Commonwealth of Pennsylvania

Department of Labor & Industry

Bureau of Workers' Compensation

Electronic Data Interchange

(EDI)

Claims Implementation Guide

March 2023

Version 26

TABLE OF CONTENTS

Change Log

Version	Date	Author	Status	Notes
12.0	3/1/2015	EDI Committee	Updated	Corrected 21 day language.
13.0	1/4/2016	EDI Committee	Draft	Updated section 1 with new Helpline process for submitting questions.
13.0	1/4/2016	EDI Committee	Draft	Updated section 2.1 for forms requirements for LIBC-495, 496, 501 and 502.
13.0	1/4/2016	EDI Committee	Draft	Removed section 2.2 Migration considerations – no longer applicable.
13.0	1/4/2016	EDI Committee	Draft	Updated section 2.3 Complying with 90-day rule.
13.0	1/4/2016	EDI Committee	Final	Added section 4.6 for explanation of WCAIS EDI Forms Generation process.
13.1	4/29/2016	EDI Committee	Final	Added form number to the form file name in section 4.6.
13.2	6/1/2016	EDI Committee	Final	Corrected the format of the zip file name in section 4.6.1
13.3	12/1/2016	EDI Committee	Final	Added Award/Order Date clarification and ACK information
14	12/1/2016	EDI Committee	Final	Added details on amended forms relative to receipt of a FROI or SROI 02 in section 2.1
15	2/1/2017	EDI Committee	Final	Claim Type Code B is effective September 2017
15	3/31/2017	EDI Committee	Final	SROI EP & SROI ER are effective September 2017
15	3/31/2017	EDI Committee	Final	PDF File Layout update is effective January 2018
15	5/1/2017	EDI Committee	Final	Suffix population on LIBC forms
16	6/15/2017	EDI Committee	Final	Updated 21 Day language
16	8/10/2017	EDI Committee	Final	Updated PDF Layout & removed language regarding LIBC-764

17	11/6/2017	EDI Committee	Final	Added language on SROI 02 DN carry through on page 18 (effective April 2018)
17	12/11/2017	EDI Committee	Final	AQ may accept but users should read TA text to determine if FEINs are updated. Pg 13 (effective summer 2018)
17	12/11/2017	EDI Committee	Final	Self-Insured Employer FEIN must be in both Employer and Insurer FEIN fields. Pg 13. (effective summer 2018)
18	4/5/18	EDI Committee	Final	Batch schedule update
19	8/7/18	EDI Committee	Final	Ongoing maintenance
20	1/1/2018	EDI Committee	Final	Post Protz updates & additional information on valid FEIN formatting
21	3/1/2019	EDI Committee	Final	LIBC-495B
22	1/1/21	EDI Committee	Final	Amended name of FROI/SROI UR to match how it has always been used in PA. No coding changes needed.
23	9/8/21	EDI Committee	Final	LIBC-90 will now be returned in the ACK for FROI 00, FROI AU, and FROI 04-Pgs 9 & 30
24	11/16/21	EDI Committee	Final	Clarified existing expectation around maintaining claims
25	3/11/22	EDI Committee	Final	New edits on SSN and Claimant First/Last Names.
26	5/16/22	EDI Committee	Final	Updates to Trading Partner Agreement Section effective 1/6/23

1. Introduction

1.1 Preface

The Pennsylvania Department of Labor & Industry's Bureau of Workers' Compensation (BWC) is pleased to introduce its Claims EDI system for receiving claim submissions via Electronic Data Interchange, or EDI. EDI Claims Release 3.0 provides for the electronic transfer of comprehensive injury data and provides significant benefits for Trading Partners and BWC

stakeholders. Data submitted through EDI transactions will be integrated with the Workers' Compensation Automation and Integration System (WCAIS). The WCAIS system provides the Commonwealth of Pennsylvania with the technology to efficiently and accurately manage its workers' compensation responsibilities into the future. Claims EDI transactions for both FROI and SROI were required for all claims as of the project go-live date of September 9, 2013.

