data Interchange (EDI) is the computer-to-computer exchange of data or information in a standardized format. In workers' compensation, EDI refers to the electronic transmission of claims information from claims administrators (insurers, self-insured employers, and third party administrators) to a State Workers' Compensation Agency.

Data are transmitted in a format standardized by the International Association of Industrial Accident Boards and Commissions (IAIABC). The IAIABC is a professional association of workers' compensation specialists from the public and private sectors ~~and has~~ which has spearheaded the introduction of EDI in workers' compensation. All collected data elements are reviewed for valid and standardized business definitions and formats.

Benefits of EDI within Workers' Compensation

- **Allows state agencies to respond to policy makers' questions regarding their state programs**

  Electronic data interchange allows states to evaluate the effectiveness and efficiency of their workers' compensation system by providing comprehensive and readily accessible information on all claims. This information can then be made available to state policy makers considering any changes to the system.

- **Avoids costs in paper handling**

  Electronic data interchange reduces costs in the processing of paper documents for the claims administrator and the jurisdiction: mail processing costs, duplicated data entry costs, shipping, filing and storage costs.

- **Increases data quality**

  Electronic data interchange has built-in data quality checking procedures that are triggered when data are received by the state agency. Many claims administrators choose to replicate these data-checking procedures to reduce the cost of data correction.

- **Simplifies reporting requirements for multi-state insurers**

  Electronic data interchange helps claims administrators cut costs by having a single system for internal data management and reporting.

California's WCIS – the Workers' Compensation Information System

History

The California Legislature enacted sweeping reforms to California's workers' compensation system in 1993. The reform legislation was preceded by a vigorous debate among representatives of injured workers, their employers, insurance companies, and medical providers. All parties agreed that changes were due, but they could not reach agreement on the nature of the problems to be corrected nor on the likely impact of alternative reform proposals. One barrier to well-informed debate was the absence of comprehensive, impartial information about the performance of California's workers' compensation system.

Foreseeing the strengths and weaknesses of the system, the Legislature directed the Division of Workers' Compensation (DWC) to put together comprehensive information about workers' compensation in California. The result is the WCIS-- the Workers' Compensation Information System. The WCIS has been in development since 1995, and its design has been shaped by a broad-based advisory committee. The WCIS has four main objectives:

- help DWC manage the workers' compensation system efficiently and effectively,
- facilitate the evaluation of the benefit delivery system,
- assist in measuring benefit adequacy,
- provide statistical data for further research.

WCIS Data Collection

The core of the system is standardized data on every California workers' compensation claim. Much of this data has historically been collected in paper form: employers' and physicians' first reports of injury and benefit notices. Beginning in 2000, standardized data was transmitted to the WCIS by EDI. These EDI transmissions are the main subject of this Guide. EDI reporting allows DWC to understand and improve the California workers' compensation system.

California EDI Requirements

California's WCIS regulations define EDI reporting requirements for claims administrators. A claims administrator is an insurer, a self-insured employer, or a third-party administrator.

In brief, claims administrators are required to submit the following:

First Reports: Initial First Reports of Injury (FROIs) must be submitted by EDI to WCIS in the Division of Workers' Compensation (DWC) no later than 10 business days after claim administrator knowledge of the claim. Other FROIs must be submitted as required by section J – Events That Trigger Required EDI Reports.

Subsequent Reports: ~~Subsequent Reports of Injury (SROIs) are submitted within 15 business days whenever benefit payments to an employee are started, changed, suspended, restarted, stopped, delayed or denied or when a claim is closed, or upon notification of employee representation.~~Quarterly summary Subsequent Reports of Injury (SROI) must be submitted for every open claim until the claim is closed. The Quarterly summary must report the cumulative totals of any benefits paid as of the last day of the quarter and all other required data elements. Other SROIs must be submitted as required by section J – Events That Trigger Required EDI Reports.

Medical Bill/Payment Records: Medical bill payment reporting regulations require medical services with a date of service on or after September 22, 2006 and a date of injury on or after March 1, 2000 to be transmitted to the DWC within 90 calendar days of the medical bill payment or the date of the final determination that payment for billed medical services would be denied. These medical services are required to be reported to the WCIS by all claims administrators handling 150 or more total claims per year.

~~**Annual Summary of Benefits**: An Annual Summary of Benefits must be submitted for every claim with any benefit activity (including medical) during the preceding calendar year. The annual summary report is due by January 31 and must report the cumulative totals of any benefits paid as of December 31 of the preceding calendar year.~~

Sending Data to the WCIS

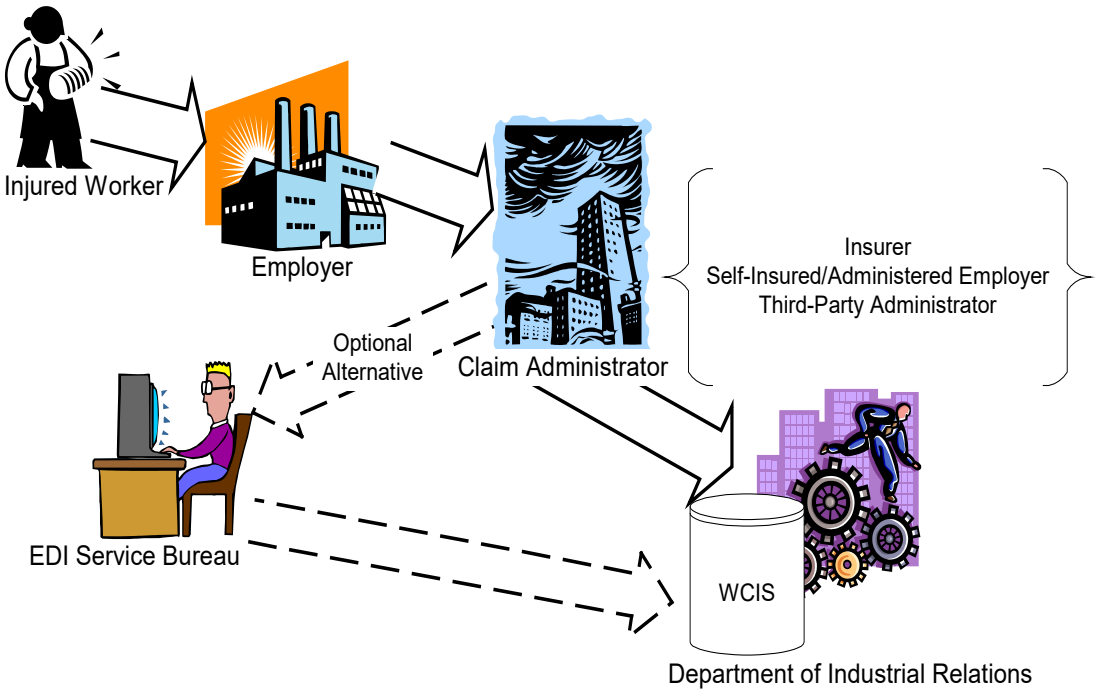
Workers' compensation claims are handled by diverse organizations: large multi-state insurance companies, smaller specialty insurance carriers, self-insured employers, and third-party administrators handling claims on behalf of insured and self-insured employers. These organizations have different information systems and capabilities. The WCIS has been designed to be as flexible as possible in the support of a variety of EDI systems.

The allowed method~~s~~ of transmitting data from claim administrators to WCIS is:

- SFTP also known as SSH (Secure Shell) File Transfer Protocol

The electronic communications options are described more fully in Section H–File Formats and Supported Transactions and Section I–Transmission Modes. The WCIS ~~is also flexible insupporting two different~~ accepts one file format~~s, known as American National Standards Institute (ANSI) X12 and~~, the IAIABC Release 1"flat-file" format~~s~~.

Claim administrators can avoid needing to know the details of EDI by selecting among several firms that sell EDI-related software products, consulting, and related services.


Injured Worker
Employer
Claim Administrator
Insurer
Self-Insured/Administered Employer
Third-Party Administrator
Optional
Alternative
EDI Service Bureau
WCIS
Department of Industrial Relations

Section B: Where to Get Help – Contacting WCIS and Other Information Resources

Starting up a new EDI system ~~isn't simple. It~~ requires detailed technical information, as well as close cooperation between the organizations that send data, the trading partners and the organization that receives data, the California Division of Workers' Compensation (DWC). The following is a list of resources available for information and assistance.

California Division of Workers' Compensation

Our Web Site

Visit our web site at http://www.dir.ca.gov/dwc/WCIS.htm to:

- Download the latest version of the *California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI),*
- Get answers to *Frequently Asked Questions,*
- Review archived *WCIS e·News* letters and training bulletins.

~~Your WCIS Contact Person~~

WCIS Trading Partner Support

~~Each WCIS Trading Partner will be assigned a WCIS contact person at DWC. This person will help answer~~ The WCIS EDI support team will assist trading partners in getting set up to report to WCIS and ~~your questions about EDI reporting in California, work with you during the Test-Pilot-Production process, and~~ be an ongoing source of support~~during production.~~

~~Your WCIS liaison can be reached by phone, e-mail, or mail. When initially contacting us, be sure to provide your company name so that you may be directed to the appropriate WCIS staff.~~

~~By phone:~~ ~~(510)286-1263 Trading Partner Letters C, G-H, M, P-R~~
~~(510)286-6763 Trading Partner Letters B, D-F, N-O, W-Y~~
~~(510)286-6772 Trading Partner Letters A, I-L, S-V, Z~~

WCIS EDI Support Team ~~By~~ e-mail: wcis_support@dir.ca.gov

~~By mail: WCIS EDI Unit~~
~~Attn: Name of WCIS Contact (if known)~~
~~Department of Industrial Relations~~
~~1515 Clay St.~~

~~Oakland, CA 94612~~

If you find errors or omissions in the California EDI Implementation Guide (FROI/SROI), please inform ~~your WCIS contact person~~the WCIS EDI support team.

WCIS e·News

WCIS e·News is an e-mail newsletter sent out periodically to inform WCIS Trading Partners of important announcements and technical implementations. The *WCIS e·News* will be archived on the WCIS web site. Interested parties who are not already receiving *WCIS e·News* can ~~register by~~ sign up for the WCIS e.News at http://www.dir.ca.gov/email/listsub.asp?choice=1.~~sending an email to wcis@dir.ca.gov with the subject, "Subscribe e-News".~~

WCIS Training Bulletins

WCIS Training Bulletins are informational e-mails issued by DWC to help improve data quality for the most common errors in WCIS reporting. The *WCIS Training Bulletins* are archived on the WCIS web site. Interested parties who are not already receiving *WCIS Training Bulletins* can sign up at http://www.dir.ca.gov/email/listsub.asp?choice=1.

EDI Service Providers

Several companies can assist you in your efforts to report data via EDI. A range of products and services are available, including:

- software that works with your organization's computer systems to automatically transmit data,
- systems consulting, to help get your computer systems EDI-ready,
- data transcription services which accept paper forms, keypunch data, and transmit the data via EDI.

A list of companies known to DWC that provide these services can be found at http://www.dir.ca.gov/DWC/EDIvend.HTM.

Claims administrators seeking assistance in implementing EDI may wish to consult one or more of the EDI service providers listed on the DWC website. Many of these firms offer a full range of EDI-related services: consultation, technical support, value added network (VAN) services, and/or software products. These products and services can make it possible for claims administrators to successfully transmit claims data via EDI and avoid the technical details of EDI.

Another alternative to developing a complete EDI system is to contract for the services of a data collection agent. For a fee, a data collection agent will receive paper forms by fax or mail, enter the data, and transmit it by EDI to state agencies or other electronic commerce trading partners.

The California Division of Workers' Compensation does not have a process for granting "approvals" to any EDI service providers. Listings of providers, which are found on the Division's website, are simply of providers known to the Division. The lists will be updated as additional resources become known.

Appearance on the EDI service provider lists does not in any way constitute an endorsement of the companies listed or a guarantee of the services they provide. Other companies not listed may be equally capable of providing EDI-related services.

Note to suppliers of EDI-related services: Please contact wcis support@dir.ca.gov if you wish to have your organization added or removed from DWC's list, or to update your contact information.

IAIABC

The International Association of Industrial Accident Boards and Commissions (IAIABC) is the organization that sets the national standards for the transmission of workers' compensation claims data via EDI. The IAIABC publishes these standards in their EDI Implementation Guide.

For more information about the IAIABC and how to purchase the IAIABC EDI Implementation Guide, visit the IAIABC web site at http://www.iaiabc.org. The WCIS follows the IAIABC Release 1 claims reporting standard.

Section C: Implementing EDI – A Managers' Guide

1. Get to know the basic requirements.

Starting up a new EDI system can be a complex endeavor. Make sure you understand all that is required *before* investing resources. Otherwise, you may end up with a collection of piecemeal fixes rather than a comprehensive solution.

This guide and the IAIABC guide contain much of the information needed to implement EDI in California. As more information becomes available it will be posted on our Web site at http://www.dir.ca.gov/dwc/WCIS.htm.

2. Assign responsibilities for implementing EDI.

Some organizations put an Information Systems (IS) manager in charge, while others designate a claims manager. Implementing EDI will affect your information system, flow of claims information and your business process. The most effective approach may be to have Claims and Information Systems departments collaborate on the project.

Regardless of who is assigned primary responsibility, make sure that both Claims and IS departments maintain continual oversight as your solution is designed and implemented.

3. Decide whether to contract with an EDI service provider.

Formatting electronic records and transmitting them by EDI generally requires some specialized automated routines. Programming a complete EDI system also requires in-depth knowledge of EDI standards and protocols.

Some organizations choose to develop these routines in-house, especially if they have an IS department that is familiar with EDI and is efficient in bringing new technology online.

Other organizations choose to contract with vendors for dedicated EDI software or services. Typically, an EDI vendor's products interface with your organization's data to produce EDI transactions in the required formats. The benefit is that no one in your organization has to learn all the intricacies of EDI. The service provider takes care of file formats, record layouts, and many other details that may seem foreign to your organization. Some EDI vendors can also provide full-service consulting, helping you update your entire data management process for electronic commerce.

A list of known EDI vendors can be found on the DWC website: http://www.dir.ca.gov/dwc/EDIvend.HTM.

4. If your organization will not use an EDI service provider, ~~choose a~~review the file format and transmission mode requirements for ~~your~~ reporting data.

Contracting with an EDI service provider would relieve your organization of the detailed mechanics of EDI, such as file formats and transmission modes. If you decide to develop your own system, you will have some important decisions to make that will determine the scope and difficulty of the programming work.

~~Probably the most important decision is whether your data will be packaged as "flat files" or as "ANSI X12 files." More information on these choices is provided in Section H–File Formats and Supported Transactions. In general, Release 1 flat files are relatively easy to get up and running quickly. ANSI X12 may be a wise investment in long-run flexibility and compatibility.~~

Information about file formats can be found in the *IAIABC EDI Release 1 Implementation Guide,* at http://www.iaiabc.org. This guide is essential if you will be programming your own EDI system.

You will also need to support the SFTP transmission mode that WCIS requires. See Section I, the SFTP Transmission Mode, for further information.

5. Make sure your computer systems contain all the required data.

You will~~'ll~~ have a hard time submitting data by EDI if the data are not readily accessible on your systems. Give your Information Systems department a copy of Section K–Required Data Elements.

If all data are available and readily accessible, then you are in great shape. If not, your Claims and IS departments will need to develop and implement a plan for capturing, storing, and accessing the necessary data.

6. Determine who will handle error messages sent by WCIS.

Your organization will receive acknowledgment files with "error messages" from WCIS if you transmit data that cannot be interpreted or do not meet the regulatory requirements to provide complete, valid and accurate data.

Some glitches are inevitable. You will~~'ll~~ need a system for forwarding any error messages to people who can respond as necessary.

Establish a procedure for responding to error messages before you begin transmitting data by EDI. Otherwise, your organization may find itself unprepared for the inevitable.

Typically, errors related to technical problems may be aggravating when a system is new, but they quickly become rare. Error messages related to data quality and completeness are harder to correct, and you can expect them to present an ongoing workload that must be managed.

7. Decide whether your organization could benefit by adding data edits.

Data you transmit to the WCIS will be subjected to edit rules to assure that the data are valid and consistent with data previously reported for a particular claim. For example, one edit rule would reject an injury date of February 31. Another rule would reject a benefit notice if a First Report had not been previously filed. These edit rules are detailed in Section K– Required Data Elements, Section L– California-Specific Data Edits, and Section M–System Specifications. Data that violate these edit rules ~~will~~ may cause transmissions to be rejected or ~~will be~~ returned with error messages.

Correcting erroneous data often requires going to the original source, perhaps the applicant or the policyholder. In some organizations, the data passes through many hands before it is transmitted to WCIS. For example, the injury type and cause may be initially reported by the applicant, then go through the employer, a claims reporting center, a data entry clerk, a claims adjuster, and an Information Systems department. Any error messages would typically be passed through the same hands in the opposite direction.

An alternative is to install in your system, as close as possible to the original source of data, data edits that match the WCIS edit rules. As an example, consider a claims reporting center in which claims data are entered directly into a computer system, and the system has data edits in place. Most data errors could be caught and corrected while the employer was still on the phone. This eliminates the expense of passing bad data from hand to hand and back again.

8. Install any software and communications services you will need.

Once your system ~~is~~has been planned, you will need to purchase and/or develop any software and services for your system

Most systems will need at least the following:

- software (or other means) to identify events that trigger required reports,
- software (or other means) to gather required data elements from your databases,
- software (or other means) to format the data into an approved EDI file format,
- a (SSH (Secure Shell) File Transfer Protocol (SFTP) process that sends EDI files,
- an SFTP process to receive acknowledgments and error messages from WCIS.

Some organizations, especially those that handle few California claims, may wish to contract for EDI services rather than handle EDI in-house. EDI service providers offer all the services listed above. S~~s~~ee the DWC website, http://www.dir.ca.gov/dwc/EDIvend.HTM, for a list of known vendors.

9. Test your system internally.

Not every system works perfectly the first time. Make sure your system ~~gets~~ is thoroughly tested before you begin reporting data to WCIS. Catching any bugs

internally will spare you the blizzard of error messages that a faulty system can cause.

Include in your internal tests some complex test cases as well as simple ones. For example, challenge your system with claims that feature multiple episodes of disability and ~~partial~~return to work. Fix any identified problems before you try transmitting EDI data to WCIS.

10. Move through the Testing and Pilot stages to reach the Production stage of EDI transmission.

Complete an EDI Trading Partner Profile and insurer/claim administrator ID list and submit them to the WCIS. S~~s~~ee Section F–Trading Partner Profile for more information. The Profile and ID list are used to prepare WCIS for your data transmission: what file format to expect; where to send your acknowledgments; when you plan to transmit reports; and similar information.

Once you have completed a successful test and verified that your transmissions match our technical specifications, you will be ready to enter the Pilot stage.

Upon your successful completion of the Pilot step, DWC will issue you a written determination that you have demonstrated capability to transmit complete, valid, and accurate data. You will then be authorized to move into the Production stage, routinely transmitting your data via EDI.

11. Evaluate the efficiency of your EDI system and consider future refinements.

Many organizations find that implementing EDI brings unexpected benefits. For example, EDI may provide an opportunity to address long-standing data quality problems.

Arrange a review session after your system has been running for a few months. Users will be able to suggest opportunities for future refinements. Managers from departments not directly affected may also be interested in participating because EDI may eventually affect many business processes in other departments.

Please let us know if you have any comments on this Manager's Guide.

We cannot anticipate every challenge you may face in implementing EDI data reporting. Please e-mail any comments or suggestions you may have to wcis support@dir.ca.gov.

Section D: Authorizing Statutes – Labor Code sections 138.6 and 138.7

Labor Code section 138.6
Development of workers' compensation information system

~~(a) The administrative director, in consultation with the Insurance Commissioner and the Workers' Compensation Insurance Rating Bureau, shall develop a cost-efficient workers' compensation information system, which shall be administered by the division. The administrative director shall adopt regulations specifying the data elements to be collected by electronic data interchange.~~

~~(b) The information system shall do the following:~~

~~(1) Assist the department to manage the workers' compensation system in an effective and efficient manner.~~

~~(2) Facilitate the evaluation of the efficiency and effectiveness of the benefit delivery system.~~

~~(3) Assist in measuring how adequately the system indemnifies injured workers and their dependents.~~

~~(4) Provide statistical data for research into specific aspects of the workers' compensation program.~~

~~(c) The data collected electronically shall be compatible with the Electronic Data Interchange System of the International Association of Industrial Accident Boards and Commissions. The administrative director may adopt regulations authorizing the use of other nationally recognized data transmission formats in addition to those set forth in the Electronic Data Interchange System for the transmission of data required pursuant to this section. The administrative director shall accept data transmissions in any authorized format. If the administrative director determines that any authorized data transmission format is not in general use by claims administrators, conflicts with the requirements of state or federal law, or is obsolete, the administrative director may adopt regulations eliminating that data transmission format from those authorized pursuant to this subdivision.~~

(a) The administrative director, in consultation with the Insurance Commissioner and the Workers' Compensation Insurance Rating Bureau, shall develop a cost-efficient workers' compensation information system, which shall be administered by the division. The administrative director shall adopt regulations specifying the data elements to be collected by electronic data interchange.
(b) The information system shall do the following:

(1) Assist the department to manage the workers' compensation system in an effective and efficient manner.
(2) Facilitate the evaluation of the efficiency and effectiveness of the delivery system.
(3) Assist in measuring how adequately the system indemnifies injured workers and their dependents.
(4) Provide statistical data for research into specific aspects of the workers' compensation program.
(c) The data collected electronically shall be compatible with the Electronic Data Interchange System of the International Association of Industrial Accident Boards and Commissions. The administrative director may adopt regulations authorizing the use of other nationally recognized data transmission formats in addition to those set forth in the Electronic Data Interchange System for the transmission of data required pursuant to this section. The administrative director shall accept data transmissions in any authorized format. If the administrative director determines that any authorized data transmission format is not in general use by claims administrators, conflicts with the requirements of state or federal law, or is obsolete, the administrative director may adopt regulations eliminating that data transmission format from those authorized pursuant to this subdivision.
(d) (1) The administrative director shall assess an administrative penalty against a claims administrator for a violation of data reporting requirements adopted pursuant to this section. The administrative director shall promulgate a schedule of penalties providing for an assessment of no more than ten thousand dollars ($10,000) against a claims administrator in any single year, calculated as follows:
(A) No more than one hundred dollars ($100) multiplied by the number of violations in that year that resulted in a required data report not being submitted or not being accepted.
(B) No more than fifty dollars ($50) multiplied by the number of violations in that year that resulted in a required report being late or accepted with an error.
(C) Multiple errors in a single report shall be counted as a single violation.
(D) No penalty shall be assessed pursuant to Section 129.5 for any violation of data reporting requirements for which a penalty has been or may be assessed pursuant to this section.
(2) The schedule promulgated by the administrative director pursuant to paragraph (1) shall establish threshold rates of violations that shall be excluded from the calculation of the assessment, as follows:
(A) The threshold rate for reports that are not submitted or are submitted but not accepted shall not be less than 3 percent of the number of reports that are required to be filed by or on behalf of the claims administrator.
(B) The threshold rate for reports that are accepted with an error shall not be less than 3 percent of the number of reports that are accepted with an error.
(C) The administrative director shall set higher threshold rates as appropriate in recognition of the fact that the data necessary for timely and accurate reporting may not be always available to a claims administrator or the claims administrator's agents.
(D) The administrative director may establish higher thresholds for particular data elements that commonly are not reasonably available.

(3) The administrative director may estimate the number of required data reports that are not submitted by comparing a statistically valid sample of data available to the administrative director from other sources with the data reported pursuant to this section.
(4) All penalties assessed pursuant to this section shall be deposited in the Workers' Compensation Administration Revolving Fund.
(5) The administrative director shall publish an annual report disclosing the compliance rates of claims administrators and post the report and a list of claims administrators who are in violation of the data reporting requirements on the Internet Web site of the Division of Workers' Compensation.

Labor Code section 138.7
"Individually identifiable information"; restricted access.

~~(a) Except as expressly permitted in subdivision (b), a person or public or private entity not a party to a claim for workers' compensation benefits may not obtain individually identifiable information obtained or maintained by the division on that claim. For purposes of this section, "individually identifiable information" means any data concerning an injury or claim that is linked to a uniquely identifiable employee, employer, claims administrator, or any other person or entity.~~

~~(b)(1) The administrative director, or a statistical agent designated by the administrative director, may use individually identifiable information for purposes of creating and maintaining the workers' compensation information system as specified in Section 138.6.~~

~~(2) (A) The State Department of Public Health Services may use individually identifiable information for purposes of establishing and maintaining a program on occupational health and occupational disease prevention as specified in Section 105175 of the Health and Safety Code.~~

~~(2) (B) (i) The State Department of Health Care Services may use individually identifiable information for purposes of seeking recovery of Medi-Cal costs incurred by the state for treatment provided to injured workers that should have been incurred by employers and insurance carriers pursuant to Article 3.5 (commencing with Section 14124.70) of Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code.~~

~~(ii) The Department of Industrial Relations shall furnish individually identifiable information to the State Department of Health Care Services, and the State Department of Health Care Services may furnish the information to its designated agent, provided that the individually identifiable information shall not be disclosed for use other than the purposes described in clause (i). The administrative director may adopt regulations solely for the purpose of governing access by the State Department of Health Care Services or its designated agents to the individually identifiable information as defined in~~

~~subdivision (a).~~

~~(3)(A) Individually identifiable information may be used by the Division of Workers' Compensation, the Division of Occupational Safety and Health, and the Division of Labor Statistics and Research as necessary to carry out their duties. The administrative director shall adopt regulations governing the access to the information described in this subdivision by these divisions. Any regulations adopted pursuant to this subdivision shall set forth the specific uses for which this information may be obtained.~~

~~(B) Individually identifiable information maintained in the workers' compensation information system and the Division of Workers' Compensation may be used by researchers employed by or under contract to the Commission on Health and Safety and Workers' Compensation as necessary to carry out the commission's research. The administrative director shall adopt regulations governing the access to the information described in this subdivision by commission researchers. These regulations shall set forth the specific uses for which this information may be obtained and include provisions guaranteeing the confidentiality of individually identifiable information. Individually identifiable information obtained under this subdivision shall not be disclosed to commission members. No individually identifiable information obtained by researchers under contract to the commission pursuant to this subparagraph may be disclosed to any other person or entity, public or private, for a use other than that research project for which the information was obtained. Within a reasonable period of time after the research for which the information was obtained has been completed, the data collected shall be modified in a manner so that the subjects cannot be identified, directly or through identifiers linked to the subjects.~~

~~(4) The administrative director shall adopt regulations allowing reasonable access to individually identifiable information by other persons or public or private entities for the purpose of bona fide statistical research. This research shall not divulge individually identifiable information concerning a particular employee, employer, claims administrator, or any other person or entity. The regulations adopted pursuant to this paragraph shall include provisions guaranteeing the confidentiality of individually identifiable information. Within a reasonable period of time after the research for which the information was obtained has been completed, the data collected shall be modified in a manner so that the subjects cannot be identified, directly or through identifiers linked to the subjects.~~

~~(5) This section shall not operate to exempt from disclosure any information that is considered to be a public record pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code) contained in an individual's file once an application for adjudication has been filed~~

~~pursuant to Section 5501.5.~~

~~However, individually identifiable information shall not be provided to any person or public or private entity that is not a party to the claim unless that person identifies himself or herself or that public or private entity identifies itself and states the reason for making the request. The administrative director may require the person or public or private entity making the request to produce information to verify that the name and address of the requester is valid and correct. If the purpose of the request is related to pre-employment screening, the administrative director shall notify the person about whom the information is requested that the information was provided and shall include the following in 12-point type:~~

~~"IT MAY BE A VIOLATION OF FEDERAL AND STATE LAW TO DISCRIMINATE AGAINST A JOB APPLICANT BECAUSE THE APPLICANT HAS FILED A CLAIM FOR WORKERS' COMPENSATION BENEFITS."~~

~~Any residence address is confidential and shall not be disclosed to any person or public or private entity except to a party to the claim, a law enforcement agency, an office of a district attorney, any person for a journalistic purpose, or other governmental agency.~~

~~Nothing in this paragraph shall be construed to prohibit the use of individually identifiable information for purposes of identifying bona fide lien claimants.~~

~~(c) Except as provided in subdivision (b), individually identifiable information obtained by the division is privileged and is not subject to subpoena in a civil proceeding unless, after reasonable notice to the division and a hearing, a court determines that the public interest and the intent of this section will not be jeopardized by disclosure of the information. This section shall not operate to restrict access to information by any law enforcement agency or district attorney's office or to limit admissibility of that information in a criminal proceeding.~~

~~(d) It shall be unlawful for any person who has received individually identifiable information from the division pursuant to this section to provide that information to any person who is not entitled to it under this section.~~

(a) Except as expressly permitted in subdivision (b), a person or public or private entity not a party to a claim for workers' compensation benefits shall not obtain individually identifiable information obtained or maintained by the division on that claim. For purposes of this section, "individually identifiable information" means any data concerning an injury or claim that is linked to a uniquely identifiable employee, employer, claims administrator, or any other person or entity.

(b) (1) (A) The administrative director, or a statistical agent designated by the administrative director, may use individually identifiable information for purposes of creating and maintaining the workers' compensation information system as specified in Section 138.6.