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

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

1.2 Background

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

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

Pennsylvania's implementation does have minor differences from other states.

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

1.3 Electronic Data Interchange

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

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

1.4 Resources

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

ACK	Release 3.0 Acknowledgment Report
CA	Claim Administrator
DN	Data Element Number
EDI	Electronic Data Interchange
FEIN	Federal Employer Identification Number
FROI	First Report of Injury
SROI	Subsequent Report of Injury
FTP	File Transfer Protocol
IAIABC	International Association of Industrial Accident Boards and Commissions
JCN	Jurisdiction Claim Number
MTC	Maintenance Type Code
TA	Transaction Accepted
TR	Transaction Rejected
BWC	Pennsylvania Bureau of Workers' Compensation

DLI　　　Pennsylvania Department of Labor and Industry

Websites

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

Commonwealth of Pennsylvania Bureau of Workers' Compensation Website:
http://www.portal.state.pa.us/portal/server.pt/community/workers'-compensation/10386

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

IAIABC Website:
http://www.iaiabc.org/i4a/pages/index.cfm?pageid=3347
This link goes directly to the IAIABC web page where the Claims Release 3.0 Implementation guide is published. Implementation Guide for IAIABC adopted Claims Release 3.0 standards are available on this page. BWC supports the Release 3.0 Version of the Claims EDI.

Email Resources:

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

2.Reporting Rules

2.1 Electronic Data Reporting Format

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

BWC Forms Required
BWC requires the electronic submission of injury reports as part of its EDI Implementation. For all data and information which is submitted to BWC via EDI in connection with filing for which a copy is required by law to be provided to another party, a true and correct copy of such data and information must be provided to that party consistent with the Act, regulations and/or any applicable Department-issued policy statement or written guidance. Some

business scenarios may also require the submission of forms to BWC. These forms are available for download from the DLI website, and should be completed and filed with BWC. The specific forms and their reporting requirements are outlined in the PA Event Table as well as in the tables below.

The following forms must be filed as required by the associated business scenario(s) as identified in the PA Event Table. The claim administrator should indicate the presence of an agreement by populating the Award/Order Date (DN0299) with the date the parties entered into the agreement in the accompanying EDI Transaction. These forms are required by the PA Workers' Compensation Act to be signed by one or more of the interested parties.

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

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

Form	Description
LIBC-392A	FINAL STATEMENT OF ACCOUNT OF COMPENSATION PAID
LIBC-498	COMMUTATION OF COMPENSATION
LIBC-761	NOTICE OF WORKERS' COMPENSATION BENEFIT OFFSET
LIBC-762	NOTICE OF SUSPENSION FOR FAILURE TO RETURN FORM LIBC-760
LIBC-763	NOTICE OF REINSTATEMENT OF WORKERS' COMPENSATION BENEFITS
LIBC-764	NOTICE OF CHANGE OF WORKERS' COMPENSATION DISABILITY STATUS

For the following four forms, submission of the EDI transaction will generate the LIBC form in WCAIS and is sufficient for BWC reporting in the scenarios identified in the PA Event Table. Please note that this enhancement does not change the requirement to mail a copy of the form to the employee/claimant as required by the PA Workers' Compensation Act.

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

Claim administrators may trigger an amended form with submission of a FROI 02 or a SROI 02 and should refer to the FROI & SROI 02 Mapping Reference Sheet for additional details on which data elements will trigger an amended form.

The LIBC 495, LIBC-495B, LIBC-496, LIBC-501, and LIBC-502 forms listed below will not generate if an Award/Order Date field, Lump Sum Settlement code (includes both DN0293 as well as 5xx in DN0085) or sweep of benefits (transactions with a benefit segment missing the MTC, DN0002) is reported on the EDI transaction.

Form	Description
LIBC-495	NOTICE OF COMPENSATION PAYABLE
LIBC-495B	NOTICE OF COMPENSATION PAYABLE
LIBC-496	NOTICE OF WORKERS' COMPENSATION DENIAL
LIBC-501	NOTICE OF TEMPORARY COMPENSATION PAYABLE
LIBC-502	NOTICE STOPPING TEMPORARY COMPENSATION.
LIBC-90	PA EDI FROI Template

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

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

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

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

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

AGREEMENT FOR COMPENSATION FOR DISABILITY OR PERMANENT INJURY **(LIBC-336):**
0031 Date of Injury
0035 Nature of Injury Code
0036 Part of Body Injury Code
0038 Accident/Injury Description Narrative
0056 Initial Date Disability Began
0083 Permanent Impairment Body Part Code
0088 Benefit Period Start Date
0134 Calculated Weekly Compensation Amount
0192 Benefit Payment Issue Date
0286 Average Wage
0077 Late Reason Code

SUPPLEMENTAL AGREEMENT FOR COMPENSATION FOR DISABILITY OR PERMANENT INJURY **(LIBC-337):**
0031 Date of Injury
0035 Nature of Injury Code
0036 Part of Body Injury Code
0038 Accident/Injury Description Narrative
0088 Benefit Period Start Date
0094 Benefit Adjustment Start Date (Modification, Recurred and Specific Loss)
0134 Calculated Weekly Compensation Amount
0193 Suspension Effective Date (Suspension or Termination)

AGREEMENT TO STOP WEEKLY WORKERS' COMPENSATION PAYMENTS (FINAL RECEIPT) (**LIBC-340):**
0031 Date of Injury
0035 Nature of Injury Code
0036 Part of Body Injury Code
0038 Accident / Injury Description Narrative
0056 Initial Date Disability Began
0068 Initial Return to Work Date
0086 Benefit Type Amount Paid

0090 Benefit Type Claim Weeks

2.2 Maintenance Type Codes Required

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

	MTC	**Description**
FROI	00	Original
	01	Cancel
	02	Change / Update
	04	Denial
	AQ	Acquired
	AU	Acquired / Unallocated
	UR	Update Report
SROI	02	Change
	04	Denial
	AB	Add Concurrent Benefit Type
	AP	Acquired Payment
	CA	Change in Benefit Amount
	CB	Change in Benefit Type
	FN	Final
	EP	Employer Paid
	ER	Employer Reinstatement
	IP	Initial Payment
	P1	Partial Suspension, Returned to Work or Medically Determined / Qualified to Return to Work
	P4	Partial Suspension, Employee/Claimant Death
	P7	Partial Suspension, Benefits Exhausted
	PJ	Partially Suspended Pending Appeal or Judicial Review
	PD	Partial Denial
	PY	Payment Report
	RB	Reinstatement of Benefits
	RE	Reduced Earnings
	S1	Suspension, Returned to Work, or Medically Determined / Qualified to Return to Work
	S3	Suspension, Administrative Non-Compliance
	S4	Suspension, Claimant Death
	S5	Suspension, Incarceration
	S7	Suspension, Benefits Exhausted

	MTC	Description
	S8	Suspension, Jurisdiction Change
	SD	Suspension, Directed by Jurisdiction
	SJ	Suspended Pending Appeal or Judicial Review
	UR	Update Report

2.3 Information and Data Reporting

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

Date of Injury (DN0031)
For Date of Injury, if the employee or other relevant individual providing the data is uncertain about the exact date, use the earliest date about which there is some degree of certainty or the date that you received notice of the accident, whichever is earlier. For example, if only the month of the injury is known, use the first day of the month.

Employee Data
The Social Security Number (DN0042) is required, if known.

Valid SSN and Claimant Name formatting:

The Social Security Administration does not issue SSNs beginning with the number 9. Numbers beginning with a "9" may be a Social Security Administration issued Individual Taxpayer Identification Number (ITIN). An ITIN is a tax processing number issued by the IRS that has 9 digits beginning with the number 9. Additional edits, as per the Social Security Administration website parameters, are applied if the SSN provided is all the same number such as 111-11-1111 or where the numbers are in ascending/descending order such as 123-45-6789/ 987-65-4321 or if the two middle digits are "00".