(B) The administrative director may publish the identity of claims administrators in the annual report disclosing the compliance rates of claims administrators pursuant to subdivision (d) of Section 138.6.

(2) (A) The State Department of Public Health may use individually identifiable information for purposes of establishing and maintaining a program on occupational health and occupational disease prevention as specified in Section 105175 of the Health and Safety Code.

(B) (i) The State Department of Health Care Services may use individually identifiable information for purposes of seeking recovery of Medi-Cal costs incurred by the state for treatment provided to injured workers that should have been incurred by employers and insurance carriers pursuant to Article 3.5 (commencing with Section 14124.70) of Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code.

(ii) The Department of Industrial Relations shall furnish individually identifiable information to the State Department of Health Care Services, and the State Department of Health Care Services may furnish the information to its designated agent, provided that the individually identifiable information shall not be disclosed for use other than the purposes described in clause (i). The administrative director may adopt regulations solely for the purpose of governing access by the State Department of Health Care Services or its designated agents to the individually identifiable information as defined in subdivision (a).

(3) (A) Individually identifiable information may be used by the Division of Workers' Compensation and the Division of Occupational Safety and Health as necessary to carry out their duties. The administrative director shall adopt regulations governing the access to the information described in this subdivision by these divisions. Any regulations adopted pursuant to this subdivision shall set forth the specific uses for which this information may be obtained.

(B) Individually identifiable information maintained in the workers' compensation information system and the Division of Workers' Compensation may be used by researchers employed by or under contract to the Commission on Health and Safety and Workers' Compensation as necessary to carry out the commission's research. The administrative director shall adopt regulations governing the access to the information described in this subdivision by commission researchers. These regulations shall set forth the specific uses for which this information may be obtained and include provisions guaranteeing the confidentiality of individually identifiable information. Individually identifiable information obtained under this subdivision shall not be disclosed to commission members. No individually identifiable information obtained by researchers under contract to the commission pursuant to this subparagraph may be disclosed to any other person or entity, public or private, for a use other than that research project for which the information was obtained. Within a reasonable period of time after the

research for which the information was obtained has been completed, the data collected shall be modified in a manner so that the subjects cannot be identified, directly or through identifiers linked to the subjects.

(4) The administrative director shall adopt regulations allowing reasonable access to individually identifiable information by other persons or public or private entities for the purpose of bona fide statistical research. This research shall not divulge individually identifiable information concerning a particular employee, employer, claims administrator, or any other person or entity. The regulations adopted pursuant to this paragraph shall include provisions guaranteeing the confidentiality of individually identifiable information. Within a reasonable period of time after the research for which the information was obtained has been completed, the data collected shall be modified in a manner so that the subjects cannot be identified, directly or through identifiers linked to the subjects.

(5) (A) This section shall not operate to exempt from disclosure any information that is considered to be a public record pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code) contained in an individual's file once an application for adjudication has been filed pursuant to Section 5501.5.

(B) Individually identifiable information shall not be provided to any person or public or private entity who is not a party to the claim unless that person identifies himself or herself or that public or private entity identifies itself and states the reason for making the request. The administrative director may require the person or public or private entity making the request to produce information to verify that the name and address of the requester is valid and correct. If the purpose of the request is related to preemployment screening, the administrative director shall notify the person about whom the information is requested that the information was provided and shall include the following in 12-point type:

"IT MAY BE A VIOLATION OF FEDERAL AND STATE LAW TO DISCRIMINATE AGAINST A JOB APPLICANT BECAUSE THE APPLICANT HAS FILED A CLAIM FOR WORKERS' COMPENSATION BENEFITS."

(C) Any residence address is confidential and shall not be disclosed to any person or public or private entity except to a party to the claim, a law enforcement agency, an office of a district attorney, any person for a journalistic purpose, or other governmental agency.

(D) This paragraph does not prohibit the use of individually identifiable information for purposes of identifying bona fide lien claimants.

(c) Except as provided in subdivision (b), individually identifiable information obtained by the division is privileged and is not subject to subpoena in a civil proceeding unless, after reasonable notice to the division and a hearing, a court determines that the public interest and the intent of this section will not be jeopardized by disclosure of the information. This section shall not operate to restrict access to information by any law

enforcement agency or district attorney's office or to limit admissibility of that information in a criminal proceeding.

(d) It is unlawful for any person who has received individually identifiable information from the division pursuant to this section to provide that information to any person who is not entitled to it under this section.

Section E: Legal Authorities

Pertinent WCIS Regulations

The regulations pertinent to WCIS are stated in Title 8,

California Code of Regulations, sections 97001-9704. They are available at http://www.dir.ca.gov/t8/ch4_5sb1a1_1.html.

All final WCIS regulations are posted at

http://www.dir.ca.gov/dwc/DWCPropRegs/WCIS_Regs/WCIS_Regulations.htm.

Additional Regulations Related to Filing Employer's First Reports of Injury

The regulations related to filing First Reports of Injury are stated in Title 8, California Code of Regulations, sections 14001 and 14005. They are available at http://www.dir.ca.gov/t8/ch7sb1a1.html.

~~**Letter from DIR regarding electronic filing**~~

~~(Note: The filing requirement for first reports of injury has been changed from five days to 10 days.)~~

~~February 7, 2000~~

~~**To: California Workers' Compensation Insurers and Self-Insured Employers**~~

~~**Re: Electronic Filing of the Employer's Report of Occupational Injury or Illness (Form 5020)**~~

~~Labor Code § 6409.1 and Title 8, California Code of Regulations ("C.C.R.") Section 14001 require that both workers' compensation insurers and self-insured employers file with the Division of Labor Statistics and Research ("DLSR")* a complete report of every occupational injury or illness that results in lost time beyond the date of injury or which requires medical treatment beyond first aid. The report must be filed within five days after obtaining knowledge of the injury or illness. Labor Code § 6409.1 (a); 8 C.C.R. § 14001 (d) & (e). 8 C.C.R. § 14001~~

~~(c) provides that the mandatory filing shall be made by a photocopy of the Form 5020, the Employer's Report of Occupational Injury or Illness, or "by use of computer input media, prescribed by the Division and compatible with the Division's computer equipment."[1]~~

~~Please be advised that DLSR hereby prescribes the Workers' Compensation Information System ("WCIS." See Labor Code § 138.6 and 8 C.C.R. §§ 9700-9704) as the "computer input media" referenced in 8 C.C.R. § 14001 (c). The obligation of an insurer or a self-insured employer to submit a complete report of occupational injury or illness pursuant to Labor Code § 6409.1 and 8 C.C.R. § 14001 is satisfied provided that the insurer or self-insured employer submits data to the WCIS as required under 8 C.C.R. § 9702 (b) and demonstrates capability to submit complete, valid, and accurate data under 8 C.C.R. § 9702 (h)(1). Assuming such data is electronically transmitted to the WCIS in an acceptable manner, claims administrators need not submit paper copies of the Form 5020 to DLSR.~~

~~Please note that specific information, or data elements ("DN"), required under 8 C.C.R. § 9702 (b) is not included on the Form 5020. For example, the Form 5020 does not include the employer's or insurer's Federal Employer Identification Number ("FEIN") (DN6 and DN16). Pursuant to 8 C.C.R. § 14005 (b) and (c), which allow insurers and self-insured employers to reproduce a revised Form 5020 to include additional questions, DLSR will approve the inclusion of questions asking for information necessary to comply with 8 C.C.R. § 9702 (b).~~

~~Thank you for your anticipated cooperation in this matter. Extensive information about the Workers' Compensation Information System, including a technical description of the prescribed computer input media, can be found on the Department's Web site at http://www.dir.ca.gov/DWC/WCIS.htm.~~

~~Any inquiries should be made to the Division of Workers' Compensation, Research Unit by e-mail at wcis@dir.ca.gov.~~

~~Sincerely,~~

~~Daniel M. Curtin~~
~~Chief Deputy Director~~
~~Department of Industrial Relations~~

~~*DLSR is no longer a separate unit within the Department of Industrial Relations (DIR). Work that was performed by DLSR is now performed by the Research Unit of DIR.~~

Section F: Trading Partner Profile

Who Should Complete the Trading Partner Profile?

A separate Trading Partner Profile form should be completed for each Sender ID that will be used in EDI transmissions sent to WCIS. The Sender ID, which is composed of the trading partner's "Master FEIN" and physical address postal code (see profile form instructions), must be reported in the header record of every transmission. The Sender ID is used by WCIS to identify communication parameters as specified on the Trading Partner Profile form.

For many organizations, the claim administrator FEIN (Federal Employer Identification Number) provided on each transaction will always be the same as the Sender's Master FEIN. Other organizations may have multiple claim administrator FEINs for their various operating units. If the transactions for these various claim administrator FEINs all share the same transmission specifications, their data can be sent under the same Sender ID and be represented by a single Trading Partner Profile form.

For example, the information systems department of a single parent organization might wish to send transactions for two subsidiaries batched together within transmissions. In such a case, the parent organization could complete one Trading Partner Profile--providing the Master FEIN for the parent company in the Sender ID--and could then transmit transactions from both subsidiaries, identified by the appropriate claim administrator/insurer FEINs on each transaction.

The WCIS uses the insurer and claim administrator FEIN to process individual transactions. Transactions for unknown insurers and claim administrators will be rejected with the error code 039-No match on database. For this reason, it is vital for each WCIS Trading Partner Profile to be accompanied by a list of all insurer and claim administrator FEINs whose data will be reported under a given Sender ID. This list can be downloaded in Microsoft Excel format from the WCIS website at http://www.dir.ca.gov/dwc/WCIS/InsurerClaimAdministratorIDList.xls. If this ID list is not provided, WCIS will assume that the only claim administrator FEIN reportable by that trading partner will be the Master FEIN from the trading partner's Sender ID. The 9 digit postal code for the physical adjusting locations of each listed claim administrator must also be provided. These postal codes will be validated against incoming data and transactions with non-matching Claim Administrator Postal Codes (DN14) will be rejected with error code 032-Must be valid on zip code table. To prevent rejections, an updated ID list must be sent to ~~your trading partner liaison~~WCIS each time there is a change.

Any EDI service provider that is reporting for a claims administrator may submit the profile form and ID list for its client but the claims administrator must be copied on the e-mail.

State of California
Department of Industrial Relations
DIVISION OF WORKERS'
COMPENSATION

FROI/SROI

ELECTRONIC DATA INTERCHANGE TRADING PARTNER PROFILE

The EDI Trading Partner Profile is available online at: http://www.dir.ca.gov/DWC/WCIS.htm.

PART A. Trading Partner Background Information:

Date: _____

Sender Name: _____

Sender's Master FEIN: _____

Physical Address: _____
City: _____ State: _____
Postal Code (Zip+4): _____ (Sender's postal code)

Mailing Address: _____
City: _____ State: _____
Postal Code: _____

Trading Partner Type (check any that apply):
__ Self-Administered Insurer
__ Self-Administered, Self-Insured (employer)
__ Third Party Administrator of Insurer
__ Third Party Administrator of Self-Insured (employer)
__ Other (Please specify):_____

PART B. Trading Partner Contact Information:

Business Contact:	Technical Contact:
Name: _____	Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
FAX: _____	FAX: _____
E-mail Address: _____	E-mail Address: _____

WCIS Reports Contact:
Name: _____
Title: _____
Phone: _____
FAX: _____
E-mail Address: _____

PART C. **Trading Partner Transmission Specifications:**

If submitting more than one profile, please specify:

PROFILE NUMBER (1, 2, etc.): _____
DESCRIPTION: _____
Vendor Name: _____

~~Part C1: TRANSACTION SETS FOR THIS PROFILE:~~

~~Transaction Type~~	~~File Format (circle one per row):~~		~~Production Response Period~~
	~~Flat File Release #~~	~~ANSI X12 Version #~~	
~~First Reports of Injury~~	~~1~~	~~1 - Version 3041~~	~~3 business days~~
~~Subsequent Reports of Injury~~	~~1~~	~~1 – Version 3041~~	~~3 business days~~

PART C1~~2~~: SFTP ACCOUNT INFORMATION:

User Name (To be provided by WCIS ~~contact~~)
Password (To be provided by WCIS ~~contact~~)
Source Network IP Address (Only public IP addresses. Maximum 5 allowed.)

PART D. Receiver Information (to be completed by DWC):

Name: *California Division of Workers' Compensation*

FEIN: *943160882*

Physical Address: *1515 Clay Street, Suite 1800*
City: *Oakland* State: *CA* Postal Code: *94612-1489*

Mailing Address: *P.O. Box 420603*
City: *San Francisco* State: *CA* Postal Code: *94142-0603*

Business Contact:
Name: *(Varies by trading partner)*
Title: *(Varies by trading partner)*
Phone: *(xxx) xxx-xxxx*
E-mail Address: *wcis_support@dir.ca.gov*

Technical Contact:
Name: *(Varies by trading partner)*
Title: *(Varies by trading partner)*
Phone: *(xxx) xxx-xxxx*
E-mail Address: *wcis_support@dir.ca.gov*

RECEIVER'S NETWORK IP ADDRESS FOR CONNECTING VIA FILE TRANSFER PROTOCOL (SFTP): *(~~Please contact DWC for this~~ Information to be provided by WCIS)*

RECEIVER'S FLAT FILE RECORD DELIMITER: *CR*

~~RECEIVER'S ANSI X12 TRANSMISSION SPECIFICATIONS:~~

~~Segment Terminator: ~ ISA Information: TEST PROD~~
~~Data Elements Separator: * Sender/Receiver Qualifier: ZZ ZZ~~
~~Sub-Element Separator: > Sender/Receiver ID: (Use Master FEINs~~

PART E. California EDI Trading Partner Insurer/Claim Administrator ID List:

This Sender ID list is available online at:
http://www.dir.ca.gov/dwc/WCIS/InsurerClaimAdministratorIDList.xls

Date Prepared: _____

Sender Company Name: _____ _____

Sender E-mail Address: _____

Sender Master FEIN: _____

Sender Physical Postal Code (Zip+4): _____

Trading Partner Type: _____**(refer to Trading Partner Types below*)**

This list will be used to reconcile profile identification records. If, after filing this form with the Division, any entries are added or removed from the listing, the trading partner shall submit a revised California EDI Trading Partner Insurer/ Claim Administrator ID List.

List all insurer/claim administrator FEINs and claim administrator postal codes that will be reported by the Sender. **For each claim administrator, all physical adjusting locations must be listed separately.** Anytime there is a change, Trading Partners must submit a revised ID List.

#	Insurer/Claim Administrator/Self-Insurer Legal Name	FEIN #	Trading Partner Type*	Postal Code (Zip+4)**
1	*Sender must be added to the list.*			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

15				
16				
17				
18				
19				
20				

Please add additional lines and pages as needed.

***Trading Partner Types**

1 = Self-Administered Insurer

2 = Self-Administered, Self-Insured (employer)

3 = Third Party Administrator of Insurer

4 = Third Party Administrator of Self-Insured (employer)

5 = Other (Please specify): _____

****Nine-digit postal codes are required for Claim Administrator Types 1-4. The FEIN and nine-digit postal code must match the DN6 or DN8 and DN14, respectively, submitted in your transmissions.**

WORKERS' COMPENSATION INFORMATION SYSTEM

Electronic Data Interchange Trading Partner Profile

INSTRUCTIONS FOR COMPLETING TRADING PARTNER PROFILE

Each claims administrator will complete parts A, B, C and E, providing information as it pertains to them. Part D contains receiver information and will be completed by the Division of Workers' Compensation (DWC).

PART A. TRADING PARTNER BACKGROUND INFORMATION:

Sender NAME:	The name of your business entity corresponding with the FEIN.
Sender's Master FEIN:	The Federal Employer's Identification Number of your business identity. This FEIN, along with the 9-position zip code (Zip+4) in the trading partner address field, will be used to identify a unique trading partner.
Physical Address:	The street address of the physical location of your business entity. It will represent where materials may be received regarding "this" trading partner agreement if using a delivery service other than the U.S. Postal Service.
City:	The city of the physical address of your business entity.
State:	The 2-character standard state abbreviation of the state of the physical address of your business entity.
Postal Code:	The 9-position zip code of the physical address of your business entity. This field, along with the Trading Partner FEIN, will be used to uniquely identify a trading partner.
Mailing Address:	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 "this" trading partner agreement. If this address is the same as the physical address, indicate "Same as above".
Claims Administrator Type:	Indicate any functions that describe the claims administrator. If "other", please specify.

PART B. TRADING PARTNER CONTACT INFORMATION:

This section provides the ability to identify individuals within your business entity who can be used as contacts. 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. He/she 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 individual may be a telecommunications specialist, computer operator, etc.

The WCIS REPORTS CONTACT is the individual that should be sent WCIS reports regarding compliance with DWC and WCIS reporting statutes and regulations.

BUSINESS/TECHNICAL/ REPORTS CONTACT: Name	The name of the contact.
BUSINESS/TECHNICAL/ REPORTS CONTACT: Title	The title of the contact or the role that contact performs.
BUSINESS/TECHNICAL/ REPORTS CONTACT: Phone	The telephone number at which that contact can be reached.
BUSINESS/TECHNICAL/ REPORTS CONTACT: FAX	If FAX facilities are available, the telephone number of the FAX machine to use for the contact.
BUSINESS/TECHNICAL/ CONTACT: E-mail	If the contact can be reached via electronic mail, an e-mail address that may be used to send messages to this contact should be provided in this section.

PART C. TRANSMISSION SPECIFICATIONS:

This section is used to communicate all allowable options for EDI transmissions between the trading partner and DWC.

PROFILE ID: A number assigned to uniquely identify a given profile.

PROFILE ID DESCRIPTION: A free-form field used to uniquely identify a given profile between 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.

VENDOR NAME: Enter the name of the EDI vendor or service provider, if applicable.

~~PART C1: TRANSACTION SETS FOR THIS PROFILE:~~

~~This section identifies all the transaction sets/report types described within the profile along with any options that DWC provides to the claims administrator for each transaction set.~~

~~TRANSACTION TYPE: Indicates the types of EDI transmissions accepted by DWC.~~

~~FILE FORMAT: DWC will specify below any FLAT FILE RELEASE #(s) and ANSI X12 VERSION #(s) which can be accepted for a given transaction set by DWC. The claim administrator should select ONE mode of transmission (flat file release # or ANSI X12 version #) from the alternatives specified. NOTE: WCIS will transmit acknowledgments using the acknowledgment format that corresponds to the format of the original transaction.~~

~~PRODUCTION RESPONSE PERIOD: DWC will indicate here the normal period of elapsed time within which a sending trading partner may expect to receive an acknowledgment for a given transaction type.~~

PART C1~~2~~: SFTP ACCOUNT INFORMATION:

USER NAME: The user name will be provided by the WCIS ~~contact person~~. A suffix, "@WCIS_FS", will be added at the end of the username for logging into the WCIS FROI/SROI host, e.g., "username@WCIS_FS". User names are not case-sensitive.

PASSWORD: The password will be provided by the WCIS ~~contact person~~.

SOURCE NETWORK IP ADDRESS: The public Internet Protocol (IP) address that will be connecting to the WCIS SFTP server through our firewall to establish the SFTP connections between the claims administrator and DWC. A maximum of five static IP addresses is allowed.

FILE NAMING CONVENTION: Each sender shall use a unique file naming convention for their incoming files based on the file name prefix and ~~a~~ unique identifiers, such as ~~date/time or date/sequence~~ sender FEIN, sender postal code, and date/time. See section I of this guide for more information.

PART D. RECEIVER INFORMATION (to be completed by DWC):

This section contains DWC's trading partner information.

Name: The business name of California Division of Workers' Compensation (DWC).

FEIN: The Federal Employer's Identification Number of DWC. This FEIN, combined with the 9-position zip code (Zip+4), uniquely identifies DWC as a trading partner.

Physical Address: The street address of DWC. The 9-position zip code of this street address, combined with the FEIN, uniquely identifies DWC as a trading partner.

Mailing Address: The address DWC uses to receive deliveries via the U.S. Postal Service.

Contact Information: This section identifies individuals at DWC who can be contacted with issues pertaining to this trading partner. The TECHNICAL CONTACT is the individual that should be contacted for issues regarding the actual transmission process. The BUSINESS CONTACT can address non-technical issues regarding the WCIS.

RECEIVER'S NETWORK IP ADDRESS FOR CONNECTING VIA SFTP (SSH (Secure Shell) FILE TRANSFER PROTOCOL (SFTP):DWC will provide the appropriate network IP (Internet Protocol) address.

RECEIVER'S FLAT FILE RECORD DELIMITER: This character is to be used by claims administrators to indicate the end of each physical record when submitting flat file transactions formatted according to the IAIABC proprietary standards.

~~RECEIVER'S ANSI X12 TRANSMISSION SPECIFICATIONS:~~

~~SEGMENT TERMINATOR: The character to be used as a segment terminator is specified here.~~

~~DATA ELEMENT SEPARATOR: The character to be used as a data element separator is specified here.~~

~~SUB-ELEMENT SEPARATOR: The character to be used as a sub-element separator is specified here.~~

~~SENDER/RECEIVER QUALIFIER: This will be the claims administrator's 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.~~

~~SENDER/RECEIVER ID: If the claims administrator 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.~~

PART E. ELECTRONIC PARTNERING INSURER/CLAIM ADMINISTRATOR ID LIST

This ID List includes all insurers and claim administrators whose data will be reported under a given Sender ID. The ID List includes insurer and claim administrator names, FEINs, claim administrator postal codes and trading partner types. For each claim administrator, all physical adjusting locations must be listed separately. Anytime there is a change, Trading Partners must submit a revised ID List.

Section G: Test, Pilot, and Production Phases of EDI

~~**Test, Pilot, and Production Phases of EDI**~~

This section is a step-by-step guide to become a successful EDI Trading Partner in the California workers' compensation system. Attaining EDI capability can be viewed as a four step process: 1) begin with completing a Trading Partner Profile, 2) send a test transmission to make sure your system and the WCIS system can communicate with each other, 3) complete a Pilot phase, to check for complete, valid, and accurate data, and 4) attain and maintain full production capability. The steps outlined below are meant to help you through this process by providing you with information on what to expect in terms of electronic acknowledgments, what could go wrong along the way, and how to fix problems as they arise. ~~Your WCIS contact person~~ The WCIS EDI support team is available to work with you during this process to make sure that the transition to attaining Production status in California workers' compensation EDI is as successful as possible.

Step 1. Complete an EDI Trading Partner Profile

Completing a Trading Partner Profile form is the first step in reporting workers' compensation EDI data to WCIS. As stated in the WCIS regulations (Section 9702(j)), the form should be submitted to the Division at least 30 days before the Trading Partner sends the first test transmission of EDI data (see Step 2). See Section F of this guide for details on who should complete a Trading Partner Profile form.

~~1~~A. Get a copy of the Trading Partner Profile form

Form DWC WCIS TP01 (Revised November 15, 2011) entitled *Electronic Data Interchange Trading Partner Profile,* is available from the following sources:

- Section F–Trading Partner Profile.
- California Division of Workers' Compensation web site at http://www.dir.ca.gov/dwc/WCISenews/TradingPartnerProfile.pdf
- ~~Call or e-mail your WCIS liaison~~ E-mail the WCIS EDI support team--see Section B–Where to Get Help.

~~When contacting us, please provide your name, company, and the e-mail or mailing address you would like the form sent to, and we will mail you a copy.~~

~~2~~B. Complete the form

The form contains instructions about how to complete it. If you need additional help completing the form, contact the WCIS EDI support team ~~your WCIS liaison~~. The Trading Partner Profile form asks you to provide the following information:

- Your business name, FEIN, 9-digit physical postal code, address, and type of business (insurer, employer, TPA, etc.)
- Name, phone, fax, and e-mail of business contact person
- Name, phone, fax, and e-mail of technical contact person
- Transmission mode
- ~~Transmission specifications for each transaction type (flat file or ANSI X12)~~
- ~~Transmission schedule (how often, what days)~~

Complete a list of all company names, FEINs and nine-digit postal codes of adjusting locations (DN14) for claim administrators whose data will be reported under the Sender ID of the Trading Partner profile (see Section F, Part E for more information). The WCIS uses the claim administrator FEIN to process individual transactions. Since transactions for unknown claim administrators will be rejected by WCIS, it is imperative that this information be provided along with the Trading Partner Profile form.

~~3~~C. Return the completed forms to the Division

E-mail the Trading Partner Profile form and, if applicable, the sender ID list of claim administrator names, FEINs and postal codes reported under that Profile to the WCIS EDI support team ~~attention of your WCIS contact person or to~~ at wcis_support@dir.ca.gov. If you are using an EDI vendor, the vendor must be copied on the e-mail. A vendor may also submit a profile form for a claims administrator but the claims administrator must be copied on the e-mail.

4D. Wait for approval of your Trading Partner Profile

- The WCIS EDI support team ~~Your WCIS contact person~~ will review your Trading Partner Profile and Sender ID list for completeness and accuracy. If there are any questions, you will be notified.
- Upon approval of your application, you will be notified and provided a user log in for the WCIS SFTP server. You are now ready to move into the Test phase and may begin sending test files (see Step 2) to assess the capability of your system to send transmissions to WCIS. See section I of the guide for more information on SFTP transmission.

Step 2. Complete the Test Phase

Purpose

The purpose of the Test phase is to make sure that your transmissions meet certain technical specifications. WCIS needs to be able to recognize and process your transmissions, and your system needs to be able to recognize and process transmissions from WCIS. The following are checked during the test:

- the **transmission mode** 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)~~ 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)

Order of Testing

The Test (Step 2) and Pilot (Step 3), phases are done separately for each transaction type supported by WCIS:

- First Report of Injury (FROI)
- Subsequent Report of Injury (SROI)

You should be in Production with First Reports before testing and piloting Subsequent Reports. This is because the WCIS system will not be able to recognize your Subsequent Report transmissions unless it has already ~~received~~ accepted the corresponding First Report.

Test Criteria

In order for your system and the WCIS system to communicate successfully, the following conditions must be met:

- No errors in header or trailer records
- Correct ~~ANSI~~ batch structure ~~(if using ANSI)~~
- TP can receive electronic acknowledgment (AK1~~/824~~) reports

Test Procedure

Trading Partners should follow the steps given in "Data Transmission with File Transfer Protocol" in Section I –The SFTP (SSH (Secure Shell) File Transfer Protocol) Transmission Mode~~s~~ – before sending a test file.

1. Prepare a test file

Trading Partners send data to WCIS in **batches**. A batch consists of 3 parts:

- a header record which identifies the sender, receiver, test/production status, time and date sent, etc.
- one or more transactions (First Reports or Subsequent Reports)
- a trailer record which identifies the number of transactions in the batch

We suggest that the test file consist of one batch of 5 production-quality reports of unique claims, real or simulated. Each test file must have the Test/Production indicator (DN104) located in the file name and the Header record set to "T". See section I of the guide for information on the file naming conventions.

For First Reports: Submit Original first reports (Maintenance Type Code "00")

For Subsequent Reports: Submit Initial Payment reports (MTC "~~I~~PQT")

Note: If you would like to send additional MTCs while testing, please let ~~your WCIS contact person~~ the WCIS EDI support team know so that the WCIS system can be set up to receive them. ~~Annual Reports (MTC "AN"), are a type of subsequent report and need not be tested. If a Trading Partner successfully tests SROIs with MTC "IP," then it automatically passes the Test phase for SROIs with MTC "AN."~~

2. Send the test file

Send the test file to WCIS and notify the WCIS EDI support team ~~your trading partner contact~~. The test data you send~~, if successful,~~ will be ~~posted~~ processed in ~~to our~~ the WCIS test database. They will not be ~~posted to~~processed in the WCIS production database. This means that any live California claims sent as test data will have to be re-sent to WCIS as production data, after passing the test stage, in order to be posted to the WCIS production database.

3. Wait for electronic acknowledgment from WCIS

Trading Partners must be able to receive and process an electronic acknowledgment--AK1 (flat file) ~~or 824 (ANSI)~~--from WCIS. When a test file has been processed, an electronic acknowledgment will be transmitted to the Trading Partner. The ~~acknowledgment will report whether the transmission was successful, and, if not successful, any errors that occurred,~~file will be validated against batch structure edits as outlined in the following tables.

Note that if the test file is missing the header, or if the sender ID in the header is not recognized by WCIS, no acknowledgment will be sent.