If the Social Security Number is not known, then the Employee ID Assigned by Jurisdiction (DN0154) should be used along with Employee ID Type Qualifier (DN0270) code "A". Claim administrators should contact BWC at 1-800-482-2383 (long-distance calls inside PA) or 717-772-4447 (local and outside PA) for the Employee ID Assigned by Jurisdiction and use it when submitting the FROI 00. If the SSN is later located, the adjuster must contact BWC via a Customer Service Center ticket to report the new information.

Once an SSN has been validated by BWC and the Claim Administrator has received an email regarding any changes made, no further changes may be made by the adjuster to the SSN via an EDI transaction.

The claimant's name may not include numbers or special characters other than a dash (-), a comma (,), or an apostrophe (').

Reminder: Only the following suffixes will populate on the WCAIS profile and in the Employee box on the four Forms Solution forms (LIBC 495, 496, 501, & 502):

JR
SR
III
ESQ
JR, ESQ
SR, ESQ
III, ESQ

Employer FEIN
Employer FEIN (DN0016) is required on all FROI transactions and the SROI 02. For FROI 04 transactions an Employer FEIN is required unless the claim administrator is filing to deny a claim due to no coverage.

Valid FEIN formatting:

The IRS has identified certain invalid FEINs (FEINs beginning with "00", with all the same number such as 99-9999999, or where the numbers are in ascending/descending order such as 12-3456789/ 98-7654321) on their website. Invalid FEINs should not be submitted and may reject.

If the Employer does not have a FEIN (or if the FEIN is unknown or invalid as above), then the claim administrators should contact BWC at 1-800-482-2383 (long-distance calls inside PA) or 717-772-4447 (local and outside PA) for a placeholder Employer ID.

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

Only FEINs belonging to licensed Insurers or TPAs registered in PA may be considered valid to submit in the Insurer FEIN and Claim Administrator FEIN fields. Insurers not registered to submit transactions on behalf of another company may not be listed in the Claim Administrator FEIN field if their FEIN isn't also present in the Insurer FEIN field.

Match Data
Match data elements are used to identify a transaction as a new claim to create, or match to an existing claim for duplicate checking, updating and

processing. On a specific claim, a primary "match" data element value may change and prevent a match. When there is no match on one of the primary "match" data elements, secondary "match" data elements are used to match a claim. Refer to the Edit Matrix Match Data table for the application of primary and secondary match data elements.

- Claimant-specific Match Data Elements:

Employee First Name (DN0044- 1st three letters)
Employee ID (Employee SSN/ DN0042 or Employee ID Assigned by Jurisdiction/ DN0154)
Employee Date of Birth (DN0156)

- Claim-specific Match Data Elements:

Date of Injury (DN0031)
Jurisdiction Code (DN0004)
Jurisdiction Claim Number (DN0005- used for all transactions after the first)
Claim Administrator Claim Number (DN0015- may only be changed on a FROI 02 once established)

- Employer-specific Match Data Elements:

Employer FEIN (DN0016- must be in a valid format and, if it belongs to a Self-insured Employer, must match the FEIN in the Insurer FEIN field)

- Claim Administrator-specific Match Data Elements:

Claim Administrator FEIN (DN0187)- must be in a valid format & belong to a valid, PA-registered, Third Party Administrator or a PA-licensed Insurer. Insurers who are not registered to administrate on behalf of another Insurer should not have their FEIN in this field if their FEIN is not also in the Employer FEIN field.

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

the Employee Last Name (DN0043) may not be changed except on a FROI 02 and also may not be updated at the same time as the Employee First Name (DN0044) and/or Employee Date of Birth (DN0156).

*Note that, when changing FEINs, if the same FEIN was originally placed in multiple FEIN fields then all fields should be changed at the same time to replace one party with another party.

Self-Insured Employer Logic

If the employer is an approved Self-Insured Employer or Self-Insured Employer Affiliate in PA, then the Employer FEIN (DN0016) and the Insurer FEIN (DN0006) fields must contain the same FEIN.

Acquiring Claims

When a new TPA has taken over a policy, a transaction is required to allow the new TPA access to the claim in WCAIS. A FROI AQ is submitted when the previous TPA reported the claim. However, if the previous TPA did not report the claim then a FROI AU should be filed.

If the FROI AQ reports a different Employer FEIN (DN0016) or Insurer FEIN (DN0006) than the data previously reported, no change will be made to WCAIS because a FROI 02 is expected to update each of the fields. Adjusters should review the TA (Transaction Accepted ACK) returned for a message to provide them with details on whether or not the FEINs are different from the previously reported data.

If the Employer FEIN doesn't match, then the system will return an "E" along with the Employer FEIN associated to the claim so the adjuster can determine if an 02 is needed.

If the Insurer FEIN doesn't match, then the system will return an "I" along with the Insurer FEIN associated to the claim so the adjuster can determine if an 02 is needed.

If neither the Insurer FEIN nor the Employer FEIN match, then the system will return both an "E" and an "I" and the Employer FEIN then the Insurer FEIN so the adjuster can determine if an 02 is needed.

Jurisdiction Claim Number (JCN)
The JCN (DN0005) is required for all transactions except FROI 00, FROI 04, FROI AU, and FROI and SROI UR transactions. If JCN is not known, please search for it in WCAIS. If you are unable to locate it, submit an inquiry in WCAIS via the 'Help' or 'Submit a Question' links to request the information

currently in our system. Use this information when resubmitting the transaction so the data matches.

If a FROI or SROI UR transaction is submitted without a JCN, the system will match the claim based on the following fields:
- Employer FEIN
- SSN/Employee ID
- Date of Injury
- Claim Admin Claim Number

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

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

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

Medical only claims are not reviewed for timeliness. The Claim Type Code (DN0074) for a medical only claim must have a value of "M" or "B" else it will be reviewed for timeliness. When only medical bills are paid and claim administrator wishes to generate a medical only form, and there are no indemnity or specific loss payments, claims should be coded as "M" or "B".

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

agreement in the accompanying EDI Transaction. When an Award/Order Date (DN0299) field or settlement code is applied on an EDI transaction, it will prevent the claim administrator from triggering generation of any of the Forms Solution forms (NCP, TNCP, NCD, or Stopping) on that transaction or any similar transaction on the claim going forward. If an Award/Order Date field (DN0299) is populated in error, the claim administrator may submit a SROI 02 with a null or blank Award/Order Date field (DN0299) or blank settlement code field (includes both DN0293 as well as 5xx in DN0085) to trigger the desired NCP, TNCP, NCD, or Notice Stopping.

The Award/Order Date field is also used on all applicable transactions (refer to the Element table for additional details) when a sweep of benefits (transactions with a benefit segment missing the MTC, DN0002) is reported. Web Portal users wishing to report a sweep of benefits must remove the MTC field from the benefit segment and include an Award/Order Date field where applicable. The Award/Order Date field is used to match a Supplemental Agreement in the matching SROI RB reinstating indemnity benefits previously accepted on an NCP, Agreement, or judge's decision. The Award/Order date is also used to match a Supplemental Agreement in the matching SROI CA when modifying the wage to a lower amount after it was already accepted on an NCP or Agreement due to a miscalculation of the Average Wage.

If a claim administrator chooses to use a Notification of Suspension or Modification, form LIBC-751, to modify or suspend benefits paid on the claim, it must be filed within seven days of the modification/suspension effective date. The form must be signed, dated and notarized. In addition, the required EDI transaction MUST be filed concurrently with uploading the completed LIBC-751 onto the claim. In order to be complete, both parts (transaction and uploading of the form) must occur.