~~Also, the acknowledgment sent during the test phase will be header-level only; it will not contain information about the individual claims that you sent.~~

~~Structural~~ Batch Structure Edits

Error Code, if applicable	***Message***	***Edit***	***Result***
		Absence of HD1 (Header record)	Transmission rejected; no ACK sent
042	Not Statutorily Valid	Absence of TR1 (Trailer record)	ACK rejecting transmission
002	Not Statutorily Valid	Transaction Set ID at record level invalid	ACK rejecting transmission
~~997 Error Codes~~		~~ANSI structure validation~~ • ~~Segment Count does not match~~ • ~~Transaction Set Trailer Missing~~ • ~~Transaction Set not Supported~~ • ~~Transaction Set Control # in Header/Trailer don't match~~ • ~~Missing or Invalid Transaction Set ID~~ • ~~Missing or Invalid Transaction Set Control #~~	~~997 functional acknowledgment~~
042	Not Statutorily Valid	Header record must be 87 bytes long	ACK rejecting transmission
042	Not Statutorily Valid	FROI X148 record must be 913 ~~-~~bytes long	ACK rejecting transmission

042	Not Statutorily Valid	SROI A49 record must not be less than 208 bytes long	ACK rejecting transmission
042	Not Statutorily Valid	Trailer record must be 12 bytes long	ACK rejecting transmission

Batch Data Edits

Error Code	Message	Data Elements to Validate	Result
001	Trading Partner Table Mandatory field not present	• Sender ID • Receiver ID • Date Transmission Sent • Time Transmission Sent • Test/Production Indicator • Interchange Version ID	Transmission rejected; no ACK sent (Sender ID) ACK rejecting transmission (remaining elements)
028	Must be Numeric (0-9)	• Detail Record Count	ACK rejecting transmission
029	Must be a valid Date (CCYYMMDD)	• Date Transmission Sent	ACK rejecting transmission
031	Must be a valid Time (HHMMSS)	• Time Transmission Sent	ACK rejecting transmission
039	No match on database	• Sender Id	Transmission rejected; no ACK sent
041	Must be <= Current Date	• Date Transmission Sent	ACK rejecting transmission
056	Detail Record count not equal to the number of records received	• Detail Record Count	ACK rejecting transmission
057	Duplicate Transmission	• Transaction Set ID	ACK rejecting transmission
058	Code/ID Invalid	○ Test/Production Indicator • Interchange Version ID ○ Receiver ID	ACK rejecting transmission
058	Code/ID Invalid	○ Release Number = 1	ACK rejecting transmission
042	Not Statutorily Valid	○ For all flat file data fields, only the following ASCII characters are allowed: A...Z a...z 0...9 , < . > / ? ; : ' " [{] } \ | ` ~ ! @ # $ % ^ & * ( ) - _ = +(space)	ACK rejecting transmission

SFTP Batch Transfer Edits

Error Code	DN	File Transfer Validation Edit	Error Text Explanation	Ack File Returned to TP
042	00	Every file must have a unique file name	Duplicate file name	Yes, if sender in filename is valid
042	00	File must not be empty	Empty file	Yes, if sender in filename is valid
042	00	File name must be correct length (49 characters for FROI/SROI files)	Incorrect file name length	Yes, if sender in filename is valid
042	00	Header (HD1) record is missing in file	File is missing header	Yes, if sender in filename is valid
042	00	Trailer (TR1) record is missing in file	File is missing trailer	Yes, if sender in filename is valid
042	00	File name must end in .txt	File name must end in .txt	Yes, if sender in filename is valid
042	00	File name must start with 148, A49 or AK1	File name must start with 148, A49, or AK1	Yes, if sender in filename is valid
NA	NA	5th through 13th characters in file name must be the Trading Partner's Sender FEIN		No, e-mail sent to WCIS contacts
NA	NA	15th through 23rd characters are the Trading Partner's 9 digit Sender zip code		No, e-mail sent to WCIS contacts
042	00	25th-32nd characters in file name must be the Date Stamp (CCYYMMDD)	Invalid Date Stamp (CCYYMMDD) in file name	Yes, if sender in filename is valid
042	00	34th-39th characters in file name must be Time Stamp (HHMMSS)	Invalid Time Stamp (HHMMSS) in file name	Yes, if sender in filename is valid
042	104	41st character in file name must be a valid Test/Production Indicator	Invalid Test/Production Indicator in file name	Yes, if sender in filename is valid

042	00	43rd-45th character in file name must be unique 3 digit counter (001-999)	Invalid 3 digit counter (001-999) in file name	Yes, if sender in filename is valid
042	098	Sender ID in header (HD1) record does not match Sender ID in file name	Sender ID in HD1 record <> Sender ID in file name	Yes, if sender in filename is valid
042	105	Interchange Version ID in header (HD1) must be valid	Invalid Interchange Version ID in Header	Yes, if sender in filename is valid

A batch rejection acknowledgment will be returned if one of more the batch structure or SFTP batch transfer edits is not met. Batch rejection acknowledgments will be at the batch level and contain only one acknowledgment record with the Acknowledgment Transaction Set ID, HD1, and the Application Acknowledgment Code, TR.

If there are no batch structure or batch transfer errors, Trading Partners should receive a~~n~~ detailed electronic acknowledgment within 3 business days of sending the test transmission. If you do not receive an acknowledgment within 5 business days, contact the WCIS EDI support team ~~your WCIS contact person~~and provide the name of the FROI or SROI file(s) and the transmission date/time.

~~Trading Partners using ANSI X12 file format will receive a 997, or functional acknowledgment, in addition to the 824.~~

4. Process the acknowledgment and correct any errors

If you receive an acknowledgment error (Acknowledgment Transaction Set ID (DN110) = HD1 and Application Acknowledgment Code (DN111) = TR or “transaction rejected”), you will need to check the batch’s file format, and make corrections before re-transmitting the file to WCIS. The corrected batch will need to have a new file name when it is resent.

~~If the acknowledgment has a HD1 TA code (“transaction accepted”), skip to step 6.~~

If the test batch is not rejected, the test file will processed, a detailed acknowledgment file will be returned, and you can skip to step 6.

5. Retransmit corrected file to WCIS

Send the corrected test file to WCIS. If your test fails again, repeat steps (2) through (5) until your test file is accepted by WCIS (no TR code). You may send as many test files as you need to. Let the WCIS EDI support team~~your WCIS liaison~~ know if you have any questions or problems along the way.

6. Notify the ~~Division~~ the WCIS EDI support team~~WCIS Liason~~ when you are ready to move on to the Pilot Phase

When WCIS accepts your test transmission without technical errors, this means that your system and the WCIS system are able to successfully communicate with each other and your files are in a format readable by WCIS. The WCIS EDI support team ~~your WCIS liaison~~ will send confirmation that ~~know when~~ you have successfully transmitted a test file. ~~This person will verify the success of your test by accessing the WCIS system. If~~Once you have passed, your Trading Partner Profile on the WCIS system will be updated to prepare WCIS for your pilot data.

The WCIS EDI support team~~Your WCIS liaison~~ will notify you when the WCIS system is ready to accept your pilot data. You may then begin transmitting pilot data as described in Step 7~~3~~ below.

~~Step 3~~ 7. Complete the Pilot Phase

Overview

During the Pilot phase, the Trading Partner sends live California workers' compensation injury reports--First Reports of Injury and/or Subsequent Reports of Injury--to WCIS to be analyzed for data validity and completeness. The Test/Production Indicator (DN104) ~~should~~ must be set to "P" at this point.

Purpose

Testing for data quality during the Pilot and Production phases will help Trading Partners comply with Section 9702, Electronic Data Reporting of the WCIS Regulations (8 CCR §9702(a)):

"Each claims administrator shall, at a minimum, provide **complete**, **valid**, and **accurate data** for the data elements set forth in this section."

- **complete data** – In order to evaluate the effectiveness and efficiency of the California workers' compensation system (one of the purposes of WCIS set forth in the 1993 authorizing statute), claims administrators must submit all required data elements on workers' compensation claims for the required reporting periods. Completeness of FROI and SROI reporting by claim administrators will be validated against the aggregated counts submitted to the DWC Audit Unit's Annual Report of Inventory (ARI).

- **valid data** – Valid means that the data 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, e.g., date of injury cannot be September 31, 2005, a non-existent date. At a more subtle level, 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 in the *Data Dictionary* of the *IAIABC EDI Implementation Guide* (http://www.iaiabc.org) to be sure that your use of the data element matches that assigned by the IAIABC. If your meaning or use of a data element differs, you will need to make changes to conform to the IAIABC standards.**

- **accurate data** – Accurate means free from errors. There is little value in collecting and utilizing data unless there is assurance that the data are accurate. WCIS edits are based on the IAIABC Edit Matrix error messages in the February 15, 2002 revised edition of the *IAIABC EDI Implementation Guide*.

The Pilot phase is used to ensure that the above requirements are met before a Trading Partner is allowed to routinely submit electronic data to WCIS.

Data Quality Criteria

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

DWC suggests that you transmit **at least 30 live claims** to WCIS. These claims should meet or exceed the following two data quality criteria:

- No more than 5% of transmitted reports are rejected (Application Acknowledgment Code = TR or "transaction rejected"). This is the same as saying that at least 95% of transmitted reports are free of any errors in mandatory/fatal or conditional/fatal data elements, AND
- Of the reports accepted (Application Acknowledgment codes TA or "transaction accepted" and TE or "transaction accepted with error"), no more than 5% can be TE (Application Acknowledgment code = TE)." This is the same as saying that at least 95% of the accepted reports are free of any errors in mandatory/serious or conditional/serious data elements.

Note: Trading Partners whose claim volume is too low to reasonably send 30 claims may send fewer claims. The WCIS EDI support team~~Your WCIS liaisoncontact~~ will be able to advise you on how many claims to send.

First Reports: If data do not meet the above data quality criteria on the initial submission because of missing data, the Trading Partner has up to 60 days from the initial submission to fill in missing data in order to meet these criteria (see section

9702(b) of the WCIS regulations). Any corrections made will be reflected in the remainder of the pilot process.

The data reporting requirements for each data element are listed in Section K – Required Data Elements.

If the transaction acknowledgment has a TE or TR error, trading partners should confirm that valid data was sent for the DN that received the error and make any necessary corrections.

Transactions that are rejected (TR) must be corrected and resent with the original MTC code of the rejected transaction with the exception of rejections for duplicate FROI or SROI transactions or transactions that were inadvertently sent. Transactions that are accepted with error (TE) must be corrected and resent with the CO (Correction) MTC code.

If a TE or TR acknowledgment error was returned on valid data, please contact the WCIS support team and provide the claim administrator claim number, MTC code, and a screenshot of the data from the FROI or SROI data file.

Test/Production Indicator

The Test/Production indicator (DN104) located in the Header record is set to "P" during the Pilot stage. Data are posted to the California WCIS live database.

Maintenance Type Codes Piloted

The following are the maintenance type codes piloted in California at this time:

FROI	00	(Original)
SROI	~~IP~~QT	~~(Initial Payment)~~ (Quarterly)

During the Pilot process, Trading Partners may also need to submit reports with MTC CO (Correction) in order to correct data reported in error or to fill in missing data. Trading Partners may also submit reports with MTC 02 (Change) to update any previously reported data elements that were accepted without error.

After a report type has been successfully piloted, all other maintenance type codes for that report type become reportable. For example, once a Trading Partner has successfully piloted Original First Reports, the AU, 01, 04, 02, and CO maintenance type codes for first reports are reportable. Depending on overall Trading Partner performance, California may later choose to incorporate additional maintenance type codes into the piloting requirements.

Step 4. Production

Congratulations! You are now officially in Production for EDI reporting of workers' compensation claims data with the State of California Division of Workers' Compensation.

During Production, the following conditions apply:

Paper Reports

The EDI First Report fulfills the requirement to submit paper copies of the Employer's Report (Form 5020) to the California Department of Industrial Relations (DIR), pursuant to Labor Code §6409.1 and 8 C.C.R. §14001 ~~(see letter from DLSR in Section E- WCIS Regulations)~~. However, the submission of paper copies of the Doctor's First Report of Occupational Injury or Illness (Form 5021) to DIR is still required at this time (LC §6409 and 8 C.C.R. § 14001-14002).

In the future, submission of the ICD-9 or ICD-10 CM Diagnosis Code, on the first Medical Bill/Payment Report, may substitute for the requirement to submit the paper Doctor's First Report (Form 5021) to DIR.

Trading Partners in Production status for Subsequent reports satisfy the obligation to submit paper copies of benefit notices to the Administrative Director pursuant to Labor Code §138.4 (see §9702 (h)(1) of the WCIS regulations).

Data Completeness and Accuracy Quality Requirements

Data sent to WCIS 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% of all required FROI and SROI reports should be submitted on-time and accurately.

- Timeliness
    - FROI Reports:
        - ≥ 95% of FROI Original (MTC=00) transactions should be submitted and accepted (Application Acknowledgment codes TA or TE), within 10 business days of the Date Reported to Claim Administrator (DN 41).

- ≥ 95% of FROI Cancel (MTC=01) , Acquired (MTC=AU), and Denials (MTC=04) transactions should be submitted and accepted (Application Acknowledgment codes TA or TE), within 10 business days of the triggering event.
- ≥ 95% of FROI Change (MTC=02) transactions for incomplete data should be submitted and accepted within 60 calendar days of the transmission of the FROI Original (MTC=00) or FROI Acquired (MTC=AU) transactions.
- 95% of FROI Correction (MTC=CO) transactions should be submitted and accepted within 60 calendar days of the date of the original TE acknowledgment transmission.

  - SROIs Reports:

    - ≥ 95% of SROIs except Change(MTC=02) and Correction (MTC=CO) transactions should be submitted within 15 business days of the triggering event.
    - ≥ 95% Correction (MTC=CO) transactions should be submitted and accepted within 60 calendar days of the date of the original TE acknowledgment transmission.

- Accuracy
  - FROI and SROI Reports:
    - < than 5% of the accepted FROI and SROI (Application Acknowledgment codes TA and TE) should have an uncorrected TE (Application Acknowledgment code = TE)."

DWC anticipates that, in the future, its claims auditors will collect data from claims administrators. These data will be checked for data accuracy against EDI data that were already submitted to WCIS (see LC §129; 8 CCR §10105).

Data Quality Reports

WCIS automatically monitors the quality of data received from Trading Partners during the Pilot and Production phases. The system tracks all outstanding errors and produces automated data quality reports. The Division provides data quality reports to each Trading Partner.

Trading Partner Profile

Trading Partner Profiles and Claims Administrator ID Lists must be kept up-to-date. The WCIS EDI support team Division must be notified of any changes to the Trading

Partner Profile and Claims Administrator ID Lists, since these may affect whether WCIS recognizes your transmissions.

Section H: File Formats and Supported Transactions

Supported Transactions

The WCIS only accepts transactions in the IAIABC Release 1 flat file format. ~~Since the IAIABC no longer supports the Release 2 format, WCIS does not accept Release 2 transactions.~~

Understanding ~~ANSI and~~ Flat Files

The IAIABC has approved two file formats for the electronic submission of Release 1 transactions: ANSI X12 formats – based on the American National Standards Institute (ANSI) X12 EDI standard – and proprietary IAIABC "flat file" formats.

WCIS only accepts the FROI and SROI Flat File format.

First Reports (FROI)	~~ANSI X12 Release 1 (Version 3041)~~ IAIABC Flat File Release 1
Subsequent Reports(SROI)	~~ANSI X12 Release 1 (Version 3041)~~ IAIABC Flat File Release 1

~~ANSI X12 is the primary EDI standard for electronic commerce in a wide variety of applications. Data elements are strung together continuously, with special data element identifiers and separator characters delineating individual data elements and records. ANSI X12 is extremely flexible but also somewhat complex, so most X12 users purchase translation software that handles the X12 formatting. Because X12 protocols are used for many types of business communications, X12 translation software is commercially available. Some claim administrators may already be using X12 translation software for purchasing, financial transactions, or other business purposes.~~

The IAIABC's proprietary flat file formats were designed specifically for transferring workers' compensation data via EDI. Data elements are placed in assigned character positions within each record. Different records are presented on separate lines of the file. Flat files have the disadvantage of being inflexible and not easily modified. The Release 1 version of the flat files is fairly straightforward to implement without translation software.

Section I: The SFTP (SSH (Secure Shell) File Transfer Protocol) Transmission Mode~~s~~

SFTP (SSH (Secure Shell) File Transfer Protocol)

Trading partners will send all data files to a SFTP server hosted by the WCIS. An encrypted transmission tunnel is established during SFTP transfer to ensure data security. The trading partner ~~log in~~connection will be authenticated through username, password, SSH key exchange, and source IP address verification. Acknowledgments will be retrieved from the same server.

Data Transmission with SFTP (SSH (Secure Shell) File Transfer Protocol)

Certain processes and procedures must be coordinated to ensure the efficient transmission of data and acknowledgment files via SFTP.

Step 1. Trading Partner Profile

Complete the Trading Partner Profile form in section F – trading partner profile. The WCIS SFTP host address will be provided to trading partners by ~~their trading partner contact person~~ the WCIS EDI support team. After the Trading Partner Profile form is completed, follow the steps below.

Step 2. SFTP (SSH (Secure Shell) File Transfer Protocol) user account and password

The WCIS SFTP server requires a user account and password for access. The account and password will be provided by the WCIS. The suffix, "~~@"-~~WCIS_FS", must be added to the username, e.g., "username~~@~~-WCIS_FS". After establishing connectivity, the trading partner must change the password every 90 days. Password resets must be coordinated with the trading partner contact. User accounts will be locked out after three unsuccessful logon attempts. The SSH key exchange will be coordinated by ~~your~~ the WCIS ~~contact~~ ~~EDI~~ support team.

Step 3. WCIS SFTP (SSH (Secure Shell) File Transfer Protocol) communication port~~s~~

The WCIS SFTP server requires the communications port 22 to be opened for SFTP transmissions.

Step 4. Trading partner source IP address

Access to the WCIS SFTP server will be restricted to static source IP addresses that are entered on the trading partner profile form. Trading partners may provide up to five

source IP addresses. The source IP addresses must be public addresses. Although some network systems use private addresses for internal networks (e.g.; 10.0.0.0, 172.16.0.1 and 192.168.1.1), WCIS will require the public IP address that the private addresses translate to. Trading partners must notify ~~their trading partner contact~~ the WCIS EDI support team when a source IP address has changed.

Step 5. Testing SFTP connectivity

The WCIS EDI support team ~~WCIS trading partner contact~~ and the trading partner will coordinate testing SFTP connectivity. Trading partners will be asked to send a test file. The test file may contain data, but it will not be processed in the production database. A test acknowledgment file will be left in the trading partner's "AK1" folder. After testing is complete, the transmission of production files will be coordinated.

Sending data Through SFTP

Trading partners will send production data files to the WCIS SFTP server by placing them in a directory named "FS_Production". Trading partners will have read, write and delete permissions on their SFTP directories. Test files should be sent to the "FS_Test" folder. ~~The contents of the directory are not visible by the trading partner.~~ Files can~~not~~ be deleted by the trading partner after they have been uploaded if WCIS has not yet pulled the files from the server. Transmission errors will be generated by the trading partner's FTP program or process.

File names must be unique and follow file naming conventions prescribed below. An error will occur when a file with the same name as an existing file is uploaded to the WCIS SFTP server.

Receiving acknowledgment files through SFTP

WCIS will place ~~functional (997), for ANSI formatted data, and detailed~~ acknowledgment files (~~824 or AK1~~) on the WCIS SFTP server in the trading partners' AK1 folder. Acknowledgment files will follow the naming convention, AK1*.~~TXT~~ txt. The acknowledgment response period for production files is 3 business days. Trading partners may delete acknowledgment files after they have retrieved the files. WCIS will periodically review contents of the trading partner's directory and may delete unauthorized user folders and files older than 14 days old.

File naming conventions

File names must be unique and cannot contain spaces.

Naming convention:

Files must start with the three character file type, 148, A49, or AK1, followed by an underscore "_."

The 5th through 13th characters are the Trading Partner's Sender FEIN followed by an underscore "_."

The 15th through 23rd characters are the Trading Partner's 9 digit Sender zip code followed by an underscore "_".

The 25th through 32nd characters are the Date Stamp of the 148, A49, or AK1 file (8-digit date, CCYYMMDD) followed by an underscore "_."

The 34th through 39th characters are the Time Stamp of the 148, A49, or AK1 file (6-digit time, HHMMSS) followed by an underscore "_."

The 41st character is the test/ production indicator: a "T" for Test or a "P" for Production followed by an underscore "_."

The 43rd through 45th character are a unique 3 digit counter (001-999) for 148 and A49 files, and the 43rd through 51st characters are a unique 9 digit counter for AK1 files.

The 46th character is the file type indicator, "F" for FROI or "S" for "SROI".

All files will be named with a .txt extension. Files with any other file extensions will not be processed.

FROI 148 file name example:

148_123456789_946125698_20140113_135012_T_001.txt

SROI A49 file name example:

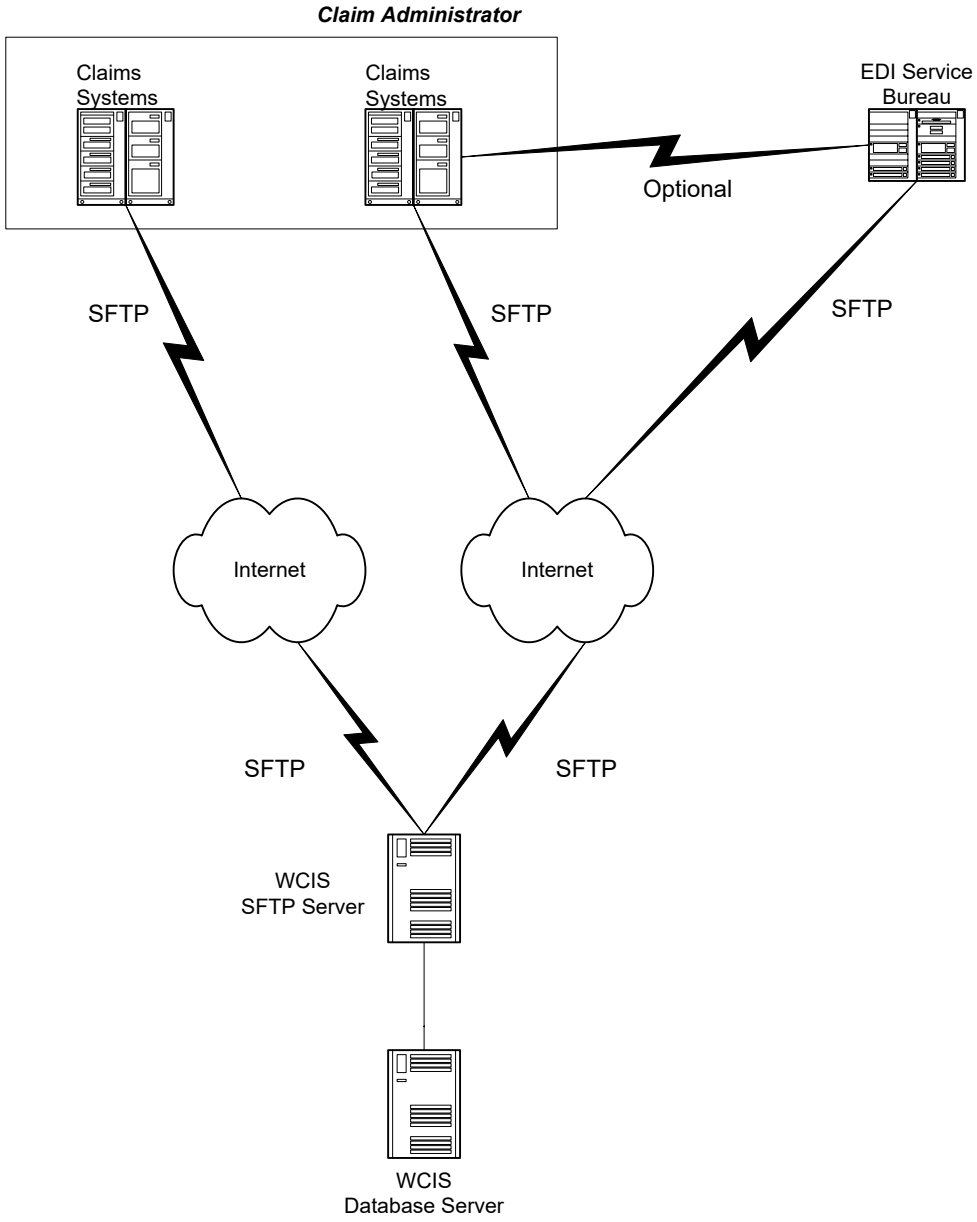
A49_123456789_946125698_20140113_135012_T_001.txt

FROI AK1 file name example:

AK1_123456789_946125698_20140113_135012_T_ 000602101.F.txt

An error will occur when a file is submitted with the same name of a file that already exists in the WCIS folder. **Rejected files that are resent must have a new unique file name.**

Transmission Pathways



Section J: Events that Trigger Required EDI Reports

Release 1

First Report of Injury

For claims with date of injury March 1, 2000 or later.

MTC†	Event	Time Report is Due
00	A new Employer's Report OR A new Doctor's First Report of Injury OR An Application for Adjudication OR Information that an injury requires medical treatment by a physician.	Within 10 business days (report all data known to the claims administrator)
01	A previously sent First Report was sent in error.	Within 10 business days of event
02	Previously sent First Report was incomplete.	Within 60 days of original first report submission
02	Data in previous First Report have changed.	By next date a submission is due for the claim
AU	Claim acquired from another claims administrator.	Within 10 business days of event
CO	Correction of previously reported data, in response to a TE (transaction accepted with error) acknowledgment.	Within 60 calendar days of original TE acknowledgment
04*	Denial of Claim and no benefits were paid.	Within 10 business days of event

†MTC is the Maintenance Type Code and is included in all EDI transactions to identify the type of transaction that is being reported. Definitions and technical specifications for each MTC can be found in the IAIABC EDI Implementation Guide at http://www.iaiabc.org.

*Claims identified as having no coverage upon knowledge of the claim need not be submitted to WCIS.

Release 1

Subsequent Report of Injury

For claims with date of injury July 1, 2000 or later.

MTC[†]	Event	Time Report is Due
IP	Initial payment of an indemnity benefit.	Within 15 business days of event
AP	First payment of benefits on a claim acquired from another claim administrator.	Within 15 business days of event
FS	Employer is paying the injured worker's salary.	Within 15 business days of event
CD	Injured worker died because of a covered injury.	Within 15 business days of event
04	Claim is denied and benefits were paid, including medical.	Within 15 business days of event
4P	A specific benefit has been denied.	Within 15 business days of event
02	A previous benefit report has changed or Employee representation has changed. (Do not include changes in weekly benefit rates/ benefit type).	By next date a submission is due for the claim
CA	The weekly benefit rate has changed.	Within 15 business days of event
CB	Current benefit type is ending and a new benefit type is beginning or a concurrent benefit type is beginning.	Within 15 business days of event
RE	The injured worker may return to work with reduced earnings.	Within 15 business days of event
P1/S1[*]	Employee returned to work, payments stopped.	Within 15 business days of event
P2/S2[*]	There is a medical noncompliance, payments stopped.	Within 15 business days of event
P3/S3[*]	There is an administrative noncompliance, payments stopped.	Within 15 business days of event
P4/S4[*]	Employee died, payments stopped.	Within 15 business days of event
P5/S5[*]	Employee is incarcerated, payments stopped.	Within 15 business days of event
S6	Employee's whereabouts unknown, payments stopped.	Within 15 business days of event
P7/S7[*]	Benefits exhausted, payments stopped.	Within 15 business days of event
S8	Jurisdiction changed, payments stopped.	Within 15 business days of event
P9/S9[*]	A settlement is pending, payments stopped.	Within 15 business days of event
PJ/SJ[*]	An appeal or review is pending, payments stopped.	Within 15 business days of event
RB	Benefits are being reinstated after a suspension.	Within 15 business days of event
PY^	An advance or settlement has been paid.	Within 15 business days of event
CO	Correction of previously reported data, in response to a TE (transaction accepted with error).	Within 60 calendar days of original TE acknowledgment
FN#	Claim is closed.	Within 15 business days of event

[†]MTC is the Maintenance Type Code and is included in all EDI transactions to identify the type of transaction that is being reported. Definitions and technical specifications for each MTC can be found in the IAIABC EDI Implementation Guide at http://www.iaiabc.org.

[*]If one or more benefit payments continue after the suspension of a concurrent benefit payment, use the MTC P*x* indicate a partial suspension. If all benefit payments are being suspended, use the MTC S*x*.

For indemnity claims, WCIS will accept substitution of an FN (final) for a final AN (annual), provided that the claim is closed without further benefit activity.

^If the advance or settlement is the first indemnity payment, send the Payment (PY). The Payment Report (PY) can also be used to report an advance or settlement after the IP. Examples of an advance are a permanent disability advance or a temporary disability advance for a Qualified Medical Evaluation

~~**(QME) appointment. Advances should be reported using the appropriate Payment/Adjustment Codes (DN85). Examples of settlements are Compromise and Release (C&R), commutation and stipulated settlements. Settlements should be sent with the 5xx compromised Payment/Adjustment Codes (DN85). Please refer to Section M-System Specifications for more details.**~~

~~**Release 1**~~

~~**Annual Summary**~~

~~For claims with date of injury July 1, 2000 or later.~~

~~**MTC†**~~	~~**Event**~~	~~**Time Report is Due**~~
~~AN#~~	~~Cumulative totals of payments in any benefit category (including medical) through the previous calendar year that had a payment in the same year.~~ ~~The exception to this rule is for the claims where there is no further benefit activity after the final (FN) report has been accepted and the FN included all the medical indemnity and/or non-indemnity benefit data. If no payments were made in the previous calendar year, then an AN does not need to be filed for that year.~~	~~By January 31 for the preceding year (starting in 2001)~~

~~WCIS will only support the AN (annual) and the FN (final) periodic reports. Any other periodic reports will be rejected.~~

~~†MTC is the Maintenance Type Code. The MTC is included in all EDI transactions to identify the type of transaction that is being reported. Definitions and technical specifications for each MTC can be found in the IAIABC EDI Implementation Guide at http://www.iaiabc.org.~~

~~#For non-indemnity claims, WCIS will accept substitution of a final AN (annual) for a FN (final), provided that the AN reports the claim status (DN73) as closed.~~

Quarterly Summary Subsequent Reports of Injury (SROI):

For claims with date of injury July 1, 2000 or later.