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

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

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

If an agreement to pay indemnity benefits (LIBC-336 or judge's decision awarding benefits) has been reached between the parties by the time the Initial Payment (IP) transaction is filed, the claim administrator should indicate the presence of the agreement by populating the Award/Order Date (DN0299) with the date that the parties entered into the agreement. The

claim administrator should also populate the Agreement to Compensate Code with an "L" to indicate that they have accepted liability for the claim. If the claim administrator decides to pay compensation without an agreement, the IP transaction is filed without populating the Award/Order Date (DN0299). When the IP is submitted without the Award/Order Date (DN0299) either an NCP or a TNCP will be triggered. The Claim Type code on a SROI IP, SROI EP, or SROI AP may not be "M" or "B".

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

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

Complying with the 90-Day Rule for Temporary Indemnity Claims

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

Once a claim is accepted with liability, the claim administrator will be prevented from submitting a SROI 04 Denial or SROI PD Partial Denial. The filing of a suspension (SROI Sx) or final (SROI FN) transaction will be prohibited while the Agreement to Compensate Code is set to "W".

Note that, once an NTCP has converted to an NCP at the conclusion of the 90-days, Agreement to Compensate code "W" is no longer applicable for that Claim Type.

Complying with the 90-Day Rule for Temporary Medical-Only Claims
If the claim administrator chooses to file a Medical-Only Notice of Temporary Compensation Payable, the FROI 00 must be filed first to establish the originating transaction. Once the FROI 00 is on file, a Payment (PY) transaction can be submitted with Claim Type code "M" to report the initial payment of medical expenses and to generate the LIBC-501. As with indemnity claims, the Agreement to Compensate Code must indicate that the claim administrator is not accepting liability by coding the transaction with a "W". The claim administrator then has 90 days from the injury date to either accept or deny liability. A medical only NTCP may also be triggered by accepted submission of a Partial Denial (SROI PD).

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

Note that no further medical bills should be reported once the medical only form is filed.

Note that, once an NTCP has converted to an NCP at the conclusion of the 90-days, Agreement to Compensate code "W" is no longer applicable for that Claim Type.

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

Employer Paying Wages In Lieu of Compensation
Beginning in September 2017, BWC will accept the Employer Paid (SROI EP) and Employer Reinstatement (SROI ER) transactions to accommodate scenarios where the employer is paying wages in lieu of compensation.

A SROI EP must be submitted by the claim administrator when the employer is paying wages in lieu of compensation to generate a TNCP or NCP with the Wages Paid In lieu of Compensation checkbox. A SROI IP will reject if the Wages Paid In lieu of Compensation indicator (DN0273) is "Y" (yes).

The SROI ER is used when the employer has resumed paying indemnity benefits after a suspension of benefits.

When the claim administrator takes over indemnity payments from the employer, a SROI IP must be filed.

These claims will be reviewed for 21-day compliance.

Specific Loss

To report specific loss on an NCP in section 4, Benefit Type code (DN0085) 020 must be used along with one Permanent Impairment Body Part (DN0083). You will also need to provide Benefit Type Claim Weeks (DN0090) and Benefit Type Claim Days (DN0091). The first instance of the Benefit Type Claim Weeks and Benefit Type Claim Days will populate in 4a and the second occurrence, if applicable, will populate in section 4c.

To report specific loss in an EDI transaction matching an LIBC 336, 337, or judge's decision you may use the Permanent Impairment Body Part (DN0083) to show the relevant body part(s) in which a specific loss has occurred. Additionally, you will need to report either Benefit Type code (DN0085) 020 or Benefit Type code (DN0085) 030 along with an Award/Order Date field (date claimant has countersigned the agreement or date decision was circulated). You may wish to report the Benefit Type Claim Weeks (DN0090) and Benefit Type Claim Days (DN0091) if applicable.

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

A Partial Denial (PD) with Claim Type code "B" may be used to deny liability for indemnity benefits but continue the payment of medical bills only if an IP transaction is on file with the Agreement to Compensate Code set to "W". If the claim administrator accepts liability for medical expenses, the Agreement to Compensate Code must be set to an "L". If an agreement is entered by the parties, the Award/Order Date (DN0299) should be populated with the date of the agreement and an agreement form as prescribed by the jurisdiction must be filed. The Claim Type code on a SROI PD may not be "I".