Quarterly Summary Subsequent Reports of Injury (SROI): The Quarterly summary Subsequent Report of Injury must be submitted for every open claim until the claim is closed. The Quarterly summary must report the cumulative totals of any benefits paid as of the last day of the quarter.

SROI Reportable Events

MTC†	MTC Name	Event	Time Report is Due

QT	Quarterly	At end of the quarter, Cumulative totals of payments in any benefit category (including medical), as of the last day of the quarter must be reported on all open claims.	Must be accepted within 30 calendar days of the close of the quarter.
04	Denial	Claim is denied and benefits were paid, including medical.	Must be accepted within 30 calendar days of the close of the quarter.
02	Change	A previous benefit report has changed or Employee representation has changed.	By next date a submission is due for the claim
CO	Correction	Correction of previously reported data, in response to a TE (transaction accepted with error).	Within 60 calendar days of original TE acknowledgment

†MTC is the Maintenance Type Code. The MTC is included in all EDI transactions to identify the type of transaction that is being reported. Definitions and technical specifications for each MTC can be found in the IAIABC EDI Implementation Guide at http://www.iaiabc.org.

For closed claims with only one SROI submission, a SROI QT or SROI 04 must be submitted and accepted within 30 calendar days of the close of the quarter, as applicable, with the Claim Status Code (DN 73) = “closed” or “reopened/closed” (C or X).

For denied claims that are closed after benefits were paid, a SROI 04 must be submitted and accepted within 30 calendar days of the close of the quarter with the Claim Status Code (DN 73) = “closed” or “reopened/closed” (C or X).

For denied claims that are not closed after benefits were paid, report a SROI 04 with the Claims Status Code (DN 73) = “open” or “reopened” (O or R) must be submitted and accepted within 30 calendar days of the close of the quarter, followed by the QT reports as scheduled.

For claims without benefits payments or any additional SROI information, the QT with the Claim Type Code (DN 74) = N for “notification only”, must be submitted and accepted within 30 calendar days of the close of the quarter, until the claim is closed.

For re-opened claims, the QT or SROI 04 must be submitted and accepted within 30 calendar days of the close of the quarter. Re-opened claims must then continue reporting subsequent QT reports until the claim is closed.

Section K: Required Data Elements

This section indicates the data elements that are to be included in EDI transmission of First Reports of Injury and Subsequent Reports of Injury. Specific requirements depend upon the type of transaction reported (original report, change, correction, etc.) The transaction type is identified by the Maintenance Type Code, or MTC. Definitions and technical specifications for each MTC and data element can be found in the IAIABC EDI Implementation Guide at http://www.iaiabc.org.

To fully understand the reporting requirements for each data element, please see **both** the data requirement tables and the associated conditional rules and implementation notes. The Conditional Rules and Implementation Notes tables provide specific details on when conditional requirements for each data element apply, as well as California implementation notes.

Code		Description
M/F	Mandatory/ Fatal	Reporting is Mandatory. Validity errors are Fatal and will result in rejection of the faulty record (Application Acknowledgment Code (DN 111) = TR).
M/S	Mandatory/ Serious	Reporting is Mandatory. Validity errors are Serious: WCIS will accept the faulty record but will produce a serious error message (Application Acknowledgment Code (DN 111) = TE).
M/M	Mandatory/ Minor	Reporting is Mandatory. Validity errors are regarded as Minor. No error message will be returned. Errors will be tracked internally and may be summarized periodically for each claims administrator.
C/F	Conditional/ Fatal	Reporting is Conditional. Validity errors are Fatal when reporting conditions are present and will result in rejection of the faulty record.
C/S	Conditional/ Serious	Reporting is Conditional. Validity errors are Serious when the reporting conditions are present. WCIS will accept the faulty record, but will produce a serious error message (Application Acknowledgment Code (DN 111) = TE).
C/M	Conditional/ Minor	Reporting is Conditional. Validity errors are regarded as Minor, often because WCIS cannot detect the conditions under which these elements should be reported. No error message will be produced.
O	Optional	Reporting is Optional. No error messages will be produced.

Note: Error severity levels may evolve over time. Ample notification will be provided of any planned changes

Data Requirements for First Reports of Injury							
			Maintenance Type Codes				
			Original	Acquired / Unallocated	Cancel	Denial	Change, Correction
DN#	**Release 1 Data Element Name**		**00**	**AU**	**01**	**04***	**02, CO**
	Transaction						
1	**Transaction Set ID**		M/F	M/F	M/F	M/F	M/F
2	**Maintenance Type Code**		M/F	M/F	M/F	M/F	M/F
3	**Maintenance Type Code Date**		M/F	M/F	M/F	M/F	M/F
	Jurisdiction						
4	**Jurisdiction**		M/F	M/F	M/F	M/F	M/F
	Insurer						
6	**Insurer FEIN**		M/F	M/F	M/F	M/F	M/F
7	**Insurer Name**		M/F	M/F	O	M/F	M/S
	Claim Administrator						
8	**Claim Administrator FEIN**		M/F	M/F	M/F	M/F	M/F
9	**Claim Administrator Name**		M/S	M/S	O	M/S	M/S
10	**Claim Administrator Address Line 1**		M/M	M/M	O	M/M	M/M
11	**Claim Administrator Address Line 2**		C/M	C/M	O	C/M	C/M
12	**Claim Administrator City**		M/M	M/M	O	M/M	M/M
13	**Claim Administrator State**		M/M	M/M	O	M/M	M/M
14	**Claim Administrator Postal Code****		M/F	M/F	O	M/F	M/F
	Employer						
16	**Employer FEIN**		M/S	M/S	O	M/S	M/S
18	**Employer Name**		M/S	M/S	O	M/F	M/S
19	**Employer Address Line 1**		M/M	M/M	O	M/M	M/M
20	**Employer Address Line 2**		C/M	C/M	O	C/M	C/M

NOTES:

* Denial 04: If a claim is denied and no benefit was paid, then FROI MTC 04 Denial must be sent.

**** DN14 is the 9-digit Postal Code of the physical location of the Claims Administrator handling this claim.

Data Requirements for First Reports of Injury							
			Maintenance Type Codes				
			Original	Acquired / Unallocated	Cancel	Denial	Change, Correction
DN#	**Release 1 Data Element Name**		**00**	**AU**	**01**	**04***	**02, CO**
	Employer, continued						
21	**Employer City**		M/M	M/M	O	M/M	M/M
22	**Employer State**		M/M	M/M	O	M/M	M/M
23	**Employer Postal Code**		M/S	M/S	O	M/S	M/S
24	**Self-Insured Indicator**		M/F	M/S	O	M/F	M/S
25	**Industry Code**		M/S	M/S	O	M/S	M/S
	Accident						
31	**Date of Injury**		M/F	C/F	O	M/F	M/F
32	**Time of Injury**		C/S	O	O	C/S	C/S
33	**Postal Code of Injury Site**		M/S	M/S	O	M/S	M/S
35	**Nature of Injury Code**		M/S	M/S	O	M/S	M/S
36	**Part of Body Injured Code**		M/S	M/S	O	M/S	M/S
37	**Cause of Injury Code**		M/S	M/S	O	M/S	M/S
38	**Accident Description/Cause**		M/M	M/M	O	M/M	M/M
39	**Initial Treatment**		O	O	O	O	O
40	**Date Reported to Employer**		M/S	M/S	O	M/M	M/S
41	**Date Reported to Claim Administrator**		M/S	M/S	O	M/S	M/S
	Claim						
5	**Agency Claim Number*****		***	C/M	M/F	C/M	M/F
15	**Claim Administrator Claim Number**		M/F	M/F	M/F	M/F	M/F
26	**Insured Report Number**		O	O	O	O	O
28	**Policy Number**		C/S	O	O	O	C/S
29	**Policy Effective Date**		C/S	O	O	O	C/S
30	**Policy Expiration Date**		C/S	O	O	O	C/S
	Employee						
42	**Social Security Number**		M/S	M/S	O	M/S	M/S
43	**Employee Last Name**		M/F	C/F	O	M/F	M/F
44	**Employee First Name**		M/F	C/F	O	M/F	M/F
45	**Employee Middle Initial**		C/M	C/M	O	C/M	C/M
46	**Employee Address Line 1**		M/M	M/M	O	M/M	M/M
47	**Employee Address Line 2**		C/M	C/M	O	C/M	C/M

	Data Requirements for First Reports of Injury						
			Maintenance Type Codes				
			Original	Acquired / Unallocated	Cancel	Denial	Change, Correction
DN#	**Release 1 Data Element Name**		**00**	**AU**	**01**	**04***	**02, CO**
	Employee, continued						
48	**Employee City**		M/M	M/M	O	M/M	M/M
49	**Employee State**		M/M	M/M	O	M/M	M/M
50	**Employee Postal Code**		M/M	M/M	O	M/M	M/M
51	**Employee Phone**		C/M	C/M	O	C/M	C/M
52	**Employee Date of Birth**		M/F	C/F	O	M/F	M/F
53	**Gender Code**		M/S	M/S	O	M/S	M/S
54	**Marital Status Code**		C/S	C/S	O	C/S	C/S
55	**Number of Dependents**		C/S	C/S	O	C/S	C/S
56	**Date Disability Began**		C/M	C/M	O	C/M	C/M
57	**Employee Date of Death**		C/M	C/M	O	C/M	C/M
68	**Date of Return to Work**		C/M	C/M	O	C/M	C/M
	Employment						
58	**Employment Status Code**		M/M	M/M	O	M/M	M/M
59	**Class Code****		C/S	C/S	O	O	C/S
60	**Occupation Description**		M/S	M/S	O	M/S	M/S
61	**Date of Hire**		M/M	M/M	O	M/M	M/M
62	**Wage**		C/M	C/M	O	C/M	C/M
63	**Wage Period**		C/S	C/S	O	C/S	C/S
65	**Date Last Day Worked**		C/M	C/M	O	C/M	C/M
67	**Salary Continued Indicator**		M/M	M/M	O	M/M	M/M

NOTES:

* Denial 04: If a claim is denied and no benefit was paid, then FROI MTC 04 Denial must be sent.

** DN14 is the 9 digit Postal Code of the physical location of the Claims Administrator handling this claim.

*** DN5 (Agency Claim Number/Jurisdiction Claim Number) must be blank on the 00 FROI.

**** DN59 (Class Code) is the California-specific class code from the Workers' Compensation Insurance Rating Bureau (WCIRB) of California. The National Council on Compensation Insurance (NCCI) class codes are not accepted.

FROI Conditional Rules and Implementation Notes		
DN#	**Release 1 Data Element Name**	**Notes or explanation of Conditional Requirements (C/F or C/S)**
	Transaction	
1	**Transaction Set ID**	
2	**Maintenance Type Code**	
3	**Maintenance Type Code Date**	
	Jurisdiction	
4	**Jurisdiction Code**	CALIFORNIA EDIT: Must be "CA".
	Insurer	
6	**Insurer FEIN**	If self-insured, provide Employer FEIN in this field.
7	**Insurer Name**	If self-insured, provide Employer Name in this field.
	Claim Administrator	
8	**Claim Administrator FEIN**	If self-administered, then provide Insurer FEIN as Claim Administrator FEIN
9	**Claim Administrator Name**	If self-administered, then provide Insurer Name as Claim Administrator Name
10	**Claim Administrator Address Line 1**	
11	**Claim Administrator Address Line 2**	
12	**Claim Administrator City**	
13	**Claim Administrator State**	
14	**Claim Administrator Postal Code**	Must be a valid Postal code.
	Employer	
16	**Employer FEIN**	If employer has no FEIN or refuses to provide, send "000000006 ". Employer FEIN cannot equal Insurer FEIN unless self-insured.
18	**Employer Name**	
19	**Employer Address Line 1**	
20	**Employer Address Line 2**	
21	**Employer City**	
22	**Employer State**	
23	**Employer Postal Code**	Must be a valid Postal code.
24	**Self-Insured Indicator**	
25	**Industry Code**	See Section N for reporting guidelines on industry code.
	Accident	
31	**Date of Injury**	If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
32	**Time of Injury**	For MTCs 00, 04, CO, and 02, if Date of Injury (DN31) >= Date of FROI/SROI Guide version 3.1 Implementation, and Nature of Injury Code (DN 35) is not between 60 and 80, and the claim is not previously acquired**,** then Mandatory.
33	**Postal Code of Injury Site**	Must be a valid Postal code.
35	**Nature of Injury Code**	
36	**Part of Body Injured Code**	
37	**Cause of Injury Code**	
38	**Accident Description/Cause**	
39	**Initial Treatment**	
40	**Date Reported to Employer**	
41	**Date Reported to Claim Administrator**	Must be a valid date.

FROI Conditional Rules and Implementation Notes		
DN#	**Release 1 Data Element Name**	**Notes or explanation of Conditional Requirements (C/F or C/S)**
	Claim	
5	**Jurisdiction Claim Number/ Agency Claim Number**	For MTC =AU or 04, send if available.
15	**Claim Administrator Claim Number**	
26	**Insured Report Number**	
28	**Policy Number**	If (MTC=00, 02, or CO) AND Self Insured Indicator (DN24)=N, then Mandatory.
29	**Policy Effective Date**	If (MTC=00, 02, or CO) AND Self Insured Indicator (DN24)=N, then Mandatory.
30	**Policy Expiration Date**	If (MTC=00, 02, or CO) AND Self Insured Indicator (DN24)=N, then Mandatory.
	Employee	
42	**Social Security Number**	If employee has no SSN or refuses to provide, send "000000006".
43	**Employee Last Name**	If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
44	**Employee First Name**	If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
45	**Employee Middle Initial**	
46	**Employee Address Line 1**	
47	**Employee Address Line 2**	
48	**Employee City**	
49	**Employee State**	
50	**Employee Postal Code**	Must be a valid postal code.
51	**Employee Phone**	
52	**Employee Date of Birth**	If MTC=AU, AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
53	**Gender Code**	
54	**Marital Status Code**	If Date of Death provided, then Mandatory.
55	**Number of Dependents**	If Date of Death provided, then Mandatory.
56	**Date Disability Began**	
57	**Employee Date of Death**	Mandatory if injured worker died.
68	**Date of Return to Work**	

DN#	Release 1 Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
	Employment	
58	**Employment Status Code**	
59	**Class Code**	For self-insureds (DN24=Y), send a valid WCIRB class code or send no code at all. For all others, a valid WCIRB class code must be sent.
60	**Occupation Description**	
61	**Date of Hire**	
62	**Wage**	Required only when provided to the claims administrator.
63	**Wage Period**	Required only when provided to the claims administrator. If Wage (DN62) provided, then Mandatory.
65	**Date Last Day Worked**	
67	**Salary Continued Indicator**	

		Maintenance Type Code																
		Initial Payment	Acquired Payment	Full Salary	Compensable Death	Partial Denial	Denial	Change in Amount	Change in Benefit	Reduced Earnings	Partial Suspensions	Suspensions	Reinstatement of Benefits	Change, Correction	Payment	Final	Annual	Upon Request
DN #	Release 1 Data Element Name	IP	AP	FS	CD	4P	04*	CA	CB	RE	P1-9, PJ	S1-9, SJ	RB	02, CO	PY	FN	AN	UR
	Transaction																	
1	Transaction Set ID	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
2	Maintenance Type Code	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
3	Maintenance Type Code Date	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Jurisdiction																	
4	Jurisdiction	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Insurer																	
6	Insurer FEIN	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F

	Claim Administrator																	
8	**Claim Administrator FEIN**	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F
14	**Claim Administrator Postal Code****	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Accident																	
31	**Date of Injury**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Claim																	
5	**Agency Claim Number**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
15	**Claim Administrator Claim Number**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
26	**Insured Report Number**	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
73	**Claim Status**	O	O	O	O	M/S	M/S	O	O	O	O	O	O	M/S	M/S	M/F	M/F	M/S
74	**Claim Type**	M/F	M/F	M/F	O	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	O	M/F	M/F	M/F	M/F
76	**Date of Representation**	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M

Data Requirements for Subsequent Reports of Injury

			Maintenance Type Code																
			Initial Payment	Acquired Payment	Full Salary	Compen-sable Death	Partial Denial	Denial	Change in Amount	Change in Benefit	Reduced Earnings	Partial Suspen-sions	Suspen-sions	Reinstate-ment of Benefits	Change, Correction	Payment	Final	Annual	Upon Request
DN #	Release 1 Data Element Name		IP	AP	FS	CD	4P	04*	CA	CB	RE	P1-9, PJ	S1-9, SJ	RB	02, CO	PY	FN	AN	UR
	Employee																		
42	Social Security Number		O	O	O	O	O	O	O	O	O	O	O	O	C/M	O	O	O	O
55	Number of Dependents		O	O	O	C/S	O	O	O	O	O	O	O	O	C/S	O	O	O	O
56	Date Disability Began***		C/S	C/M	C/S	O	O	O	O	C/S	O	O	O	C/S	C/S	O	O	O	C/S
57	Employee Date of Death		C/S	C/S	C/S	M/S	C/S	C/S	C/S	C/S	C/S	C/S	C/S	C/S	C/M	C/S	C/S	C/S	C/S
70	Date of Maximum Medical Improvement		O	O	O	O	O	O	O	O	O	O	O	O	O	O	C/F	O	C/F
71	Return to Work Qualifier		C/M	C/M	C/M	O	O	O	C/M	C/M	M/S	C/S	C/S	O	C/M	O	O	O	C/M
72	Date of Return/Release to Work		C/M	C/M	C/M	O	O	O	C/M	C/M	M/S	C/S	C/S	O	C/M	O	O	O	C/M
	Employment																		
62	Wage		M/S	M/S	O	O	O	O	M/S	M/S	O	O	O	O	M/S	O	O	O	M/S
63	Wage Period		M/S	M/S	O	O	O	O	M/S	M/S	O	O	O	O	M/S	O	O	O	M/S
67	Salary Continued Indicator		O	O	M/M	O	O	O	O	O	O	O	O	O	M/M	O	O	O	O
	Payments																		
77	Late Reason Code		C/M	C/M	C/M	O	O	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	O	C/M

(March 27, 2018) (Date to be inserted)

Data Requirements for Subsequent Reports of Injury

			Maintenance Type Code																
			Initial Payment	Acquired Payment	Full Salary	Compen-sable Death	Partial Denial	Denial	Change in Amount	Change in Benefit	Reduced Earnings	Partial Suspen-sions	Suspen-sions	Reinstate-ment of Benefits	Change - Correction	Payment	Final	Annual	Upon Request
DN #	Release 1 Data Element Name		IP	AP	FS	CD	4P	04*	CA	CB	RE	P1-9, PJ	S1-9, SJ	RB	02, CO	PY	FN	AN	UR
	Benefit Payments																		
85	Payment/Adjustment Code		M/F	M/F	M/F	C/F	C/F	C/F	M/F	M/F	M/F	M/F	M/F	M/F	C/F	M/F	C/F	C/F	C/F
86	Payment/Adjustment Paid to Date		M/F	M/F	M/F	C/F	C/F	C/F	M/F	M/F	M/F	M/F	M/F	M/F	C/F	M/F	C/F	C/F	C/F
87	Payment/Adjustment Weekly Amount		M/F	M/F	M/F	O	C/F	O	M/F	M/F	M/F	M/F	M/F	M/F	C/F	O	C/F	C/F	C/F
88	Payment/Adjustment Start Date		M/F	M/F	M/F	C/F	C/F	C/F	M/F	M/F	M/F	M/F	M/F	M/F	C/F	C/F	C/F	C/F	C/F
89	Payment/Adjustment End Date		M/F	M/F	M/F	C/F	C/F	C/F	M/F	M/F	M/F	M/F	M/F	M/F	C/F	C/F	C/F	C/F	C/F
90	Payment/Adjustment Weeks Paid		M/F	M/F	M/F	O	C/F	O	M/F	M/F	M/F	M/F	M/F	M/F	C/F	O	C/F	C/F	C/F
91	Payment/Adjustment Days Paid		M/F	M/F	M/F	O	C/F	O	M/F	M/F	M/F	M/F	M/F	M/F	C/F	O	C/F	C/F	C/F
																			-
	Benefit Adjustments																		
92	Benefit Adjustment Code		O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
93	Benefit Adjustment Weekly Amount		O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
94	Benefit Adjustment Start Date		O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
																			-
	Paid to Date																		
95	Paid to Date/Reduced Earnings/Recoveries Code		C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	O	C/S	C/S	C/M
96	Paid to Date/Reduced Earnings/Recoveries Amount		C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	O	C/S	C/S	C/M

NOTES:

* SROI 04 Denial: If a claim is denied and benefits were paid, then SROI MTC 04 Denial must be sent.

** DN14 is the 9 digit Postal Code of the physical location of the Claims Administrator handling this claim.

Data Requirements for Subsequent Reports of Injury

DN#	Release 1 Data Element Name	QT Quarterly	04* Denial	02, CO Change, Correction
1	Transaction Set ID	M/F	M/F	M/F
2	Maintenance Type Code	M/F	M/F	M/F
3	Maintenance Type Code Date	M/F	M/F	M/F
4	Jurisdiction	M/F	M/F	M/F
6	Insurer FEIN	M/F	M/F	M/F
8	Claim Administrator FEIN	C/F	C/F	C/F
14	Claim Administrator Postal Code**	M/F	M/F	M/F
31	Date of Injury	M/F	M/F	M/F
5	Agency Claim Number	M/F	M/F	M/F
15	Claim Administrator Claim Number	M/F	M/F	M/F
26	Insured Report Number	O	O	O
73	Claim Status	M/F	M/S	M/S
74	Claim Type	M/F	M/F	O
76	Date of Representation	C/M	C/M	C/M
42	Social Security Number	O	O	O
55	Number of Dependents	O	O	C/S
56	Date Disability Began***	C/S	O	C/S

57	**Employee Date of Death**	**C/S**	**C/S**	**C/S**
70	**Date of Maximum Medical Improvement**	**C/S**	**O**	**O**
71	**Return to Work Qualifier**	**C/S**	**O**	**C/S**
72	**Date of Return/Release to Work**	**C/S**	**O**	**C/S**
62	**Wage**	**M/S**	**O**	**M/S**
63	**Wage Period**	**M/S**	**O**	**M/S**
67	**Salary Continued Indicator**	**O**	**O**	**O**
77	**Late Reason Code**	**C/M**	**C/M**	**C/M**
78	**Number of Permanent Impairments**	**M/F**	**M/F**	**M/F**
79	**Number of Payments/Adjustments**	**M/F**	**M/F**	**M/F**
80	**Number of Benefit Adjustments**	**M/F**	**M/F**	**M/F**
81	**Number of Paid to Dates/Reduced Earnings/Recoveries**	**M/F**	**M/F**	**M/F**
82	**Number of Death Dependent/Payee Relationships**	**M/F**	**M/F**	**M/F**
83	**Permanent Impairment Body Part Code**	**C/F**	**O**	**O**
84	**Permanent Impairment Percentage**	**C/F**	**O**	**O**

* SROI 04 Denial: If a claim is denied and benefits were paid, then SROI MTC 04 Denial must be sent.

** DN14 is the 9 digit Postal Code of the physical location of the Claims Administrator handling this claim.

Data Requirements for Subsequent Reports of Injury (continued)

DN#	Release 1 Data Element Name	QT Quarterly	04* Denial	02, CO Change, Correction
85	Payment/Adjustment Code	C/F	C/F	C/F
86	Payment/Adjustment Paid to Date	C/F	C/F	C/F
87	Payment/Adjustment Weekly Amount	C/F	O	C/F
88	Payment/Adjustment Start Date	C/F	C/F	C/F
89	Payment/Adjustment End Date	C/F	C/F	C/F
90	Payment/Adjustment Weeks Paid	C/F	O	C/F
91	Payment/Adjustment Days Paid	C/F	O	C/F
92	Benefit Adjustment Code	O	O	O
93	Benefit Adjustment Weekly Amount	O	O	O
94	Benefit Adjustment Start Date	O	O	O
95	Paid to Date/Reduced Earnings/Recoveries Code	C/M	C/M	C/M
96	Paid to Date/Reduced Earnings/Recoveries Amount	C/M	C/M	C/M

* SROI 04 Denial: If a claim is denied and benefits were paid, then SROI MTC 04 Denial must be sent.

SROI Conditional Rules and Implementation Notes		
DN#	**Release 1 Data Element Name**	**Notes or explanation of Conditional Requirements (C/F or C/S)**
	Transaction	
1	**Transaction Set ID**	
2	**Maintenance Type Code**	~~If MTC = CB or RB, then must be preceded by at least one previous benefit event of any Payment/Adjustment Code.~~ ~~If MTC = FS, then must contain benefit record with Payment/Adjustment Code = 240 or 524~~. ~~If MTC = FN, then all previously reported benefit periods should be closed.~~ If MTC = IP, AP, FS, CD, 4P, CA, CB, RE, P1-9, PJ, S1-09, SJ, RB, VE, BM, BW, MN, ~~QT,~~ or SA, reported transaction will be rejected.
3	**Maintenance Type Code Date**	
	Jurisdiction	
4	**Jurisdiction**	
	Insurer	CALIFORNIA EDIT: Must be "CA".
6	**Insurer FEIN**	
	Claim Administrator	
8	**Claim Administrator FEIN**	If self-insured, provide Employer FEIN in this field.
14	**Claim Administrator Postal Code**	
	Accident	
31	**Date of Injury**	If self-administered, then provide Insurer FEIN as Claim Administrator FEIN.
	Claim	Must be a valid postal code.
5	**Jurisdiction Claim Number/Agency Claim Number**	
15	**Claim Administrator Claim Number**	
26	**Insured Report Number**	

73	**Claim Status**	
74	**Claim Type**	
76	**Date of Representation**	

SROI Conditional Rules and Implementation Notes

DN#	Release 1 Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
	Transaction	
1	**Transaction Set ID**	
2	**Maintenance Type Code**	If MTC = CB or RB, then must be preceded by at least one previous benefit event of any Payment/Adjustment Code. If MTC = FS, then must contain benefit record with Payment/Adjustment Code = 240 or 524. If MTC = FN, then all previously reported benefit periods should be closed. If MTC = VE, BM, BW, MN, QT, or SA reported transaction will be rejected.
3	**Maintenance Type Code Date**	
	Jurisdiction	
4	**Jurisdiction**	CALIFORNIA EDIT: Must be "CA".
	Insurer	
6	**Insurer FEIN**	If self-insured, provide Employer FEIN in this field.
	Claim Administrator	
8	**Claim Administrator FEIN**	If self-administered, then provide Insurer FEIN as Claim Administrator FEIN.
14	**Claim Administrator Postal Code**	Must be a valid postal code.
	Accident	
31	**Date of Injury**	
	Claim	
5	**Jurisdiction Claim Number/Agency Claim Number**	
15	**Claim Administrator Claim Number**	
26	**Insured Report Number**	
73	**Claim Status**	FATAL EDIT: If MTC = FN, then Claim Status must = C or X.
74	**Claim Type**	
76	**Date of Representation**	

SROI Conditional Rules and Implementation Notes		
DN#	**Release 1 Data Element Name**	**Notes or explanation of Conditional Requirements (C/F or C/S)**
	Employee	
42	**Social Security Number**	If employee has no SSN or refuses to provide, send "000000006"
55	**Number of Dependents**	If Date of Death provided, then Mandatory.
56	**Date Disability Began**	If reporting temporary disability benefits (DN85=050, 051, or 070), then Mandatory. If Nature of Injury Code (DN 35) is not between 60 and 80, then DOI (DN 31) ≤ DDB (DN 56) is Mandatory.
57	**Employee Date of Death**	If MTC transaction includes any Payment/Adjustment Code (DN85) = 010 or 510], then Mandatory. If Paid to Date/Reduced Earnings/Recoveries code (DN95) = 300 then Mandatory.
70	**Date of Maximum Medical Improvement**	If reporting permanent disability benefits (DN85=020, 021, 030, 040, or 090, DN31< 1/1/2013, and MMI date is known, then Mandatory. If reporting permanent disability benefits (DN85=020, 021, 030, 040, or 090), DN 86 on PD benefit>0, and DN31 > = 1/1/2013, then Mandatory.
71	**Return to Work Qualifier**	~~If MTC=S1 or MTC=P1 (returned to work), then Mandatory.~~
72	**Date of Return/Release to Work**	~~If MTC=S1 or MTC=P1 (returned to work), then Mandatory. Must be a valid date.~~
	Employment	
62	**Wage**	
63	**Wage Period**	
67	**Salary Continued Indicator**	

	Payments	
77	**Late Reason Code**	
	Variable Segment	
78	**Number of Permanent Impairments**	EDIT: Must be >0 if [MTC={~~IP, AP~~, ~~CB, PY,~~ ~~FN,~~ QT, SROI 02 or SROI CO} AND starting or updating PD benefits (i.e. DN86>0 AND DN85={020, 021, 030, 040 or 090 and DN 86 on PD benefit>0)} AND DN70 is present, error code = 62; required segment not present.
79	**Number of Payment Adjustments**	~~FATAL EDIT: If [MTC={IP, AP, FS~~ ~~, CA, CB, or RE, Px, Sx, or RB}] then DN79 must be >0;~~ SERIOUS EDIT: If [MTC=~~4P or (MTC=PY and DN81 = 0) or~~ (MTC={~~AN or FN~~ QT} and Claim Administrator previously reported events with DN86>0) then DN79 must be > 0; error code = 62; Required segment not present.

SROI Conditional Rules and Implementation Notes		
DN#	**Release 1 Data Element Name**	**Notes or explanation of Conditional Requirements (C/F or C/S)**
	Permanent Impairments	
83	**Permanent Impairment Body Part Code**	Use Codes 90 (Multiple Body Parts) or 99 (Whole Body) to reflect combined rating for all impairments. If [MTC={~~FN~~ QT ~~or UR~~} AND ~~starting, denying or updating~~ reporting PD benefits (i.e. DN86>0 AND DN85=020, 021, 030, 040, 090 or 520, 521, 530, 540, or 590})] then Mandatory.
84	**Permanent Impairment Percentage**	Report percent for DN83=90 (Multiple Body Parts) or 99 (Whole Body) to reflect combined rating for any/all impairments. If [MTC={~~FN~~ QT ~~or UR~~} AND reporting PD benefits (i.e. DN86>0 AND DN85=020, 021, 030, 040, 090 or 520, 521, 530, 540, or 590})] then Mandatory.
	Benefit Payments	
85	**Payment/Adjustment Code**	If DN86 is reported, DN85 must be a valid Payment/Adjustment code. If (MTC=~~AN or FN~~ QT and DN79 > 0), then Mandatory.
86	**Payment/Adjustment Paid to Date**	If DN85 is reported, DN86 must be >= 0.

SROI Conditional Rules and Implementation Notes		
DN#	**Release 1 Data Element Name**	**Notes or explanation of Conditional Requirements (C/F or C/S)**
	Benefit Payments	
87	**Payment/Adjustment Weekly Amount**	If [MTC={~~AN, FN,~~ QT~~, UR,~~ ~~4P,~~ SROI 02 or CO} AND DN85 = 010, 020, 030, 040, 050, 051, 070, 080, 090, 240, 410 AND DN86>0 }, then Mandatory
88	**Payment/Adjustment Start Date**	Note: If using DN85/DN86 to report a lump-sum payment or settlement, MTC, Start and End Date is the settlement date. If reporting a stipulated settlement, the payment/adjustment start and end date for the initial stipulated payment should cover the initial payment period. The last payment should cover the last payment period of the settlement. If {(MTC=SROI 02, 04~~, 4P, CD~~, CO, ~~PY, AN, FN,~~ QT~~, or UR~~) and (DN86 > 0) and DN31 >=6/18/2012} then Mandatory. If Nature of Injury Code (DN 35) is not between 60 and 80, then DOI (DN 31) ≤ Start Date (DN 88) is Mandatory.
89	**Payment/Adjustment End Date**	EDIT: Must be >= Ben. Period Start Date (DN88). Note: If using DN85/DN86 to report a lump-sum payment or settlement, MTC, Start and End Date is the settlement date. If reporting a stipulated settlement, the payment/adjustment start and end date for the initial stipulated payment should cover the initial payment period. The last payment should cover the last payment period of the settlement. If {(MTC=SROI 02, 04~~, 4P, CD,~~ CO~~, PY, AN, FN,~~ QT~~, or UR~~) and (DN86 > 0) and DN31 >=6/18/2012} then Mandatory.

		If Nature of Injury Code (DN 35) is not between 60 and 80, then DOI (DN 31) ≤ End Date (DN 89) is Mandatory.
90	**Payment/Adjustment Weeks Paid**	If [MTC={~~4P,~~ ~~AN, FN,~~ QT, ~~UR, 4P,~~ SROI 02 or CO} AND DN85 = 010, 020, 030, 040, 050, 051, 070, 080, 090, 240, 410 AND DN86>0}, then Mandatory
91	**Payment/Adjustment Days Paid**	If [MTC={4P, AN, FN, UR, 4P, SROI 02 or CO} AND DN85 = 010, 020, 030, 040, 050, 051, 070, 080, 090, 240, 410}, then Mandatory
	Benefit Adjustments	
92	**Benefit Adjustment Code**	FATAL EDIT: If DN93 is reported, DN92 must be a valid Benefit Adjustment code.
93	**Benefit Adjustment Weekly Amount**	FATAL EDIT: If DN92 is reported, DN93 must be >= 0.
94	**Benefit Adjustment Start Date**	
	Paid to Dates	
95	**Paid to Date/Reduced Earnings/Recoveries Code**	FATAL EDIT: If DN96 is reported, DN95 must be a valid Paid To Date code.
96	**Paid to Date/Reduced Earnings/Recoveries Amount**	FATAL EDIT: If DN95 is reported, DN96 must be >= 0.

Section L: California-Specific Data Edits Adopted IAIABC Data Element Lists

The California-adopted edits from the IAIABC's Release 1.0 EDI FROI SROI Implementation Guide are described below. See the *IAIABC EDI Implementation Guide,* available at http://www.iaiabc.org for information on standard IAIABC edits.

Current California-Specific Data Edits

Data sent to the WCIS are subject to California-specific edits, such as Jurisdiction Code (DN4) must be "CA". Additional edits are listed in the tables below.

All Transactions

DN	Data Element Name	CA-Specific Data Edit(s)
2	MAINTENANCE TYPE CODE	See "Transaction Sequence Requirement" tables in *Section M – System Specifications*
3	MAINTENANCE TYPE CODE DATE	Must be >= DATE OF INJURY (DN31) Must be <= CURRENT DATE
4	JURISDICTION CODE	Must = "CA"
6	INSURER FEIN	Must match insurer FEIN on INSURER/CLAIM ADMINISTRATOR ID list for Sender
8	CLAIM ADMNISTRATOR FEIN	Must match Claim Administrator FEIN on INSURER/CLAIM ADMINISTRATOR ID list for Sender
15	CLAIM ADMINISTRATOR CLAIM NUMBER	Must not contain special characters: "*", "~"

First Reports (FROIs)

DN	Data Element Name	CA-Specific Data Edit(s)
5	AGENCY CLAIM NUMBER/JURISDICTION CLAIM NUMBER	Must be NULL for MTC 00
10	CLAIM ADMINISTRATOR ADDRESS LINE 1	Must not consist **solely** any of the following non-case sensitive strings: "unk", "unknown", "dk", "don't know", "na", "n/a"
12	CLAIM ADMINISTRATOR CITY	Must not consist **solely** of any of the following non-case sensitive strings: "unk", "unknown", "dk", "don't know", "na", "n/a"
18	EMPLOYER NAME	Must not consist **solely** of any of the following non-case sensitive strings: "unk", "unknown", "dk", "don't know", "na", "n/a"

First Reports (cont.)

DN	DATA ELEMENT NAME	CA-Specific Data Edit(s)
19	EMPLOYER ADDRESS LINE 1	Must not consist **solely** of any of the following non-case sensitive strings: “unk”, “unknown”, “dk”, “don’t know”, “na”, “n/a”
21	EMPLOYER CITY	Must not consist **solely** of any of the following non-case sensitive strings: “unk”, “unknown”, “dk”, “don’t know”, “na”, “n/a”
25	INDUSTRY CODE	Must be a valid NAICS industry code for claims with a Date of Injury >= 3/27/2018. For claims with a Date of Injury < 3/27/18, must be a valid SIC or NAICS industry code.
31	DATE OF INJURY	Must be >= Date of Hire (DN61) (Disregard IAIABC edit: Must be <= Date of Hire)
42	SOCIAL SECURITY NUMBER	Must be 9 digits Must not equal “123456789” Must not be the same digits, e.g. 111111111, 222222222, etc. Must not equal “987654321”
43	EMPLOYEE LAST NAME	Must not consist solely of any of the following non-case sensitive strings: “unknown”, “don’t know”, “n/a”
44	EMPLOYEE FIRST NAME	Must not consist solely of any of the following non-case sensitive strings: “unknown”, “don’t know”, “n/a”
46	EMPLOYEE ADDRESS LINE 1	Must not consist solely of any of the following non-case sensitive strings: “unk”, “unknown”, “dk”, “don’t know”, “na”, “n/a”
48	EMPLOYEE CITY	Must not consist solely of any of the following non-case sensitive strings: “unk”, “unknown”, “dk”, “don’t know”, “na”, “n/a”
51	EMPLOYEE PHONE	All digits cannot be the same
56	DATE DISABILITY BEGAN	Must be >= DATE LAST DAY WORKED (DN65)
59	CLASS CODE	For self-insureds: if a class code is sent, it must be a valid WCIRB class code. For all others: must be a valid WCIRB class code.
65	DATE LAST DAY WORKED	Must be <= DATE DISABILITY BEGAN (DN56)

Subsequent Reports (SROIs)

DN	Data Element Name	CA-Specific Data Edit(s)
~~73~~	~~CLAIM STATUS~~	~~Must be = C or X on FN~~
85	PAYMENT/ADJUSTMENT CODE	Benefit Codes 021, 040, 051, 080, 410, 521, 541, 540, 551 and 580 should not be sent on most recent claims. *
86	PAYMENT/ADJUSTMENT PAID TO DATE	Must be >= $0; Cannot be NULL
88	PAYMENT/ADJUSTMENT START DATE	Must be a valid date format
89	PAYMENT/ADJUSTMENT END DATE	Must be a valid date format
93	BENEFIT ADJUSTMENT WEEKLY AMOUNT	Must be >= $0; Cannot be NULL
94	BENEFIT/ADJUSTMENT START DATE	Must be a valid date format
96	PAID TO DATE/REDUCED EARNINGS/RECOVERIES ~~CODE~~ AMOUNT	Must be >= $0; Cannot be NULL

*See Section N-Code Lists for more information

California-adopted IAIABC Data Elements

FROI Data Elements, Sorted by Data Element Number (DN)

	DN	Release 1 - FROI - 148 DATA ELEMENT NAME	CATEGORY: FROI Data Requirements Table
CA	0001	Transaction Set ID	Transaction
CA	0002	Maintenance Type Code	Transaction
CA	0003	Maintenance Type Code Date	Transaction
CA	0004	Jurisdiction Code	Jurisdiction
CA	0005	Agency Claim Number/Jurisdiction Claim Number	Claim
CA	0006	Insurer FEIN	Insurer
CA	0007	Insurer Name	Insurer
CA	0008	Claim Administrator FEIN	Claim Administrator
CA	0009	Claim Administrator Name	Claim Administrator
CA	0010	Claim Administrator Address Line 1	Claim Administrator
CA	0011	Claim Administrator Address Line 2	Claim Administrator
CA	0012	Claim Administrator City	Claim Administrator
CA	0013	Claim Administrator State Code	Claim Administrator
CA	0014	Claim Administrator Postal Code	Claim Administrator
CA	0015	Claim Administrator Claim Number	Claim

CA	0016	Employer FEIN	Employer
	0017	Insured Name	
CA	0018	Employer Name	Employer
CA	0019	Employer Address Line 1	Employer
CA	0020	Employer Address Line 2	Employer
CA	0021	Employer City	Employer
CA	0022	Employer State Code	Employer
CA	0023	Employer Postal Code	Employer
CA	0024	Self-Insured Indicator	Employer
CA	0025	Industry Code	Employer
CA	0026	Insured Report Number	Claim
	0027	Insured Location Number	
CA	0028	Policy Number	Claim
CA	0029	Policy Effective Date	Claim
CA	0030	Policy Expiration Date	Claim
CA	0031	Date of Injury	Accident
CA	0032	Time of Injury	Accident
CA	0033	Postal Code of Injury Site	Accident
	0034	Employer's Premises Indicator	
CA	0035	Nature of Injury Code	Accident
CA	0036	Part of Body Injured Code	Accident
CA	0037	Cause of Injury Code	Accident
CA	0038	Accident Description/Cause	Accident
CA	0039	Initial Treatment Code	Accident
CA	0040	Date Reported to Employer	Accident
CA	0041	Date Reported to Claim Administrator	Accident
CA	0042	Social Security Number	Employee
CA	0043	Employee Last Name	Employee
CA	0044	Employee First Name	Employee
CA	0045	Employee Middle Name/Initial	Employee
CA	0046	Employee Address Line 1	Employee
CA	0047	Employee Address Line 2	Employee
CA	0048	Employee City	Employee
CA	0049	Employee State Code	Employee

CA	0050	Employee Postal Code	Employee
CA	0051	Employee Phone Number	Employee
CA	0052	Employee Date of Birth	Employee
CA	0053	Gender Code	Employee
CA	0054	Marital Status Code	Employee
CA	0055	Number of Dependents	Employee
CA	0056	Date Disability Began	Employee
CA	0057	Employee Date of Death	Employee
CA	0058	Employment Status Code	Employment
CA	0059	Class Code	Employment
CA	0060	Occupation Description	Employment
CA	0061	Date of Hire	Employment
CA	0062	Wage	Employment
CA	0063	Wage Period Code	Employment
	0064	Number of Days Worked	
CA	0065	Date Last Day Worked	Employment
	0066	Full Wages Paid for Date of Injury Indicator	
CA	0067	Salary Continued Indicator	Employment
CA	0068	Date of Return to Work	Employee

FROI Data Elements, Sorted Alphabetically

	DN	Release 1 - FROI - 148 DATA ELEMENT NAME	CATEGORY: FROI Data Requirements Table
CA	0038	Accident Description/Cause	Accident
CA	0005	Agency Claim Number/Jurisdiction Claim Number	Claim
CA	0037	Cause of Injury Code	Accident
CA	0010	Claim Administrator Address Line 1	Claim Administrator
CA	0011	Claim Administrator Address Line 2	Claim Administrator
CA	0012	Claim Administrator City	Claim Administrator
CA	0015	Claim Administrator Claim Number	Claim
CA	0008	Claim Administrator FEIN	Claim Administrator
CA	0009	Claim Administrator Name	Claim Administrator
CA	0014	Claim Administrator Postal Code	Claim Administrator
CA	0013	Claim Administrator State Code	Claim Administrator
CA	0059	Class Code	Employment
CA	0056	Date Disability Began	Employee
CA	0065	Date Last Day Worked	Employment
CA	0061	Date of Hire	Employment
CA	0031	Date of Injury	Accident
CA	0068	Date of Return to Work	Employee
CA	0041	Date Reported to Claim Administrator	Accident
CA	0040	Date Reported to Employer	Accident
CA	0046	Employee Address Line 1	Employee
CA	0047	Employee Address Line 2	Employee
CA	0048	Employee City	Employee
CA	0052	Employee Date of Birth	Employee
CA	0057	Employee Date of Death	Employee
CA	0044	Employee First Name	Employee
CA	0043	Employee Last Name	Employee
CA	0045	Employee Middle Name/Initial	Employee
CA	0051	Employee Phone Number	Employee
CA	0050	Employee Postal Code	Employee
CA	0049	Employee State Code	Employee
CA	0019	Employer Address Line 1	Employer
CA	0020	Employer Address Line 2	Employer
CA	0021	Employer City	Employer
CA	0016	Employer FEIN	Employer
CA	0018	Employer Name	Employer
CA	0023	Employer Postal Code	Employer
CA	0022	Employer State Code	Employer

	0034	Employer's Premises Indicator	

FROI Data Elements, Sorted Alphabetically, continued

	DN	DATA ELEMENT NAME	CATEGORY
CA	0058	Employment Status Code	Employment
	0066	Full Wages Paid for Date of Injury Indicator	
CA	0053	Gender Code	Employee
CA	0025	Industry Code	Employer
CA	0039	Initial Treatment Code	Accident
	0027	Insured Location Number	
	0017	Insured Name	
CA	0026	Insured Report Number	Claim
CA	0006	Insurer FEIN	Insurer
CA	0007	Insurer Name	Insurer
CA	0004	Jurisdiction Code	Jurisdiction
CA	0002	Maintenance Type Code	Transaction
CA	0003	Maintenance Type Code Date	Transaction
CA	0054	Marital Status Code	Employee
CA	0035	Nature of Injury Code	Accident
	0064	Number of Days Worked	
CA	0055	Number of Dependents	Employee
CA	0060	Occupation Description	Employment
CA	0036	Part of Body Injured Code	Accident
CA	0029	Policy Effective Date	Claim
CA	0030	Policy Expiration Date	Claim
CA	0028	Policy Number	Claim
CA	0033	Postal Code of Injury Site	Accident
CA	0067	Salary Continued Indicator	Employment
CA	0024	Self-Insured Indicator	Employer
CA	0042	Social Security Number	Employee
CA	0032	Time of Injury	Accident
CA	0001	Transaction Set ID	Transaction
CA	0062	Wage	Employment
CA	0063	Wage Period Code	Employment

SROI Data Elements, Sorted By Data Element Number (DN)

	DN	Release 1 - SROI - A49 DATA ELEMENT NAME	CATEGORY: SROI Data Requirements Table
CA	0001	Transaction Set ID	Transaction
CA	0002	Maintenance Type Code	Transaction
CA	0003	Maintenance Type Code Date	Transaction
CA	0004	Jurisdiction Code	Jurisdiction
CA	0005	Agency Claim Number/Jurisdiction Claim Number	Claim
CA	0006	Insurer FEIN	Insurer
CA	0008	Claim Administrator FEIN	Claim Administrator
CA	0014	Claim Administrator Postal Code	Claim Administrator
CA	0015	Claim Administrator Claim Number	Claim
CA	0026	Insured Report Number	Claim
CA	0031	Date of Injury	Accident
CA	0042	Social Security Number	Employee
CA	0055	Number of Dependents	Employee
CA	0056	Date Disability Began	Employee
CA	0057	Employee Date of Death	Employee
CA	0062	Wage	Employment
CA	0063	Wage Period Code	Employment
	0064	Number of Days Worked	
CA	0067	Salary Continued Indicator	Employment
	0069	Pre-Existing Disability Code	
CA	0070	Date of Maximum Medical Improvement	Employee
CA	0071	Return to Work Qualifier	Employee
CA	0072	Date of Return/Release to Work	Employee
CA	0073	Claim Status Code	Claim
CA	0074	Claim Type Code	Claim
	0075	Agreement to Compensate Code	
CA	0076	Date of Representation	Claim
CA	0077	Late Reason Code	Payments
CA	0078	Number of Permanent Impairments	Variable Segment
CA	0079	Number of Payments/Adjustments	Variable Segment
CA	0080	Number of Benefit Adjustments	Variable Segment
CA	0081	Number of Paid To Date/Reduced Earnings/Recoveries	Variable Segment
CA	0082	Number of Death Dependent/Payee Relationships	Variable Segment
CA	0083	Permanent Impairment Body Part Code	Permanent Impairments
CA	0084	Permanent Impairment Percentage	Permanent Impairments

CA	0085	Payment/Adjustment Code	Benefit Payments

SROI Data Elements, Sorted By Data Element Number (DN), continued

	DN	DATA ELEMENT NAME	CATEGORY
CA	0086	Payment/Adjustment Paid to Date	Benefit Payments
CA	0087	Payment/Adjustment Weekly Amount	Benefit Payments
CA	0088	Payment/Adjustment Start Date	Benefit Payments
CA	0089	Payment/Adjustment End Date	Benefit Payments
CA	0090	Payment/Adjustment Weeks Paid	Benefit Payments
CA	0091	Payment/Adjustment Days Paid	Benefit Payments
CA	0092	Benefit Adjustment Code	Benefit Adjustments
CA	0093	Benefit Adjustment Weekly Amount	Benefit Adjustments
CA	0094	Benefit Adjustment Start Date	Benefit Adjustments
CA	0095	Paid to Date/Reduced Earnings/Recoveries Code	Paid to Date
CA	0096	Paid to Date/Reduced Earnings/Recoveries Amount	Paid to Date
	0097	Dependent/Payee Relationship Code	

SROI Data Elements, Sorted Alphabetically

	DN	Release 1 - SROI - A49 DATA ELEMENT NAME	CATEGORY: SROI Data Requirements Table
CA	0005	Agency Claim Number/Jurisdiction Claim Number	Claim
	0075	Agreement to Compensate Code	
CA	0092	Benefit Adjustment Code	Benefit Adjustments
CA	0094	Benefit Adjustment Start Date	Benefit Adjustments
CA	0093	Benefit Adjustment Weekly Amount	Benefit Adjustments
CA	0015	Claim Administrator Claim Number	Claim
CA	0008	Claim Administrator FEIN	Claim Administrator
CA	0014	Claim Administrator Postal Code	Claim Administrator
CA	0073	Claim Status Code	Claim
CA	0074	Claim Type Code	Claim
CA	0056	Date Disability Began	Employee
CA	0031	Date of Injury	Accident
CA	0070	Date of Maximum Medical Improvement	Employee
CA	0076	Date of Representation	Claim
CA	0072	Date of Return/Release to Work	Employee
	0097	Dependent/Payee Relationship Code	
CA	0057	Employee Date of Death	Employee
CA	0026	Insured Report Number	Claim

CA	0006	Insurer FEIN	Insurer
CA	0004	Jurisdiction Code	Jurisdiction
CA	0077	Late Reason Code	Payments

SROI Data Elements, Sorted Alphabetically, continued

	DN	DATA ELEMENT NAME	CATEGORY
CA	0002	Maintenance Type Code	Transaction
CA	0003	Maintenance Type Code Date	Transaction
CA	0080	Number of Benefit Adjustments	Variable Segment
	0064	Number of Days Worked	
CA	0082	Number of Death Dependent/Payee Relationships	Variable Segment
CA	0055	Number of Dependents	Employee
CA	0081	Number of Paid To Date/Reduced Earnings/Recoveries	Variable Segment
CA	0079	Number of Payments/Adjustments	Variable Segment
CA	0078	Number of Permanent Impairments	Variable Segment
CA	0096	Paid to Date/Reduced Earnings/Recoveries Amount	Paid to Date
CA	0095	Paid to Date/Reduced Earnings/Recoveries Code	Paid to Date
CA	0085	Payment/Adjustment Code	Benefit Payments
CA	0091	Payment/Adjustment Days Paid	Benefit Payments
CA	0089	Payment/Adjustment End Date	Benefit Payments
CA	0086	Payment/Adjustment Paid to Date	Benefit Payments
CA	0088	Payment/Adjustment Start Date	Benefit Payments
CA	0087	Payment/Adjustment Weekly Amount	Benefit Payments
CA	0090	Payment/Adjustment Weeks Paid	Benefit Payments
CA	0083	Permanent Impairment Body Part Code	Permanent Impairments
CA	0084	Permanent Impairment Percentage	Permanent Impairments
	0069	Pre-Existing Disability Code	
CA	0071	Return to Work Qualifier	Employee
CA	0067	Salary Continued Indicator	Employment
CA	0042	Social Security Number	Employee
CA	0001	Transaction Set ID	Transaction
CA	0062	Wage	Employment
CA	0063	Wage Period Code	Employment

Section M: System Specifications

Agency Claim Number/Jurisdiction Claim Number (JCN)

The Agency Claim Number (DN5) is most often referred to as the Jurisdiction Claim Number (JCN). The JCN is created by WCIS to uniquely identify each claim. It is provided to the claims administrator on their acknowledgment of the First Report. The JCN is required on all FROI and SROI Transactions with the exception of the FROI 00, 04 and AU.

Changed or Corrected Data

The WCIS regulations require each claim administrator to submit to WCIS any changed or corrected data elements. Change Reports (MTC=02) are sent when either the data in a previously submitted report was incomplete, or when the claim administrator becomes aware that the value of a previously reported data element has changed, e.g., Employee Address. If the data in a previously submitted first report was incomplete, then a Change Report should be submitted within 60 calendar days of the original first report submission. If the data in a previously submitted first report has changed, then a Change Report should be submitted by the next date a submission is due on the claim. Correction Reports (MTC=CO) are sent in response to a TE (transaction accepted with error) acknowledgment from WCIS. Correction Reports are due within 60 calendar days of original TE acknowledgment. If a claim administrator needs to make changes to some data elements while making corrections to other elements for a given claim, the changes and corrections should be combined on a Correction Report.

When submitting a Change or Correction Report, the claim administrator should resubmit all known data elements, not just the data elements being changed or corrected. Data elements missing in a resubmission will not cause valid data already existing in the database to be overwritten; however the claim administrator will receive errors if the missing data elements are necessary for validation purposes. For example, if the Employee Date of Birth is absent on the Change or Correction Report, WCIS will not delete the Date of Birth stored in the WCIS database, but the claim administrator will receive an error for having a mandatory data element missing.

When submitting a Correction Report (MTC=CO), the MTC Date must be the date of the original transaction that is being corrected.

Transaction Processing and Sequencing

General Rules

The WCIS processes batches within a transmission in the order in which they are received. If submitting more than one transaction for a single claim in the same batch or transmission, it is important that WCIS receive the transactions in the proper sequence. Transactions should be submitted in logical business order or in the order they were entered into the claim administrator's system, according to the following general rules:

- The First Report for a claim must be submitted and ~~processed~~ accepted by WCIS before any Subsequent Reports are submitted for the claim. Subsequent Reports sent before the corresponding First Report has been ~~received~~accepted by WCIS will be rejected.

  First Report and Subsequent Report transactions must be submitted in separate batches by default. Combining First and Subsequent Reports in a batch is impossible because the two types of reports have different field layouts. If a First Report batch and Subsequent Report batch with the same claims are submitted to WCIS on the same day, the Subsequent Reports may be rejected. The WCIS will not automatically process the First Reports first. In order to avoid sequencing errors with First and Subsequent reports it is best to submit the reports on separate days.

  - Incoming transactions with Maintenance Type Code (MTC) dates, DN3, that are later than the current processing date (system date) will be rejected. For example, a transaction with an MTC date of 11-01-03 that is processed on 10-31-03 will be rejected. In addition, the MTC date must be between '1900' and the current date.

If the claim administrator is not sure of the business order, the following general sort orders are suggested:

- Primary sort order is MTC date. Multiple transactions for a claim should be sorted by MTC date so that WCIS processes the oldest MTC date first. This will help avoid unnecessary sequencing errors.
- Secondary sort order is MTC code. MTC codes should be sorted in business event order. See the next sections for further explanations specific to First Reports and Subsequent Reports.

First Reports

This section is intended to aid you in understanding the general sequence or order in which Maintenance Type Codes may be used to report claim events for First Reports. Maintenance Type Codes are used to define the specific purpose of a transaction. There are two types of First Report Maintenance Type Codes, initial First Reports, the very first report sent; and other First Reports, not the initial first report sent. Some Maintenance Type Codes belong in both groups; they can be the initial First Report sent or they can be sent after the initial First Report. Some Maintenance Type Codes can only be other First Reports and must be preceded by an initial First Report. First Report Maintenance Type Codes are grouped in the following tables to clarify their purpose and to demonstrate a logical order for their use. If transactions for a claim are not received in the proper sequence, whether they are submitted in one transmission or several, they will be rejected. If transactions are rejected due to processing/sequencing errors, then the claim administrator is responsible for resubmitting the transactions.

Initial First Reports: These Maintenance Type Codes are used to report new claims. One of these Maintenance Type Codes must be the initial First Report sent to WCIS.

MTC Code	MTC Name
00	Original
04	Denial
AU	Acquired/Unallocated*

*Any existing indemnity benefits will automatically be suspended when the FROI Acquired Unallocated (MTC=AU) is accepted.

Other First Reports: After the initial First Report has been filed, the following First Report Maintenance Type Codes can be submitted to reflect/report additional information about the claim not known at the time of original reporting.

MTC Code	MTC Name
01	Cancel
02	Change
04	Denial
CO	Correction

First Report Transaction Sequencing Requirements Summary

MTC	Description	Type	Sequence Requirements
00	Original	Initial	None
AU	Acquired/Unallocated	Initial	None
04	Denial	Initial/Other	None
01	Cancel	Other	Must follow initial First Report
CO	Correction	Other	Must follow initial First Report
02	Change	Other	Must follow initial First Report

Subsequent Reports

For Subsequent Reports, each Maintenance Type Code identifies a Benefit Event – an action occurring on one or more benefit types. Benefit Events are of three main types: (1) Open Benefits: the claim administrator is starting to pay ongoing benefits; (2) Close Benefits: the claim administrator is suspending ongoing benefit payments; (3) Update Benefit: the claim administrator is reporting a change to a benefit period that has already been reported to WCIS. In the tables below, Maintenance Type Codes are grouped by the Benefit Event Type or the action that is being performed on the benefit. The transaction sequencing rules in the next section are applied at the Benefit Event Type level and not the specific Maintenance Type Code.

Open Benefits: These Maintenance Type Codes are used to report the start of a benefit period.

MTC Code	MTC Name
IP	Initial Payment*
AP	Acquired Payment
FS	Full Salary
RB	Reinstatement of Benefits
CB	Change Benefit

* Only one IP transaction for the same claim will be allowed. Additional IPs will be rejected. New benefits can be added with CB, RB, and PY.

Close Benefits: These Maintenance Type Codes are used to report the ending of a benefit period.

MTC Code	MTC Name
PJ, P1-9	Partial Suspension
SJ, S1-9	Suspension
04	Denial
4P	Partial Denial*
CB	Change Benefit
CD	Compensatory Death**

* 4P is sent when a specific benefit is being denied. If a benefit that has not been paid is being denied, the benefit should not be reported on the 4P, due to limits in the IAIABC specifications.
** CD automatically closes all open indemnity benefits.

Update Benefits: These Maintenance Type Codes are used to report an update to a previously reported benefit period.

MTC Code	MTC Name
CA	Change in Benefit Amount
RE	Reduced Earnings
02	Change
CO	Correction

Other: These Maintenance Type codes don't fall into the above categories. They don't open, close, or update benefits in the same manner as other Maintenance Type Codes, because (1) the MTC reports single, lump sum payments (PY) rather than the payment of ongoing benefits, or (2) the MTC has specific jurisdictional uses (UR) or (3) the MTC reports the closing of a claim (FN).

MTC Code	MTC Name
PY	Payment Report
UR	Upon Request
FN*	Final Report

* For indemnity claims, must be preceded by a FROI AU, SROI IP or AP, CD, FS, or PY, as applicable.

Subsequent Reports

For Subsequent Reports, each Maintenance Type Code (MTC) identifies a reportable even. The SROI reportable events are the Quarterly (QT), the SROI Denial (04), the SROI Change (02) and the SROI Correction (CO). There are two types of Initial and Closing Subsequent Report MTCs and Update Subsequent Report MTCs.

Initial and Closing Subsequent Reports: These Maintenance Type Codes are used to report the first SROI. One of these Maintenance Type Codes must be the initial Subsequent Report sent to WCIS and they must follow an accepted FROI.

MTC Code	MTC Name
QT	Quarterly
04	Denial

Update Subsequent Reports: These Maintenance Type Codes are used to change, correct or update a previously reported and accepted Quarterly (QT) or SROI Denial (04). They must follow an accepted FROI and an accepted initial or closing subsequent benefit.

MTC Code	MTC Name
02	Change
CO	Correction
04	Denial

Reporting Advances and Settlements

~~A Payment Report (PY) should be sent to report an advance or settlement that is the first indemnity payment. The Payment Report (PY) can also be used to report an advance or settlement after the IP.~~

Advances should be reported using the appropriate Payment/Adjustment Codes (DN85). For example, a permanent disability advance would be reported using the payment/adjustment code 030 and a temporary disability advance for a Qualified Medical Evaluation (QME) appointment would be reported using the payment/adjustment code 050.

Some settlements, such as those found in a Compromise and Release (C&R) or a commutation, are paid as a one-time, lump sum amount; others, such as a stipulated settlement, allow for a future, ongoing payment stream. Settlements should be reported using the appropriate 5xx compromised Payment/Adjustment (DN85) codes and, if applicable, the appropriate Paid to Date (DN95) codes for each portion of the settlement. Compromised codes used for settlements in the WCIS are listed in Section N – Code Lists.

It is important to understand that the sum of the 5xx codes submitted for a particular settlement should equal the total settlement amount, less any advances already paid. For example, if a total, lump sum C&R settlement of $20,000 consisted of $15,000 for compromised permanent disability, $3,000 for compromised medical and $2,000 for attorney fees, then the settlement should be reported under Payment/Adjustment Code 530 (DN85), using benefit type codes:

- 530, with the amount $15,000
- 501, with the amount $3,000 and
- 500, with the amount $2,000.

Ideally, the attorney fees should also be reported under the Paid to Date Code (DN95) benefit type code 340, with the amount $2,000. If a C&R or a commutation settlement cannot be broken down by each portion of the settlement and assigned to compromised benefit codes, then the entire settlement amount of $20,000 should be reported under Payment/Adjustment Code DN85, benefit type code 500 – Unspecified. For settlements that are paid as a lump sum, the Payment/Adjustment Start and End Dates (DNs 88 and 89) should equal the settlement date.

For stipulated settlements that are ongoing, only the first and last payments need to be reported. On the initial stipulated settlement payment, the Payment/Adjustment Start Date and the End Date cover the payment period for the initial stipulated payment. On the last stipulated settlement payment, the Start and End Dates should cover the last payment period of the settlement.

Periodic Reports:

~~Periodic Reports are required for every claim with any benefit type including medical.~~ Periodic Reports ~~should not be used to report that a benefit period is opening, closing, or being updated. Rather, they~~ are sent at a specific time in the life of a claim to report the amount paid for all benefit types and other benefit types through that date.

A Quarterly (QT) summary Subsequent Report of Injury must be submitted for every open claim until the claim is closed. The Quarterly summary must report the cumulative totals of any benefits paid as of the last day of the quarter and all other required data elements.

MTC Code	MTC Name
~~AN*~~	~~Annual~~
QT	Quarterly

*For indemnity claims, must be preceded by a FROI AU, SROI IP or AP, CD, FS, or PY, as applicable.

~~For non-indemnity claims, i.e., claims without indemnity payments, a sufficient final report would be the Annual transaction (AN) with the Claim Status (DN73) set to "closed". A Final transaction (FN) need not be sent.~~

~~An Annual Summary of Benefits must be submitted for every claim with any benefit activity (including medical) during the preceding calendar year. The annual summary report is due by January 31 and must report the cumulative totals of any benefits paid as of December 31 of the preceding calendar year.~~

~~NOTE:~~

- ~~If submitting ANs in ANSI X12 format, be sure to include the proper ANSI frequency code. If you have any questions, contact your EDI liaison.~~
- ~~Annual transactions must contain at least one type of benefit payment.~~

Transaction Sequencing Requirements for First and Subsequent Reports

A general principle for WCIS is that we only want to collect data that we can interpret. To assure this, First and Subsequent Reports are automatically subjected to a set of sequencing rules and related business rules when processed by WCIS. The sequencing requirements for First and Subsequent Reports are given in the table below.

Sequencing Rules

~~Benefit-Level MTC~~	~~Benefit Event Type~~	~~Benefit Event Processing Rules to Be Applied~~
~~02, CO~~	~~Update~~	~~Allow All~~
~~AN, FN~~	~~Periodic~~	~~Allow all~~
~~UR, PY, CD*~~	~~Other~~	~~Allow All~~

~~* CD automatically closes all open indemnity benefits.~~

Report Transaction Sequencing Requirements Summary

Report Type	MTC	Description	Type	Sequence Requirements
FROI	00	Original	Initial	None
FROI	AU	Acquired/Unallocated	Initial	None
FROI	04	Denial	Initial/Other	None
FROI	01	Cancel	Other	Must follow initial First Report
FROI	CO	Correction	Other	Must follow initial First Report
FROI	02	Change	Other	Must follow initial First Report
SROI	QT	Denial	Initial or Closing/Update	Must follow initial First Report
SROI	04	Denial	Initial or Closing/Update	Must follow initial First Report
SROI	CO	Correction	Update	Must follow initial Subsequent Report
SROI	02	Change	Update	Must follow initial Subsequent Report

Related Business Rules

Rules Specific to Transaction-Level MTC

These rules are applied at the transaction level of the Maintenance Type Code. If any of these rules are not met, the transaction will be rejected.

Transaction MTC	Rule
~~CA, CB, RB, P*x,* and S*x*~~	~~Must be preceded by at least one previous benefit event of any Payment/Adjustment Code (DN85).~~
~~FS~~	~~Must contain a benefit record with Payment/Adjustment Code (DN85) = 240 or 524~~
~~AN and FN~~	~~For Indemnity claims, the AN and FN must be preceded by a IP, AP, CD, FS, or PY, as applicable.~~
~~SROI 02 and SROI CO~~	~~The Claim Status~~ Code~~(DN 73) or Date of Representation (DN 76) must be present when there are no benefits being reported.~~
Any SROI MTC not ~~supported in Benefit Event Type Rules table (including VE)~~ QT, 04, 02, or CO	Reject transaction.

Overall Transaction Structure Edits.

(1) No benefit blocks (or “other benefits”, credits, adjustments, or reduced earnings blocks) are expected for First Report of Injury Reports (transactions with Maintenance Type Codes 00, 01, 02, CO or AU). The transaction will be rejected if benefit blocks are reported on the First Report.

(2) Benefit blocks within a SROI transaction may not repeat the same benefit code. Transactions will be rejected if duplicate benefit codes are reported in the same transaction.

WCIS Matching Rules and Processes

How WCIS Matches Incoming Transactions to Existing Claim Records

FROI/SROI uses the following key data elements to match and search for duplicate claims within the WCIS database:

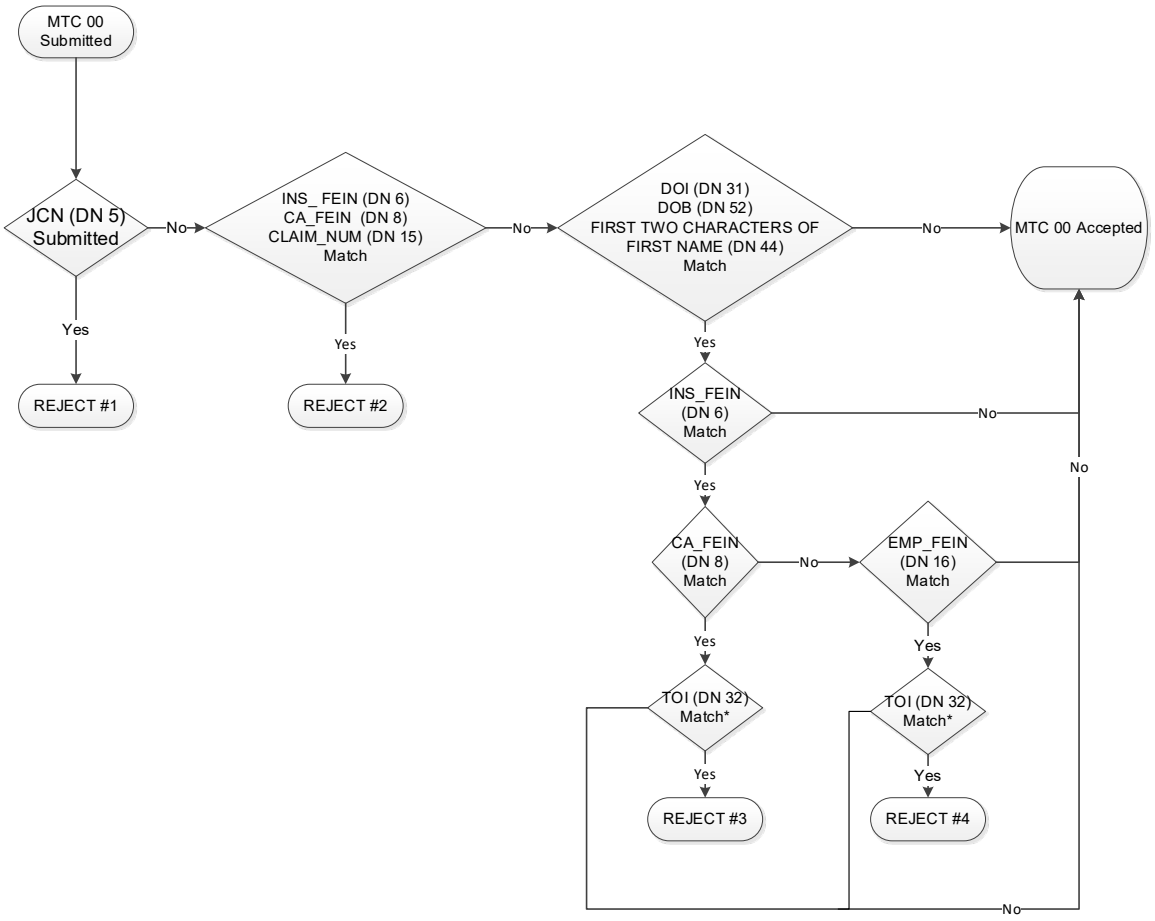
- Jurisdiction Claim Number (JCN) (DN 5)
- Insurer FEIN (INS_FEIN) (DN 6)
- Claim Administrator FEIN (CA_FEIN) (DN 8)

- Claim Administrator Claim Number (CLAIM_NUM) (DN 15)
- Date of Injury (DOI) (DN 31)
- Employee Date of Birth (DOB) (DN 52)
- First two characters of the Employee First Name (DN 44)
- Employer FEIN (EMP_FEIN) (DN 16)
- Time of Injury (TOI) (DN 32) For Dates of Injury after Implementation of FROI/SROI Release 1 Version 3.1, a Nature of Injury Code (DN 35) is not between 60 and 80, and the claim is not previously acquired.

These key matching data elements can only be updated with the FROI Change (02) or Correction (CO).

FROI Matching Process for Original '00' MTC

~~*TOI match and rejection only for claims with date of injury after implementation date for FROI/SROI Release 1 Version 3.1, a Nature of Injury Code (DN 35) is not between 60 and 80, and the claim is not previously acquired.~~



*TOI match and rejection only for claims with date of injury after implementation date for FROI/SROI Release 1 Version 3.1, a Nature of Injury Code (DN 35) is not between 60 and 80, and the claim is not previously acquired.

Reject Reasons:

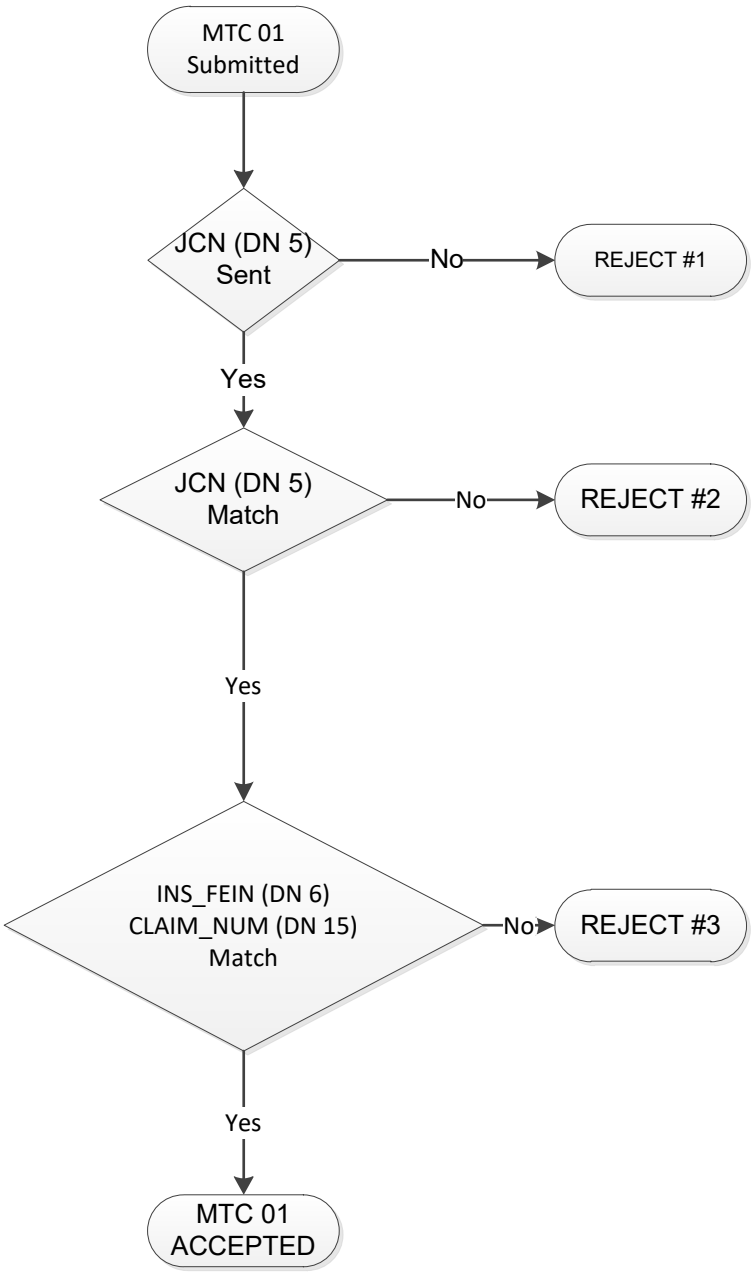
Reject #1 JCN not allowed on '00'. *Error Code 061 Event Criteria Not Met.*

Reject #2 Duplicate FROI found. *Error Code 048 Duplicate First Report (148).*

Reject #3 Duplicate injury or claim found. *Error Code 048 Duplicate First Report (148).*

Reject #4 Transaction must be submitted as an AU. *Error Code 048 Duplicate First Report (148).*

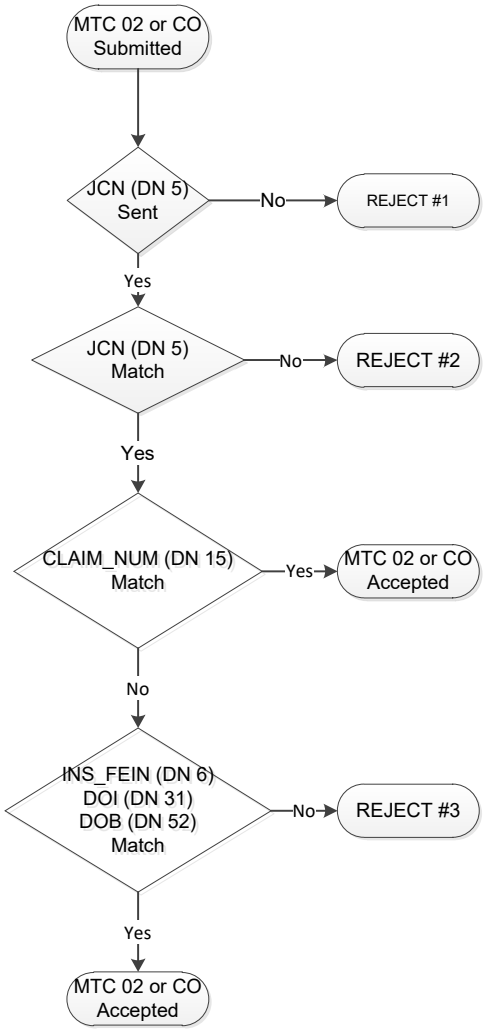
FROI Matching Process for Cancel '01' MTC



Reject Reasons:
Reject #1 JCN is mandatory. *Error Code 001 Mandatory Field Not Present.*
Reject #2 JCN must match existing JCN. *Error Code 039 No Match on Database.*
Reject #3 Claim information does not match a claim in the database. *Error Code 039 No Match on Database.*

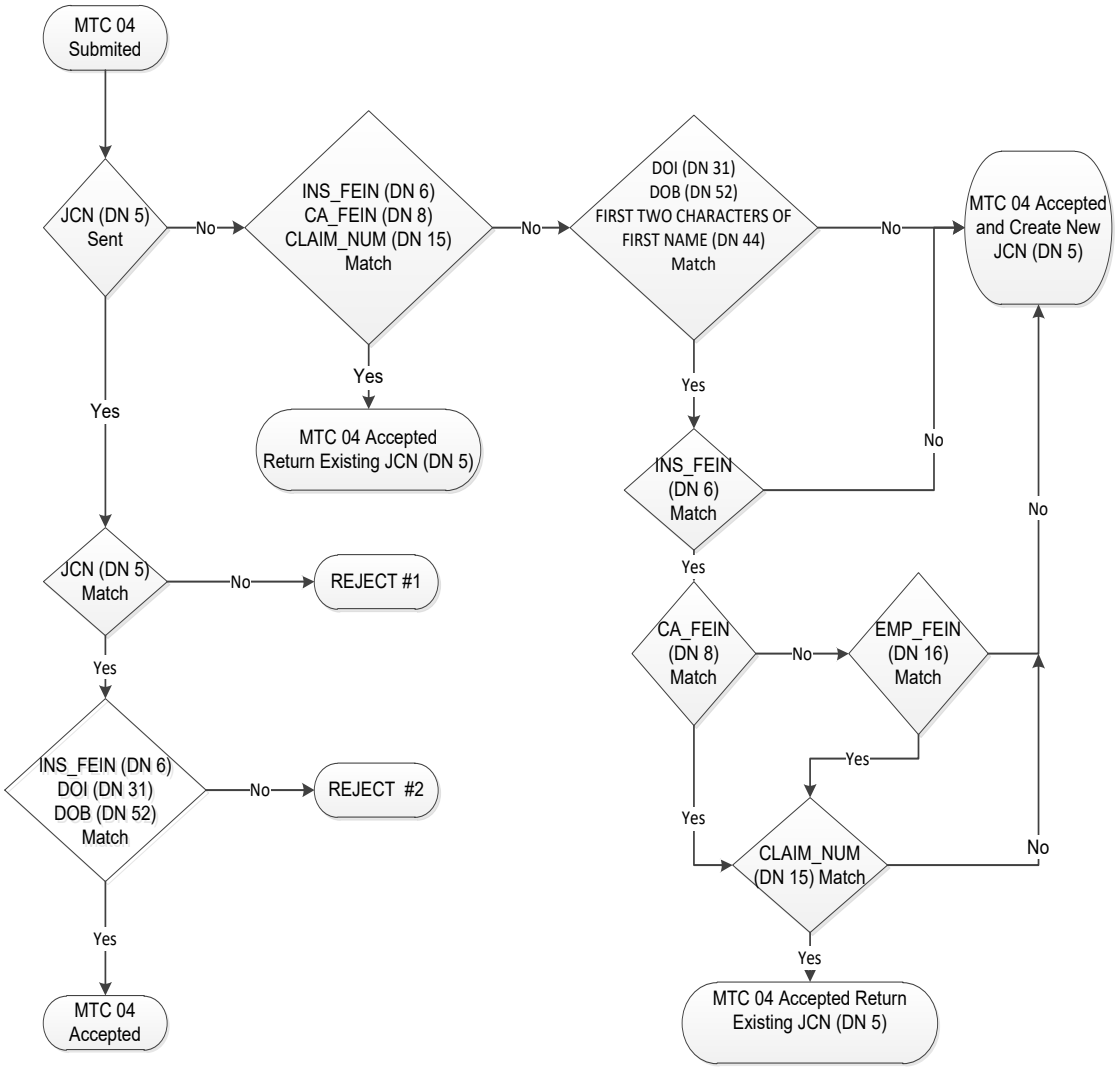
FROI Matching Process for Change '02' or Correction 'CO' MTC

On a FROI '02' change or FROI 'CO' correction, all key data elements cannot be changed in the same transaction. Claim administrator claim number (DN 15) can only be changed if insurer FEIN (DN 6), date of injury (DN 31) and employee date of birth (DN 52) remain the same. If a valid JCN (DN 5) is submitted with a valid claim administrator claim number (DN 15), a 02 or CO transaction can change or correct any other field.



Reject Reasons:
Reject #1 JCN is mandatory. *Error Code 001 Mandatory Field Not Present.*
Reject #2 JCN must match existing JCN. *Error Code 039 No Match on Database.*
Reject #3 Claim information does not match a claim in the database. *Error Code 039 No Match on Database.*

FROI Matching Process for Denial '04' MTC

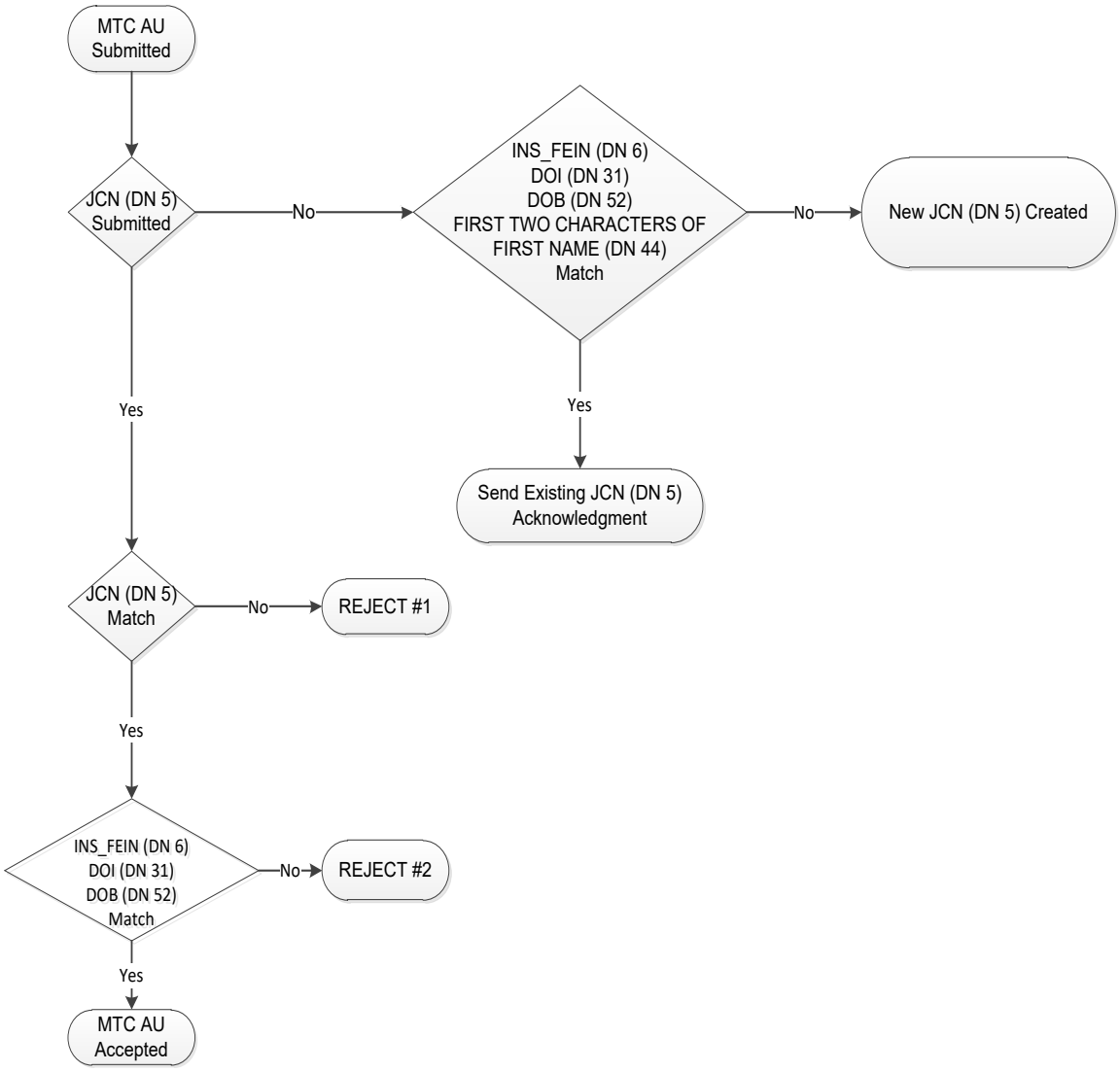


Reject Reasons:

Reject #1 JCN must match existing JCN. *Error Code 039 No Match on Database.*

Reject #2 Claim information does not match a claim in the database. *Error Code 039 No Match on Database.*

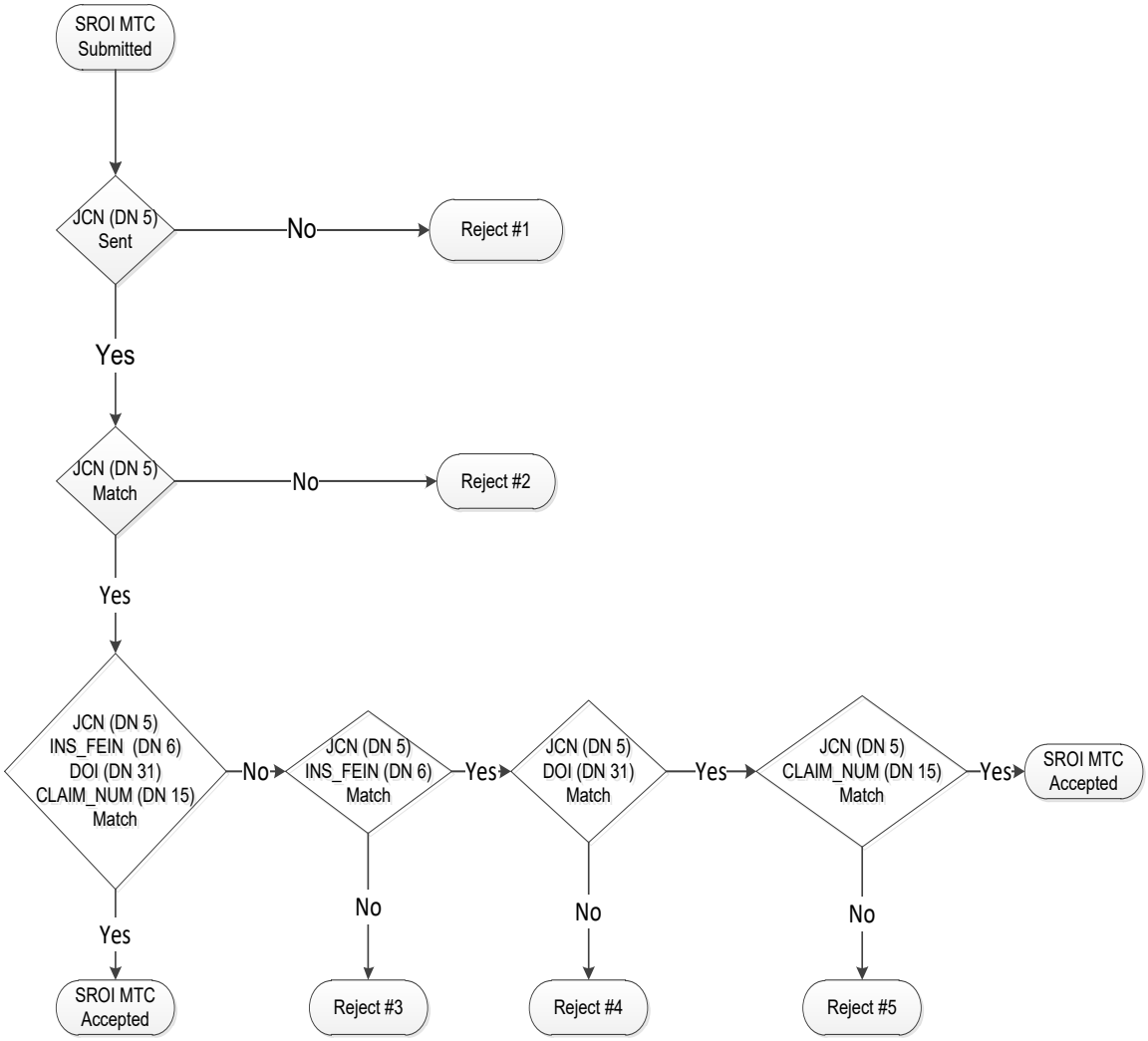
FROI Matching Process for Acquired Claim 'AU' MTC



Reject Reasons:

Reject #1 JCN must match existing JCN. *Error Code Error Code 039 No Match on Database.*
Reject #2 Claim information does not match a claim in the database. *Error Code 039 No Match on Database.*

SROI Matching Process for All SROI MTCs



Reject Reasons:
Reject #1 JCN is mandatory. *Error Code 001 Mandatory Field Not Present.*
Reject #2 JCN must match existing JCN. *Error Code 039 No Match on Database*.
Reject #3 JCN and Insurer FEIN do not match database. *Error Code 039 No Match on Database*.
Reject #4 JCN and DOI do not match database. *Error Code 039 No Match on Database*.
Reject #5 JCN and Claim do not match database. *Error Code 039 No Match on Database*.

Section N: Code Lists

This Section describes valid codes for several data elements. The original source of each code list is noted. If at any time you believe that WCIS is rejecting a valid code, please let us know by sending an e-mail to: wcis@dir.ca.gov.

Nature of Injury Codes (DN35)

Part of Body Codes (FROI DN36) and SROI (DN83)

Cause of Injury Codes (DN37)

Source: IAIABC/NCCI/WCIO

http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx

Late Reason Codes (DN77)

Codes	Description
Delays	
L1	No excuse
L2	Late Notification, Employer
L3	Late Notification, Employee
L4	Late Notification, State
L5	Late Notification, Health Care Provider
L6	Late Notification, Assigned Risk
L7	Late Investigation
L8	Technical Processing Delay/Computer Failure
L9	Manual Processing Delay
LA	Intermittent Lost Time Prior to First Payment
Coverage	
C1	Coverage Lack of Information
Errors	
E1	Wrongful Determination of No Coverage
E2	Errors from Employer
E3	Errors from Employee
E4	Errors from State
E5	Errors from Health Care Provider
E6	Errors from Other Claim Administrator/IA/TPA
Disputes	
D1	Dispute Concerning Coverage
D2	Dispute Concerning Compensability in Whole
D3	Dispute Concerning Compensability in Part
D4	Dispute Concerning Disability in Whole
D5	Dispute Concerning Disability in Part
D6	Dispute Concerning Impairment

Source: IAIABC, ANSI A9

Class Codes (DN59)

Class codes (DN59) are required for insured employers and are optional for self-insured employers. These are California-specific codes from the Workers' Compensation Insurance Rating Bureau (WCIRB) of California. The WCIRB updates these codes annually in January. They are available on the WCIRB website: https://wcirbonline.org/wcirb/Answer_center/classification_information.html. The National Council on Compensation Insurance (NCCI) class codes are not accepted.

All California businesses are classified using the Standard Classification System found in Part 3 of the WCIRB's *Uniform Statistical Reporting Plan,* which is part of the California Code of Regulations and is approved by the Insurance Commissioner. The Standard Classification System, which contains approximately 500 industry classifications, describes groups of employers whose businesses are relatively similar. Each classification reflects the type of operations common to that group of employers.

Changes to class codes from the previous year's codes are listed in Memorandum 1 of the *Uniform Statistical Reporting Plan*, which is found online at https://wcirbonline.org/wcirb/root/pdf/usrp_ic_regs_only.pdf. These changes are published as of January 1 of each year.

All class codes should be submitted to the WCIS using a four-digit alpha-numeric format. The WCIS does not require trading partners to report information on subdivisions of class codes below the four-digit level, such as

- 0038 (1) stock farms, and
- 0038 (2) feed yards.

In this example, only 0038 would need to be reported. Zeros are padded to the left, as the following examples show:

CLASS CODE	DESCRIPTION
0005	Nurseries--propagation and cultivation of nursery stock
0016	Orchards -- citrus and deciduous fruit
0034	Farms--poultry raising
0035	Florists--cultivating or gardening
0036	Farms--dairy farms
0038	Farms--stock farms and feed yards
0040	Farms--vineyards

Payment/Adjustment and Paid to Date (DN85 and DN95) Benefit Type Codes

Settlements are reported using compromised payment benefit type codes 5xx. Examples of settlement types are compromise and release, findings and award, findings and order, and stipulated settlements. See Section M–System Specifications for more details on reporting settlements.

Payment/Adjustment (DN85) Benefit Type Codes Used in the WCIS			
BTC	**Code Description**	**BTC**	**Compromised Payment Code Description**
		500	Unspecified
		501	Medical
010	Fatal	510	Fatal
020	Permanent Total	520	Compromised Permanent Total
030	Permanent Partial Scheduled	530	Compromised Permanent Partial Scheduled
050	Temporary Total	550	Compromised Temporary Total
070	Temporary Partial	570	Compromised Temporary Partial
090	Permanent Partial Disfigurement	590	Compromised Permanent Partial Disfigurement
240	Employer Paid	524	Compromised Employer Paid

Payment/Adjustment (DN85) Benefit Type Codes that, in most cases, should NOT be sent to the WCIS on recent claims:			
BTC	**Code Description**	**BTC**	**Compromised Payment Code Description**
021	Permanent Total Supplemental	521	Compromised Permanent Total Supplemental
051	Temporary Total Catastrophic	551	Compromised Temporary Total Catastrophic
080	Employer Liability	580	Compromised Employer Liability
040	Permanent Partial Unscheduled	540	Compromised Permanent Partial Unscheduled
410	Vocational Rehabilitation Maintenance	541	Compromised Vocational Rehabilitation Maintenance
Notes: For injuries that were permanent and stationary on or after 1/1/2005, PD payments have been scheduled using the 2005 Permanent Disability Rating Schedule, so unscheduled payment codes (040, 540) should not be sent. As of 1/1/2009, the vocational rehabilitation program was ended, so codes 410 and 541 are no longer applicable. Payments for the California Supplemental Job Displacement Benefit (SJDB) Program should be sent under DN95, BTC 390.			

Paid to Date/Reduced Earnings/Recoveries (DN95) Benefit Type Codes Used in the WCIS			
BTC	**Code Description**	**BTC**	**Code Description**
300	Funeral Expenses PTD	430	Unallocated Prior Indemnity Benefits PTD
310	Penalties PTD	440	Unallocated Prior Medical PTD
320	Interest PTD	450	Pharmaceutical PTD
330	Employer's Legal Expense PTD	460	Physical Therapy PTD
340	Claimant's Legal Expense PTD	600-624	Actual Reduced Earnings
350	Total Payments to Physician PTD	650-674	Deemed Reduced Earnings
360	Hospital Costs PTD	800	Special Fund Recovery
370	Other Medical PTD	810	Deductibles Recovery
380	Vocational Rehabilitation Evaluation PTD	820	Subrogation Recovery
390	~~Vocational Rehabilitation Education PTD or~~ Supplemental Job Displacement Benefit (SJDB) PTD	830	Overpayment Recovery
400	Other Vocational Rehabilitation PTD	840	Unspecified Recovery
420	Expert Witness Fees PTD		

Industry Codes (DN25)

The industry code should represent the primary nature of the employer's business. If the employer is assigned multiple industry codes, use the code that relates to the specific business operation for which the employee was employed at the time of injury. For claims with dates of injury on or after the implementation date of this guide, only the North American Industry Classification System (NAICS) codes are accepted. For claims with a date of injury prior to the implementation date of this guide, both Standard Industrial Classification (SIC) and North American Industry Classification System (NAICS) codes are accepted by WCIS, but NAICS codes are preferred.

Per the IAIABC Release 1 specifications, the industry code (DN25) must be sent as a six-digit alpha-numeric code. According to WCIS data edits, the industry code (DN25) is a Mandatory/Serious data element.

A list of valid industry codes can be found at the U.S. Census Bureau Website http://www.census.gov/epcd/www/naics.html. NAICS codes are updated every five years by the Census Bureau, for example: 1997, 2002, 2007 and 2012.

The DWC encourages trading partners to submit the most recent six-digit North American Industry Classification System (NAICS) codes to the WCIS. For example, for Soy Bean Farming, the 2012 six-digit NAICS code is 111110. If the trading partner does not know the industry to the detailed six-digit level, but can submit the industry code at a higher level of aggregation, then the 2-digit, 3-digit or 4-digit NAICS code should be submitted to the WCIS in alpha-numeric format with zeros padded to the right. Using 2012 NAICS codes as an example:

	NAICS	
6-digit code	111110	Soy Bean Farming

4-digit	111100	Oilseed and Grain Farming
3-digit	111000	Crop Production
2-digit	110000	Agriculture, Forestry, Fishing and Hunting

If 1987 Standard Industrial Classification (SIC) codes are submitted, the four-digit SIC code needs to be joined with the letters "SC" in the last two positions. Four-digit codes without the "SC" suffix will be accepted with error, as there is no way to differentiate between a four-digit SIC and a four-digit NAICS code. For example, for the SIC code “0116 - Soybeans”, the trading partner would submit “0116SC” to the WCIS. Note that for SIC codes, the zeros are padded to the left.

Supplemental Job Displacement Benefit (SJDB) Reporting (DN 95) (BTC 390)

Trading partners must submit the Paid to Date/Reduced Earnings/Recoveries Code (DN 95) with the Benefit Type Code (BTC) 390 for Supplemental Job Displacement Benefits (SJDB). The amount paid for SJDB is reported under Paid to Date/Reduced Earnings/Recoveries Amount (DN 96).

Section O: EDI Terminology

Abbreviations and Acronyms

Acronyms and Abbreviations	Definition
AK1	A flat file type used for sending detailed acknowledgments
ANSI	American National Standards Institute
DIR	Department of Industrial Relations
~~BAIS~~	~~Basic Administrative Information System~~
~~DLSR~~	~~Division of Labor Statistics and Research~~
DOB	Date of Birth
DOI	Date of Injury
DN	Data Number – Identification number assigned to each data element in an IAIABC transaction
DWC	Division of Workers' Compensation
EDI	Electronic Data Interchange
E-mail	Electronic mail
FEIN	Federal Employer Identification Number
FROI	First Report of Injury
FTP	File Transfer Protocol
IAIABC	International Association of Industrial Accident Boards and Commissions
ICD9	International Classification of Diseases 9th Revision
ICD10	International Classification of Diseases 10th Revision
IP	Internet Protocol
ISP	Internet Service Provider
JCN	Jurisdiction Claim Number (DN5)
NAICS	North American Industry Classification System
MTC	Maintenance Type Code (DN2)
PGP	Pretty Good Privacy
SFTP	SSH File Transfer Protocol
SIC	Standard Industrial Classification
~~S/MIME~~	~~Secure/Multipurpose Internet Mail Extensions~~
SROI	Subsequent Report of Injury
SSH	Secure Shell
TA	Transaction Accepted (without errors)
TE	Transaction Accepted with Errors
TPA	Third Party Administrator
TP	Trading Partner
TR	Transaction Rejected
URL	Uniform Resource Locater
VAN	Value-Added Network
WCAB	Workers' Compensation Appeals Board
WCIRB	Workers' Compensation Insurance Rating Bureau of CA
WCIS	Workers' Compensation Information System

EDI Glossary

Acknowledgment	A file sent from WCIS to a trading partner in order to provide feedback on a first or subsequent report batch from that trading partner. This file indicates whether each transaction was accepted, accepted with errors, or rejected. Applicable error codes are provided for each data element.
Agency Claim Number	Release 1 flat-file name for Jurisdiction Claim Number (JCN), DN5. This claim identifier is generated by WCIS at the time a claim record is first created. It must be provided on most transactions throughout the life of the claim.
~~ANSI X12~~	~~An EDI file format in which data elements are strung together continuously, with special data-element identifiers and separator characters delineating individual data elements and records.~~
Batch	A group of EDI records in ANSI or IAIABC flat format. Each batch consists of a header record, one or more transaction records containing claim data, and a trailer record.
~~Benefit Event~~	~~An event that triggers a report. Example: Benefits are starting and a first payment is made – an IP Report would be sent.~~
Benefit Period	an uninterrupted period of benefit payments for a particular benefit code.
Claim Administrator	A self-administered insurer, third party administrator, or self-insured, self-administered employer legally responsible for proper handling of a workers' compensation claims.
Data Element	A piece of information to be included in an EDI file. Examples include date of injury, last name, or Maintenance Type Code (MTC). An IAIABC flat-file data element can also be referenced by its "data number" (DN). For example, the Maintenance Type Code is also referred to as "DN2".
~~Digital Certificate~~	~~Files issued by a certified security authority (such as VeriSign, Inc.), used to verify signatures on digitally signed mail and to send encrypted e-mail. Once the sender and receiver have exchanged~~

	~~valid digital certificates, all e-mail between them can be encrypted automatically.~~
File Format	The manner in which data elements are organized in a file. ~~The two~~Only the IAIABC flat file ~~is~~ format~~s~~ ~~is~~ accepted by WCIS. ~~are the IAIABC flat file and the ANSI X12 format.~~
Flat File	An EDI file format in which data elements are placed in assigned positions within each record. Different records are presented on separate lines of the EDI file. Proprietary flat file standards for use in workers' compensation have been developed by the IAIABC.
First Report of Injury (FROI)	A class of EDI transactions that include the same data provided on the paper First Report of Injury or Illness (California Form 5020).
Jurisdiction Claim Number (JCN)	This claim identifier is generated by WCIS at the time a claim record is first created in the database. It is data element DN5 in the flat-file format. The JCN must be provided on most transactions throughout the life of the claim. In Release 1, this data element is called "Agency Claim Number."
Header Record	The first record in a formatted EDI file, which identifies the sender, receiver, and file format version used. The header and trailer records combine to create an "envelope" surrounding a batch of transactions.
IAIABC	The International Association of Industrial Accident Boards and Commissions, an organization that develops Electronic Data Interchange standards for use in workers' compensation.
Maintenance Type Code (MTC)	The IAIABC flat-file data element that identifies the business objective of a given EDI transaction. (ANSI equivalent is Purpose Code.)
Pilot Phase	The period during which a trading partner is demonstrating their ability to send data via EDI that is "complete, valid, and accurate" (see WCIS regulations). This stage begins when the trading partner has passed the test stage, and ends when the trading partner has been approved for Production status.
Policy Year	The same policy year as the one reported to the WCIRB (Workers' Compensation Insurance Rating Bureau of California).

Production Phase	The period that begins when a trading partner has demonstrated the ability to send complete, valid, and accurate data for a given class of reports via EDI. This follows successful completion of the test and pilot phases. Claims administrators granted production status for First Reports are no longer required to send paper Employer's Reports (Form 5020) to **DIR**. Claims administrators granted production status for Subsequent Reports satisfy the requirement to submit paper Benefit Notices to the Division.
~~Purpose Code~~	~~The ANSI data element that identifies the business objective of a given EDI transaction. (IAIABC flat-file equivalent is *Maintenance Type Code, MTC.*)~~
Receiver	The trading partner receiving EDI transmissions.
Release 1	A set of workers' compensation EDI data specifications released by the IAIABC in August, 1995.
Report	Often used synonymously with "transaction".
Sender	The trading partner sending EDI transmissions.
Subsequent Report of Injury (SROI)	A class of EDI transactions that include the types of data provided on California benefit notices. WCIS regulations stipulate when these transactions are required. For example, SROI are to be provided whenever indemnity benefit payments are begun or terminated.
SFTP	Also known as Secure Shell File Transfer Protocol. The only transmission mode allowed by WCIS.
Test Phase	The phase in which a trading partner sends test batches in order to ascertain whether WCIS can read their EDI files. At this phase, WCIS checks the header and trailer record, ~~and~~ confirms basic record formats, ~~but does not~~ and performs validations on individual data elements. Once this test phase is successfully completed, the trading partner advances to the pilot phase.
Trading Partner	One of the parties exchanging EDI transmissions, either the state jurisdiction, the "claims administrator" (insurer, self-insured employer, or third party administrator), or a collection of claims administrators. Each trading partner providing data to WCIS is expected to complete a Trading Partner Profile form. One such

	form can cover multiple Claim Administrators whose data will be combined in transactions and which will be considered together for testing, piloting, and data-quality reports. For example, a parent organization with multiple subsidiary claim administrator organizations may wish to combine all its data into transmissions sent from a central office.
Trailer Record	The last record in a formatted EDI file, which indicates a count of transactions contained within the batch. The header and trailer records combine to create an “envelope” surrounding a batch of transactions.
Transaction	A section of a batch file representing a single first report of injury or a single benefit notice for an individual claim.
Transmission	A file in ~~ANSI or~~ IAIABC flat format containing one or more batches of transactions.

Appendix A: Revised WCIS System Updates

Clarification of Issues:

1. The Payment/Adjustment Paid to Date (DN86) refers to the cumulative paid-to-date amount of the benefit over the life of the claim, including any and all previous calendar years.

2. The revised version of WCIS will continue to accept multiple MTCs for the same claim in the same batch file.

3. MTC DATE: For most transactions, the IAIABC defines the MTC date as the date the "transaction was moved to the transmission queue or flagged for transmission", except for the following MTC:

    a. CO – MTC date of the Original Transaction being corrected that contained non-critical error(s).

    ~~b. AP – Issue date of a check sent as the initial indemnity benefit payment after acquiring the claim.~~

    ~~c. CA – Date the change in Payment/Adjustment amount was effective.~~

    ~~d. IP – Issue date of check sent as the initial indemnity benefit payment.~~

    ~~e. P1 through PJ – The last date through which indemnity benefits are due.~~

    ~~f. PY – Issue date of payment.~~

    ~~g. RB – Issue date of the check reinstating indemnity benefits.~~

    ~~h. S1 through SJ – The last date through which indemnity benefits are due.~~

4. Some Payment/Adjustment Codes (DN85) should not be sent to the WCIS on recent claims. Examples are Temporary Total Catastrophic (051) and (551) as well as Employers' Liability (080) and (580); As of 1/1/2005, Partial Unscheduled (040) and (540); As of 1/1/2009, Vocational Rehabilitation Maintenance (410) and (541).

Differences Between Version 3.1 and Version 4.0 of WCIS FROI/SROI

1. Removed SROI Reporting Maintenance Type Code (MTC) requirements for Initial Payment (IP), Acquired Payment (AP), Full Salary (FS), Compensable Death (CD), Partial Denial (4P), Change in Benefit Amount (CA), Change in Benefit Type (CB), Reduced Earnings (RE), Partial Suspension (P1-P9, PJ), Suspension (S1-S9, SJ), Reinstatement of Benefit (RB), Payment (PY), Final (FN).

2. Removal of Periodic Report Requirement for the Annual (AN) Maintenance Type Code (MTC).
3. The Quarterly summary Subsequent Report of Injury, Maintenance Type Code (QT) must be submitted for every open claim until the claim is closed. The Quarterly summary must report the cumulative totals of any benefits paid as of the last day of the quarter.

4. The FROI matching criteria for Original ’00’ MTC has been changed to allow for a check of the Time of Injury (DN 32) and the Nature of Injury (NOI) Code (DN 35) between 60 and 80 prior to issuing reject reason number 4.

5. On MTC SROI (02/CO) Change/Correction, Social Security Number (DN 42) is now Optional.

6. On MTC SROI (02/CO) Change/Correction, Employee Date of Death (DN 57) is now Conditional/Serious.

7. On MTC SROI (02/CO) Change/Correction, Salary Continued Indicator (DN 67) is now Optional.

8. On MTC SROI (02/CO) Change/Correction, Date of Representation (DN 76) is no longer required on a claim that has no benefits paid.

9. On MTC (QT) Quarterly, Date of Maximum Medical Improvement (DN 70) is Conditional/Serious.

10. The SROI conditional rule that the Payment/Adjustment Paid to Date (DN 86) is greater than zero has been added to Date of Maximum Medical Improvement (DN 70), Payment/Adjustment Weekly Amount (DN 87), Payment Adjustment/Weeks Paid (DN 90), Payment/ Adjustment Days Paid (DN 91).

11. SROI MTC (04) Denial is required to be reported within 30 days of the close of the quarter.

12. The EDI Trading Partner Contact assignment and communication method has been changed. Trading Partners will now be required to contact WCIS EDI support by e-mail at wcis_support@dir.ca.gov.

13. Vendor name is now required to be reported on the Trading Partner Profile form where applicable.

14. The ANSI x12 transmission standard has been removed as an acceptable FROI/SROI file format.

15. Added SFTP batch edit table for reference.

16. Corrected the SFTP account information username suffix from "@WCIS_FS to "-WCIS_FS".

17. Added the 46th character requirement for the file naming convention on 148 and A49 files. The 46th 148 or A49 file character requires that a file type indicator be sent for 'F' or 'S'.

Differences Between Version 3.0 and Version 3.1 of WCIS FROI/SROI

1. For claims with date of injury after the implementation date of this guide, the Standard Industrial Classification (SIC) codes will not be accepted as valid Industry Codes (DN25) Only North American Industry Classification System (NAICS) codes will be accepted.
2. The only transmission mode allowed will be via SFTP also known as SSH (Secure Shell) File Transfer Protocol.
3. The suffix for the user name of the FTP account will be "@WCIS_FS".
4. Third Party Administrator FEIN (DN 8) has been renamed Claim Administrator FEIN (DN 8) and Third Party Administrator Name (DN 9) has been renamed Claim Administrator Name (DN 9). Claim Administrator FEIN (DN 8) is now Mandatory/Fatal on all FROI transactions. Claim Administrator Name (DN 9) is now Mandatory/Serious on FROI 00, AU, 04, 02, and CO. Claim Administrator Name (DN 9) is now Optional on the FROI 01.
5. Agency Claim Number/Jurisdiction Claim Number (DN 5), Insurer FEIN (DN 6), Claim Administrator FEIN (DN 8), Claim Administrator Claim Number (DN 15), Date of Injury (DN 31), Employee Date of Birth (DN 52), the first two characters of Employee First Name (DN 44), Employer FEIN (EMP_FEIN) (DN 16), and Time of Injury (DN 32) are now used in the claim matching process.
6. Agency Claim Number/Jurisdiction Claim Number (DN5) is now required on all transactions except for the FROI 00, 04 and AU.

7. Claim Administrator Claim Number (DN15) is now Mandatory/Fatal on a FROI Cancel (MTC=01).
8. Claim Administrator Claim Number (DN15) is now Mandatory/Fatal on all SROI.
9. Date of Injury (DN 31) is now Mandatory/Fatal on all SROI.
10. Industry Code (DN 25) is now Optional on a FROI Cancel (MTC=01).
11. Nature of Injury Code (DN 35) is now Mandatory/Serious on a FROI Acquired/Unallocated (MTC=AU).
12. Part of Body Injured Code (DN 36) is now Mandatory/Serious on a FROI Acquired/Unallocated (MTC=AU).
13. The Employee Date of Death (DN57) is now Conditional/Serious on the SROI IP, AP, FS, 4P, 04, CA, CB, RE, RB, PY, AN, FN and UR.
14. The Permanent Impairment Body Part Code (DN83) is now only required on the SROI Final (MTC=FN) and the SROI Upon Request (MTC=UR).
15. The Nature of Injury (DN 35), Part of Body (DN36), and Cause of Injury (DN 37) code lists have been removed and links to the source are now provided.

16. The Time of Injury (DN 32) is now Conditional/Serious on the FROI 00, 04, 02 and CO, when Nature of Injury Code (DN 35) is not between 60 and 80, and the claim is not previously acquired.

17. The Date of Maximum Medical Improvement (DN70) is Mandatory on the SROI FN and UR when reporting permanent disability benefits (DN85=020, 021, 030, 040, or 090 and the Date of Injury (DN 31) is > 1/1/2013. The Date of Maximum Medical Improvement (DN70) is Mandatory on the SROI FN and UR when reporting permanent disability benefits (DN85=020, 021, 030, 040, or 090 and the Date of Injury (DN 31) is < 1/1/2013 and the MMI date is known.

18. The Claim Status (DN 73) is now Mandatory/Fatal on the SROI FN and AN. The Claim Status (DN73) must = C or X on the SROI FN.

19. The Claim Type (DN 74) is now Mandatory/Fatal on all SROIs except the CD, 02, and CO.

20. The Payment/Adjustment Start Date (DN 88) and the Payment/Adjustment End Date are now mandatory based on the Date of Injury (DN 31) being > than 6/18/2012.

21. The requirement for submission of the FROI and SROI Correction (MTC=CO) is now within 60 calendar days of original TE acknowledgment.

22. Class Code (DN 59) is now optional on FROI Denial (MTC=04), and Conditional /Serious on FROI Original (MTC=00), Acquired (MTC=AU), and Change/Correction (02, CO).

23. For indemnity claims, the SROI AN and FN must be preceded by a~~,~~ FROI AU, SROI IP, AP, CD, FS, PY or UR, as applicable.

24. The edit for error 035 (must be >= Date Disability Began) has been removed for DN 88 and 89 (Payment/Adjustment Start and End Date).

25. For SROI Date Disability Began (DN 56), if Nature of Injury Code (DN 35) is not between 60 and 80, then DOI (DN 31) ≤ DDB (DN 56) is Mandatory.

26. Payment/Adjustment Code (DN 85) and Payment/Adjustment Paid to Date (DN 86) are now Mandatory/Fatal on SROI Payment (MTC=PY). Payment/Adjustment Code (DN 85) is now Conditional/Fatal on SROI Final (MTC=FN) and Annual (MTC=AN).

27. Employee Date of Birth (DN 52) is now Mandatory/Fatal on FROI Original (MTC= 00), Denial (MTC=04), Change (MTC=02), and Correction (MTC=00). Employee Date of Birth (DN 52) is now Conditional/Fatal on FROI Acquired/Unallocated (MTC=AU).

28. Wage Period (DN 63) is now Mandatory/Serious on SROI Initial Payment (MTC=IP), Acquired Payment (MTC=AP), Change in Amount (MTC=CA), Change in Benefit (MTC = CB), Change (MTC=02), Correction (MTC=00), and Upon Request (UR).

29. The parallel EDI process has been removed.

30. The requirement that the SROI Change and Correction (MTC=02 and CO) transactions must have at least one previous benefit event has been removed for SROI 02 and CO transactions where the Claim Status (DN 73) or Date of Representation (DN 76) is present.

31. SROI (MTCs=CA, P*x* and S*x*) must be preceded by a least one previous benefit event of any Payment/Adjustment Code (DN 85).

32. The requirement that Date of Return/Release to Work (DN 72) be greater than or equal to Date of Return to Work (DN 68) has been removed.

33. The fax number in WCIS EDI contacts and the Trading Partner Profile Part D. Receiver Information has been removed.

34. The file naming convention for FROI and SROI files has been updated. Only files that follow the new file naming convention will be accepted.

35. The Policy Number (DN 28), Policy Effective Date (DN 29), and Policy Expiration Date (DN 30) are now Optional on the FROI Acquired (MTC=AU) and FROI Denial (MTC = 04).

36. The requirement that Date of Return to Work (DN 68) must be greater than Date Disability Began (DN 56) has been removed.

37. The requirement that Date of Maximum Medical Improvement (DN 70) must be greater than Date Disability Began (DN 56) has been removed.

Differences Between Version 2.1 and Version 3.0 of WCIS:

1. The Receiver zip code for the WCIS is now *94612-1489*.
2. The FROI Original (MTC=00) reporting due date is now within 10 business days of claim administrator knowledge of the claim.
3. For the Social Security Number (DN42) and Employer FEIN (DN16), a default value of "000000006" will be accepted if the employee has no SSN/FEIN or refuses to provide it.
4. On any transaction, the Insurer FEIN (DN6), Third Party Administrator FEIN (DN8), if any, and Claim Administrator Postal Code (DN14) must match what was reported on the Insurer/Claim Administrator ID list for the Sender or the transaction will be rejected.
5. The allowed methods of transmitting data from claim administrators to WCIS are:
    - File Transfer Protocol (FTP) over SSL (Secure Sockets Layer), also known as FTPS, or
    - FTPS with PGP (Pretty Good Privacy) encryption.
6. The Policy Number (DN28), Policy Effective Date (DN29), and Policy Expiration Date (DN30) have been added to the FROI data requirement table. They are Conditional/Serious on the FROI 00, 02, 04, AU and CO.
7. The Payment/Adjustment Weekly Amount, Weeks and Days Paid (DN87, 90 and 91) are Mandatory/Fatal on the SROI IP, AP, FS, CA, CB, RE, Px, Sx, and RB, Conditional/Fatal on the SROI 02, CO, 4P, AN, FN, and UR, and Optional on the SROI CD, 04 and PY.
8. The Third Party Administrator FEIN (DN8) is now a Conditional/Fatal data element on the FROI and SROI.
9. The Third Party Administrator Name (DN9) is now a Conditional/Serious data element on the FROI.
10. The FROI Original (MTC=00) will not be accepted when sent with an Agency/Jurisdiction Claim Number (DN5).
11. The Payment/Adjustment Paid To Date (DN86), when required, must be greater than or equal to zero.

12. The Payment/Adjustment Start Date and Payment/Adjustment End Date (DN88 and 89), when required, must be a valid date.
13. The Paid To Date/Reduced Earnings/Recoveries Amount (DN96), when required, must be greater than or equal to zero.
14. The Benefit Adjustment Weekly Amount (DN93), when required, must be greater than or equal to zero.
15. The Benefit/Adjustment Start Date (DN94), when required, must be a valid date.
16. The Date of Maximum Medical Improvement (DN70) is now only required on the SROI Final (MTC=FN) and the SROI Upon Request (MTC=UR).
17. The SROI Annual (MTC=AN) and SROI Final (MTC=FN) will now be accepted if a previously reported indemnity benefit is missing in the AN or FN.
18. The SROI Annual (MTC=AN) and SROI Final (MTC=FN) will now be accepted if a previously unreported indemnity benefit is reported in the AN or FN.
19. Any existing indemnity benefits will automatically be suspended when the FROI Acquired Unallocated (MTC=AU) is accepted.
20. The Secondary Match Logic for transactions other than the FROI Original (MTC=00) and Acquired/Unallocated (MTC=AU) that are sent without an Agency/Jurisdiction Claim Number (DN5) is now based on the Insurer FEIN (DN6) AND the Third Party Administrator FEIN (DN8), if any, AND the Claim Administrator Claim Number (DN15).
21. The Class Code (DN59) table has been deleted from this Guide. Trading partners are referred to the WCIRB class code table available online.
22. The Class Code (DN59) must be a valid WCIRB class code when sent.
23. The NAICS code (DN25) table has been updated for 2007 codes.
24. The FN can and should be sent in when a claim is closed, even if no benefits have been paid.
25. The Payment/Adjustment Codes 040, 051, 080, 540, 551 and 580 should not be sent.
26. The parallel phase in Section G-Test, Pilot, Parallel and Production Phases of EDI is now optional.
27. The sequencing edits “Closes must follow opens for the same BTC” and “Update (open) must follow opens for the same BTC” have been removed.
28. The Industry Code (DN25) is now a Mandatory/Serious data element.
29. The Permanent Impairment Percent (DN84) is now only required on the SROI Final (MTC=FN) and the SROI Upon Request (MTC=UR).
30. The edits for error 035, must be >= Date Disability Began, on the Start Date (DN88) and the End Date (DN89) have been removed.

Differences Between Version 2.0 and Version 2.1 of WCIS:

1. The **Jurisdiction Claim Number** or **JCN** (DN05) has been increased from 12 digits to **22 digits**. The IAIABC rules allow a JCN of 25 characters.
2. The new system will continue to process all older claims submitted and processed prior to the switchover with the original 12 digit JCNs.
3. **Future Payment/Adjustment Start and End Dates** (DN88 and DN89) will be accepted. The edit for error message #37, "Must be <= MTC Date", has been removed for DN88 and DN89.
4. **FROI Cancel** (MTC=01) will be accepted after a SROI transaction has been accepted. This process cancels the entire claim, including all FROI and SROI transactions. Even though the IAIABC Release 1 format has no SROI Cancel, this will perform that function. In addition, a 01 Cancel will be able to follow a 04 Denial, as documented in the EDI Guide.
5. **The Release 2 transaction format will no longer be accepted.**
6. **MTC dates** (DN3) must be <= current system date.
7. **IP**: Only one "IP" transaction is allowed for each claim. Since a new benefit can be opened with a "CB" transaction, there is no need to report more than one "IP".
8. **Error Messages**: The February 15, 2002 revised edition of the IAIABC Edit Matrix (http://www.iaiabc.org) error messages (Section 3) has been incorporated in the revised WCIS system.
9. **M/S**: The following Mandatory/Serious (M/S) data elements, if sent with an invalid or blank USPS Postal Code or an invalid or blank date will result in a "TE" acknowledgment.
    a. DN23-Employer Postal Code
    b. DN33-Postal Code of Injury Site
    c. DN41-Date Reported to Claim Administrator
    d. DN72-Date of Return/Release to Work (Note: for MTC=RE only)
10. **M/F**: DN14-Claim Administrator Postal Code is now a Mandatory/Fatal (M/F) data element; an invalid or blank USPS Postal Code will result in a "TR" acknowledgment.
11. **C/S**: The following Conditional/Serious (C/S) data element, if sent with an invalid or blank date, will result in a TE acknowledgment.

    DN72-Current Return to Work Date (Note: For MTCs = S1 or P1 only).
12. **CD**: The MTC "Compensatory Death" (CD) will automatically close all open BENs.

13. **RB:** A suspension type MTC, such as S1 or P1, or an equivalent MTC, such as UR or CB, must precede an RB, which can open a new benefit or reopen an old one. An RB following an IP will no longer be accepted. This is consistent with the IAIABC Guide.
14. **AN/FN:** Must report all previously reported indemnity and non-indemnity benefits. If any of these benefits are missing, the transaction will be rejected. The AN/FN cannot report any new indemnity benefits but can report new non-indemnity benefits. On FN, all previously reported indemnity benefits must be suspended first. *

    An AN cannot be used to close claims with indemnity benefits. The proper transaction is an FN, as explained in e-News 7: http://www.dir.ca.gov/DWC/WCISenews/WCISen7.htm

    AN/FN/SROI 04: Must contain some type of indemnity or non-indemnity payment information. **

    *This difference has been revised in Version 3.0. See difference #18 in the Differences Between Version 2.1 and Version 3.0 of WCIS

    **This difference has been revised in Version 3.0. See difference #24 in the Differences Between Version 2.1 and Version 3.0 of WCIS

Appendix B: Revision History – Summary of Principal Changes from Previous Versions

Version 4.0

Section ii. Removed section.

Section A: Minor updates. Removal of the Annual report requirement. Addition of the Quarterly Summary Subsequent Reports of Injury (SROI) requirement. Removal of the American National Standards Institute (ANSI) X12 as an accepted file format.

Section B: Minor updates. Removal of the EDI Trading Partner Contact designated letters, EDI Contact address and replaced wcis@dir.ca.gov e-mail with wcis_support@dir.ca.gov for WCIS EDI support. Change of how to subscribe for WCIS eNEWS and Training Bulletins.

Section C: Minor updates.

Section D: No Changes.

Section E: Minor updates.

Section F: Minor updates. Addition of requirement that Trading Partner Profile Form updates requests by vendors copy claims administrators on the request.

Removal of Claims ID List. Addition of Vendor Name to Part C of Trading Partner Profile Form and the Vendor Name definition. Removing of current Part C1 and its definitions and renaming the current Part C2 to C1. Correction of account username suffix definition to -wcis_fs. Changing of the name of EDI contacts to the WCIS EDI support team. Addition of the WCIS_Support@dir.ca.gov e-mail address. Change of the file naming convention definition.

Section G: Minor updates. Changing of the name of WCIS contacts to the WCIS EDI support team.

Removed phrase on transmission specifications and previously crossed out text on transmission schedule. Addition of requirement that Trading Partner Profile Form updates requested by vendors copy claims administrators on the request and vice versa.

Removal of the ANSI x12 and 824 language. Change of the SROI MTCs tested from the IP and AN to the Quarterly (QT) report.

Clarification on test file process and the information contained in the test file acknowledgment file.

Removal of the 997 Error codes under the structural edit.

Addition of the SFTP Batch Transfer Edits table. Clarification of how to contact the WCIS EDI support team regarding a transmission issue.

Clarified language regarding the process of resubmission of corrected data and data that may have been TE'd or TR'd by WCIS in error.

Section H: Minor updates. Clarified language on the removal of the ANSI X12 file format option. Removed language regarding IAIABC Release 2.0 information.

Section I: Minor updates. Changing of the name of WCIS contacts to the WCIS EDI support team. Correction of account username suffix. Updated the SFTP folder permissions language. Removed language referring to the receipt of the ANSI formatted data through the SFTP.

Added 46th character to file naming convention for the file type indicator. Added language that rejected files must resent with unique file names.

Section J: Removed SROI Reporting Maintenance Type Code (MTC) requirements for Initial Payment (IP), Acquired Payment (AP), Full Salary (FS), Compensable Death (CD), Partial Denial (4P), Change in Amount (CA), Change in Benefit (CB), Reduced Earnings (RE), Partial Suspension (P1-P9, and PJ), Suspension (S1-S9, SJ), Reinstatement of Benefit (RB), Payment (PY), Final (FN). Removed MTC Annual (AN). Added MTC Quarterly (QT). Added language regarding the submission of the QT and the SROI Denial (04).

Section K: Minor updates. Added language clarifying the acknowledgement codes received on the M/F, M/S and C/S data requirements.

Removed the table for SROI Data requirement and added new table for Maintenance Type Codes (MTC): Quarterly (QT), Denial (04), Change or Correction ('02/CO'). Changed data requirements for Social Security Number (DN 42), Employee Date of Death (DN 57), and Salary Continued Indicator (DN 67).

Created the MTC Quarterly (QT) Reporting Requirements.

Updated the SROI Conditional Rules for SROI. Removed all language referring to the removed MTCs (MTC) requirements for Initial Payment (IP), Acquired Payment (AP), Full Salary (FS), Compensable Death (CD), Partial Denial (4P), Change in Amount (CA), Change in Benefit (CB), Reduced Earnings (RE), Partial Suspension (P1-P9, and PJ), Suspension (S1-S9, SJ), Reinstatement of Benefit (RB), Payment (PY), Final (FN) and Annual (AN).

Added language to SROI Conditional Rules for the SROI Data Elements : Date of Representation (DN 76), Payment/Adjustment Paid to Date (DN 86), Number of Permanent Impairments (DN 78), Payment/Adjustment Weekly Amount (DN 87),

Payment Adjustment/Weeks Paid (DN 90), and Payment/ Adjustment Days Paid (DN 91).

Changed language to SROI Conditional Rules for the SROI Data Element: Permanent Impairment Body Part Code (DN 83).

Added MTC Quarterly (QT) language to SROI Conditional Rules for SROI Data Elements: Number of Permanent Impairments (DN 78), Number of Payment Adjustments (DN 79), Number of Paid to Dates/Reduced Earnings/Recoveries (DN 81), Permanent Impairment Body Part Code (DN 83), Permanent Impairment Percentage (DN 84), Payment/Adjustment Code (DN 85), Payment/Adjustment Weekly Amount (DN 87), Payment/Adjustment Start Date (DN 88), Payment/Adjustment End Date (DN 89) Payment Adjustment/Weeks Paid (DN 90), and Payment/ Adjustment Days Paid (DN 91).

Section L: Minor Updates. Added language to Industry Code (DN 25) and Employee Date of Birth (DN 52). Removed language for Claim Status (DN 73). Clarified language regarding Paid to Date/Reduced Earnings/Recoveries Amount (DN 96).

Section M: Minor Updates.

Removed Transaction Sequencing Table for FROI.

Removed the Subsequent Reporting of Injury Reporting Section on Open Benefits, Close Benefits, and Update Benefits.

Added new Subsequent Reporting Sections for Initial and Closing Subsequent Reports and Update Subsequent Reports.

Removed under Periodic Reports for the Annual (AN) MTC.

Added Language regarding the Quarterly (QT) MTC.

Removed note on the ANSI X12 Format.

Replaced Sequencing Rules table.

Updated Related Business Rules for SROI MTCs that are no longer accepted. Removed the SROI 02 and SROI CO transaction rejection based on Claims Status Code (DN 73) or Date of Representation (DN 76).

Changed the Matching Criteria Algorithm for the FROI MTC ‘00’ Original.

Section N. Minor Update. Removed phrasing for Paid to Date/Reduced Earnings/Recoveries Code (DN 95) BTC 390. Added language regarding the reporting of the Supplemental Job Displacement Benefit (SJDB).

Section O: Minor Updates and corrections.

Appendix A: Removed Clarification of issues number 3, letters b-h. Added Differences Between Version 3.1 and Version 4.0 of WCIS FROI/SROI section.

Version 3.1

Section A: Updated deadline for AN and Minor updates on FTP transmission.

Section B: Added WCIS Training Bulletins section. Removed fax number from WCIS contact person section.

Section D: Deleted statutory language for Labor Code 138.6 and 138.7.

Section F: Minor updates. Updated transmission mode information. Removed the Expected Transmission Days of Week section. Removed the substitution of Insurer FEIN (DN6) for submissions that do not provide the Third Party FEIN (DN8). Added the WCIS Reports Contact. Removed fax number from Part D. Receiver Information. Added FTP user account and password to be provided by WCIS.

Section G: Minor updates. Added structural edit for invalid FROI record length and invalid trailer record length. Removed Parallel process. Added WCIS penalty report information. Changed the timeframe for Trading Partners to receive feedback during the testing phase from 48 hours to 3 business days. Added the Audit Unit's Annual Report of Inventory as a check for completeness during the pilot phase. Added language that 95% of all required claims should be submitted accurately and on-time. Added language that 95% of all required transmissions should be free of uncorrected TRs and TEs. Removed language exempting trading partners for unknown claims.

Section I: Minor updates and clarifications. Updated transmission mode information. Added SFTP user account and password to be provided by WCIS. Changed the file naming convention.

Section J: Minor updates to requirements and implementation notes. FROI and SROI COs are due within 60 calendar days of original TE acknowledgment. The AN must be submitted for every claim with any benefit activity (including medical) during the preceding calendar year, for every open claim with no benefit activity during the preceding calendar year, and for every claim that was closed during the preceding calendar year. Claims identified as having no coverage upon knowledge of the claim need not be submitted to WCIS.

Section K: Updated requirements for Agency Claim Number (DN 5), Claim Administrator FEIN (DN 8), Claim Administrator Name (DN 9), Claim Administrator Claim Number (DN 15), Industry Code (DN 25), Policy Number (DN 28), Policy Effective Date (DN 29), Policy Expiration Date (DN 30), Date of Injury (DN 31), Time of Injury (DN 32), Nature of Injury Code (DN 35), Part of Body Injured Code (DN 36), Employee Date of Birth (DN 52), Class Code (DN 59), Employee Date of Death (DN 57), Claim Status (DN 73),

Claim Type (DN 74), Permanent Impairment Body Part Code (DN 83), Payment/Adjustment Code (DN 85), and Payment/Adjustment Paid to Date (DN 86). Updated conditional rules and implementation notes for Agency Claim Number (DN 5), Claim Administrator FEIN (DN 8), Claim Administrator Name (DN 9), Claim Administrator Claim Number (DN 15), Employer FEIN (DN 16), Policy Number (DN 28), Policy Effective Date (DN 29), Policy Expiration Date (DN 30), Nature of Injury Code (DN 35), Part of Body Injured Code (DN 36), Employee Date of Birth (DN 52), Date Disability Began (DN 56), Employee Date of Death (DN 57), Wage Period (DN 63), Date of Maximum Medical Improvement (DN 70), Claim Status (DN 73), Claim Type (DN 74), Number of Permanent Impairments (DN 78), Permanent Impairment Body Part Code (DN 83), Payment/Adjustment Code (DN 85), Payment/Adjustment Paid to Date (DN 86), Payment/Adjustment Weekly Amount (DN 87), Payment/Adjustment Start Date (DN 88) and Payment/Adjustment End Date (DN 89), Payment/Adjustment Weeks Paid (DN 90), Payment/Adjustment Days Paid (DN 91), Paid to Date/Reduced Earnings/Recoveries Code (DN 95), Paid to Date/Reduced Earnings/Recoveries Amount (DN 96). Added requirements for Time of Injury (DN 32). Added definition for FROI and SROI Date Disability Began (DN56).

Section L: Removed FROI and SROI alphabetical data element tables. Minor corrections and updates.

Section M: Minor SROI AN update. Updated matching criteria and processes for the submission of all FROI and SROI transactions. A PY should now be sent to report an advance or settlement that is the first indemnity payment. Previous reported SROI benefits are now required on SROI Change in Amount (CA), SROI Partial Suspensions (P*x*), and Suspensions (S*x*). SROI benefits are no longer required on SROI Changes (02). The requirement that the SROI Change and Correction (MTC=02 and CO) transactions must have at least one previous benefit event has been removed for SROI 02 and CO transactions where the Claim Status (DN 73) or Date of Representation (DN 76) is present. Minor language change regarding the payment of stipulated settlements.

Section N: Updated web links and removed Standard Industrial Classification (SIC) codes as acceptable codes for the Industry Code (DN25). Removed Nature of Injury (DN 35), Part of Body (DN 36 and 83), and Cause of Injury (DN 37) tables.

Section O: Section J: Minor updates and corrections.

Appendix A: Added the SROI Final (FN) to difference #18 and the removal of the Payment/Adjustment Start/End Date vs Date Disability Began edit as difference #30 in Differences Between Version 2.1 and Version 3.0 of WCIS. Added new version 3.1 differences in Differences Between Version 3.0 and Version 3.1 of WCIS.

Version 3.0

Section A: Updated the FROI Original (MTC=00) reporting requirement from 5 to 10 business days. Removed references to VAN and e-mail transmission options.

Section A: Corrected previous error: Subsequent Reports of Injury (SROIs) are submitted within 15 business days.

Section B: EDI Service Provider information in Section B was expanded to include information from the deleted Section J. The listing of EDI Service Providers is now available online.

Section C: Updated references to new Sections (J,K,L,M,N,O,P) and to listing of EDI Service Providers, which is now provided online. Removed references to VAN and e-mail transmission options.

Section F: Updated Part C2 and C3 of the Trading Partner Profile to use a WCIS-hosted FTP as the sole transmission mode. Included ID list in the Trading Partner Profile, E (Form DWC WCIS TP01 Revised 01/08). Added requirement for reporting claim administrator postal codes in ID list. Updated WCIS zip code to 94612-1491.

Section G: Minor updates and corrections. Removed references to VAN and e-mail transmission options. Removed Crosswalk of Employer's (Form 5020), Doctor's (Form 5021), and EDI First Report.

Section I: FTP transmission mode updated. Removed references to VAN and e-mail transmission options.

Section J: Deleted. Information is available online so it can be updated more easily.

Section K: Renamed Section J.

Updated reporting requirement for First Reports of Injury (FROIs) to 10 business days. Corrected previous error: Subsequent Reports of Injury (SROIs) are submitted within 15 business days. Clarified language for Annual (AN) summary and Payment (PY).

Section L: Renamed Section K

Filled in blanks with "optional" in tables

Corrected previous errors:

- DN58 deleted from FROI data requirements.
- Added DN54 to SROI

Changed some data requirements.

Clarified SROI and FROI conditional fields.

Section M: Renamed Section L

Added CA-specific edits for DN5, DN6, DN8 and DN86.

Changed default value on Social Security Number.

Added California-adopted IAIABC Data Elements, sorted various ways.

Section N: Renamed Section M

Clarified 4P, AN and FN reporting.

Removed benefit sequencing rules.

Clarified advances and settlement reporting including the reporting of attorney fees.

Made WCIS secondary matching rules more precise.

Corrected Acquired Claims diagram.

Section O: Renamed Section N

Added web links for code lists and make corrections.

Part of Body Codes: Made table easier to read.

Added note about bilateral body part reporting.

Deleted WCIRB class code list, but added online reference.

Added benefit type code tables for Payment Adjustment (DN85) and Paid to Date (DN95) codes to be reported to the WCIS

Added industry code information and online reference.

Section P: Renamed Section O

Section Q: Renamed Section P

Version 2.1

Section A: Deleted sections referring to the variance period for data submission as the variance period has expired.

Section A: Eliminated manual data entry on the World Wide Web as a data transmission option.

Section A: Added File Transfer Protocol (FTP) as a data transmission option.

Section A: Clarified the implementation of EDI by adding an additional step. The Parallel Step now follows the Pilot Step creating a five step process.

Section B: Updated Trading Partner contact information.

Section C: Deleted references to the Release 2 format of EDI.

Section C: Eliminated manual data entry on the World Wide Web as a data transmission option.

Section D: Updated Labor Codes 138.6 and 138.7.

Section E: Updated WCIS regulations.

Section E: Replaced regulations pertaining to WCIS and First Reports of Injury with web-site addresses where regulations are posted.

Section E: Added Industry Code (DN25) to the list of required FROI data elements.

Section E: Removed Current Date Disability Began (DN144) from the list of required SROI data elements.

Section F: Deleted references to the Release 2 format of EDI.

Section F: Deleted reference to using the web site to submit claims data to the WCIS.

Section G: Added Parallel Phase to EDI transmission steps.

Section G: Updated Trading Partner contact information.

Section H: Deleted references to the Release 2 format of EDI.

Section J: Updated information on providers of EDI-related services.

Section K: Deleted references to the Release 2 format of EDI. Clarified language concerning criteria for submitting final (FN) and annual (AN) Subsequent Reports of Injury.

Section L: Deleted Release 2 data elements and references to the Release 2 format of EDI and deleted FROI UR data requirements.

Section L: Changed Social Security Number (DN42) from Conditional/Minor to Mandatory/Serious and added Industry Code (DN25) as a Conditional/Serious data element.

Section M: Deleted Release 2 data edits and references to the Release 2 format of EDI.

Section N: Deleted duplicate batch logic from the general rules for transaction processing and sequencing. Deleted Release 2 Maintenance Type Codes and references to the Release 2 format of EDI.

Section O: Updated Part of Body Codes for Subsequent Reports of Injury.

Section Q: Updated abbreviations and acronyms. Deleted references to the Release 2 format of EDI.

Appendix A: Deleted duplicate batch logic and references to the Release 2 format of EDI.

Version 2.0

Section B: Updated the contact information.

Section C: Language in sub-section 4 was updated to reflect the fact that Release 1 is the preferred file format even though WCIS still supports the Release 2 format.

Section C: Language in sub-section 7 was deleted on how to apply for a variance (delay) as the time deadline for requesting a variance has passed.

Section C: Modified title of current sub-section 7.

Section G: Updated contact information on where to get Trading Partner (TP) Profile forms and where to send the completed form.

Section G: Deleted the section that refers to a variance period as the variance period has expired.

Section G: Updated contact information on where the paper forms will be sent for parallel pilot phase.

Section G: Added two transmission mode options: Integrator and File Transfer Protocol (FTP).

Section G: Added a reference pointing to the February 15, 2002 version of the IAIABC Edit Matrix for information on error messages.

Section H: This section was modified to indicate that the mandatory switch to Release 2 has been postponed indefinitely.

Section H: Added information on the specific version of ANSI X12 that is compatible with WCIS.

Section I: Added detailed information on the FTP transmission mode option.

Section J: Corrected information on providers of EDI-related services.

Section K: Corrected the Trigger Event table to reflect a change in the revised WCIS system that Release 2 “AQ” MTC is not accepted. Alternatively, an “AU” MTC now needs to be sent.

Section L: Updated the Conditional Rules and Implementation Notes FROI: Release 1 and Release 2 data requirements Tables (See “Condition FROI” worksheet) to reflect that the Release 2 “AQ” MTC is not accepted in the revised WCIS system.

Section M: California-specific edits, noted in previous Implementation Guides as “planned edits”, are adopted.

Section N: Updated to indicate that First Reports and Subsequent reports cannot be sent together in a single batch for Release 2 files.

Section N: Updated to reflect the various differences between the revised WCIS system and the old system. This information was included in ENEWS #36 and #37. It is also detailed in Section R. Please note:

- For new claims submitted to the revised WCIS system, TPs will receive a new JCN that will be 22 digits. Existing claims will continue to keep the original 12 digit JCN. Duplicate batches will not be processed. A duplicate batch has the same Sender ID (DN98), Date Transmission Sent date (DN100), and Time Transmission Sent time (DN101) as an earlier batch received and processed by WCIS.

- The MTC date must be less than or equal to the current date.

- Rules that apply to Release 2 “AQ” transactions have been removed.

- Only one “IP” transaction for the same claim will be allowed.

- Medical-only claims with no indemnity payments may be closed with an “AN” MTC (must include a Claim Status = “closed”. “FN” MTC not required to close this type of claim.

- ANSI X12 “ANs” must include the proper ANSI “frequency code”.

- Transaction-level MTC rule for “FS” MTC: Must contain benefit record with Payment/Adjustment Code=240 or 524.

- Secondary Match for FROIs, other than “AU” transactions, also applies to SROIs.

- Compensatory Death MTC automatically closes all Indemnity Benefits (BENs). MTCs that open these closed BENs will be rejected.

Section O: Updates to various code tables.

Section P: Removed the IAIABC EDI implementation Guide Order form as a free downloadable version is posted on the IAIABC web site.

Section P: Removed explanation of differences between Release 1 and Release 2 data formats.

Section Q: Deleted the description of full variance as the variance period has expired.

Appendix A: New section added to detail differences that TPs need to note between the former and revised WCIS systems and past issues that may need clarification.

Version 1.2

Section A: Updated information on paper reporting requirements to DIR during production phase.

Section B: Added description of WCIS e·News that is the WCIS e-mail newsletter.

Section C: Added information on obtaining from the IAIABC a license to use the EDI transaction standards for transmitting data to a state.

Section E: Added copy of letter from Department of Industrial Relations (DIR) stating that fulfilling the requirements of the WCIS regulations regarding transmission of First Reports satisfies the obligation to send paper Employer's Reports (Form 5020) to DIR. Added DIR regulations pertinent to the filing of first reports.

Section F: E-mail address of State updated in Section D of Trading Partner Profile Form.

Section G: Information on paper reporting requirements to DIR during production phase updated. Submission requirement of paper Doctor's First Report (Form 5021) to WCIS during piloting phase changed to optional. Added that ANSI Trading Partners receive 997 Functional Acknowledgment in addition to 824 Detailed Acknowledgment. References to Section I – Transmission Modes added for e-mail and web site Trading Partners. Statements that web site users be able to receive e-mail acknowledgments removed. Piloting procedures clarified.

Section H: Modified to indicate that the ANSI X12 file format for First and Subsequent Reports of Injury Release 2 will be accepted as soon as an implementation guide has been approved by *either* ANSI or IAIABC. Updated WCIS schedule of Supported Transactions.

Section I: Clarified the fact that the Division of Workers' Compensation (DWC) will not pay VAN charges for either incoming or outgoing EDI transmissions. Added specific steps on how to send data as an e-mail attachment or through DWC's website.

Section J: Added new EDI service providers to listing.

Section K: Added Release 1 Subsequent Report table.

Section L: Added Release 1 Subsequent Report table of required data elements and updated data requirements.

Section M: Planned edit on Claim Administrator Claim Number (DN15) removed.

Section N: Deleted reference to CO being preceded by an error message. Also deleted paragraph stating that claims administrators can only update First Report Data elements. Added Benefit Processing Rules and clarified sequencing rules for First and Subsequent Reports. Fixed matching rules table to indicate that Jurisdiction Claim Number must currently be provided on MTC=01, 02, CO, and all subsequent reports. Clarified description of when secondary match data are used.

Section O: Added footnote to table of Employee Mailing Country Codes. Added code 99 – whole body – to Part of Body code list.

Section P: Added information on obtaining from the IAIABC a license to use the EDI transaction standards for transmitting data to a state.

Section Q: Added section on EDI Terminology.

Version 1.1

Sections A and C: Includes minor updates to reflect final regulations.

Section E: Contains updated WCIS regulations, as approved by the California Office of Administrative Law on October 6, 1999.

Section F: Includes a new subsection on who needs to complete the Trading Partner Profile form.

Section G: Introductory paragraph added. Updated to reflect current regulations.

Section J: Includes updated list of EDI service providers.

Section K: Specifies which Maintenance Type Codes are not accepted by WCIS.

Section L: Minor updates to data element requirements and conditional statements.

Section N: Updated “Matching Rules and Processes” table, and revised explanation in “Changed or Corrected Data”.

Section O: Removed code lists for Application Acknowledgment Code, Denial Reason Code, and Employment Status Code.

Version 1.02

Reporting deadlines have been revised throughout to match new timeline in proposed regulations dated June 22, 1999.

Section G: Test, pilot, production process has been revised to provide simpler and more efficient movement through early phases of testing.

Section H: WCIS support for Release 2 file formats has been changed, reflecting recent IAIABC approval of an ANSI X12 format for First and Subsequent Reports of Injury, Release 2.

Version 1.01

Includes revised regulations, removing from the current rulemaking the requirements to submit Medical Bill/Payment Reports.

References to medical reporting requirements are eliminated from throughout the current implementation materials.

Version 1.00

The version previous to 1.00 was not numbered, but was released in February, 1999. Version 1.00 includes substantial modifications throughout. The most significant of these are:

WCIS support for all Maintenance Type Codes has been added.

A schedule has been added indicating what file formats (Release 1, Release 2, flat-file, ANSI X12) will be supported and when.

Test, pilot, and production process has been specified.

California-specific data edits have been specified.

Matching rules and processes have been specified.

Transaction sequencing requirements have been specified.

Processing of acquired claims transactions has been specified.

Lists of valid codes have been added.