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

Industry Code (DN0025)

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

Change Transaction (FROI 02 & SROI 02) Important Reminders

A Change Transaction (FROI 02 or SROI 02) may not be used in place of another transaction (MTC). Commonly seen examples where a SROI 02 is used in place of the appropriate MTC are the SROI IP (for reporting the first indemnity payment) or the SROI Sx (reporting that the claimant has returned to work with no wage loss and the indemnity benefits are suspended). Data provided in previous transactions will carry through to a subsequent Change Transaction unless that data is changed within the subsequent Change Transaction itself; if fields are left blank in an 02 transaction including, but not limited to, the Claim Type code, Agreement to Compensate code, Average Weekly Wage, etc. they are populated using data supplied from the last transaction to possess them. Once you have issued an indemnity transaction with Agreement to Compensate code "L", Agreement to Compensate code "W" will no longer accept on any transaction, including the SROI 02. Filers seeking to change data in a field must replace the previously submitted data with new data rather than leaving the field blank.*

Once a SROI has been filed, a FROI 02 may no longer be used to update the Claim Type code on a claim from the previous one on file.

Note: Change Transactions submitted with blank fields (where previous transactions populated that field) will return a TA ACK (Transaction Accepted Acknowledgement) with a message stating: Blank Field(s)= No Change

*Award/Order Date and Lump Sum/Settlement codes are exceptions and can be made "Null" via a SROI 02 Change transaction (see additional information on this in the Forms Submission section page 15).

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

Modifications not related to Return to Work (CA and CB)
These transactions must be filed when the claimant's compensation has been reduced for reasons other than a return to work (e.g., a recalculation of the average weekly wage). The CA should be filed if the average weekly wage or compensation rate needs corrected, there is a benefit offset, a

credit is taken against future compensation payments, or there is a change in a dependent's status for a death claim. The CB should be filed when the benefit type previously reported is not related to a return to work event, benefit type changes from Total Temporary to Temporary Partial benefits as a result of an Impairment Rating Evaluation, or the employee dies as a result of injuries after indemnity payments were initiated on the claim. Decreases to the AWW or Compensation Rate once an NCP or Agreement has been filed must include an Award/Order Date to match the accompanying document countersigned by the injured worker.

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

This transaction must be filed concurrently with either a Notification of Suspension or Modification (LIBC 751) or a Supplemental Agreement for Compensation (LIBC 337) when the claimant has returned to work at less than the pre-injury wage entitling them to Temporary Partial Disability.

Reporting Fatalities

A First Report of Injury (FROI 00) should be filed within 48 hours for every injury resulting in death. To temporarily accept liability for a fatality, an Initial Payment (IP) transaction should be filed and the Agreement to Compensate Code (DN0075) must be set to "W." To accept liability without an agreement, an IP transaction should be filed with the Agreement to Compensate Code set to "L." To accept liability with an agreement, an IP transaction should be filed with the Agreement to Compensate Code set to "L" and the Award/Order Date (DN0299) should be present.

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

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

Suspending Benefits

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

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

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

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

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

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

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

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

Maintenance of Claims

Claim Administrators are responsible for ensuring claims in WCAIS are kept up to date. This includes making sure all EDI and forms have been filed with BWC (and the claimant) as needed for each claim. Additionally, adjusters are responsible for tracking claims in litigation.

Once litigation has been closed, the adjuster is required to submit matching EDI on the claim to show compliance with the judge's order as well as to reflect the most current activity on the claim in WCAIS. Litigation coming to a close will not update the claim; any transaction (and accompanying form) equating to the order must be submitted.

If an adjuster believes there is more than one claim on file for an injury and there is active litigation, the adjuster and/or their designated representative

must inform the workers' compensation judge assigned to the case so the judge can review the claims in question to make a determination on the correct DOI, employer, and parent claim and, if applicable, can have the claims merged.

2.4 Event Table

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

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

2.5 Data Element Requirements

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

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

2.6 Edit Matrix

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

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

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

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

3.Business Scenarios

3.1 PA EDI Transaction Sequencing

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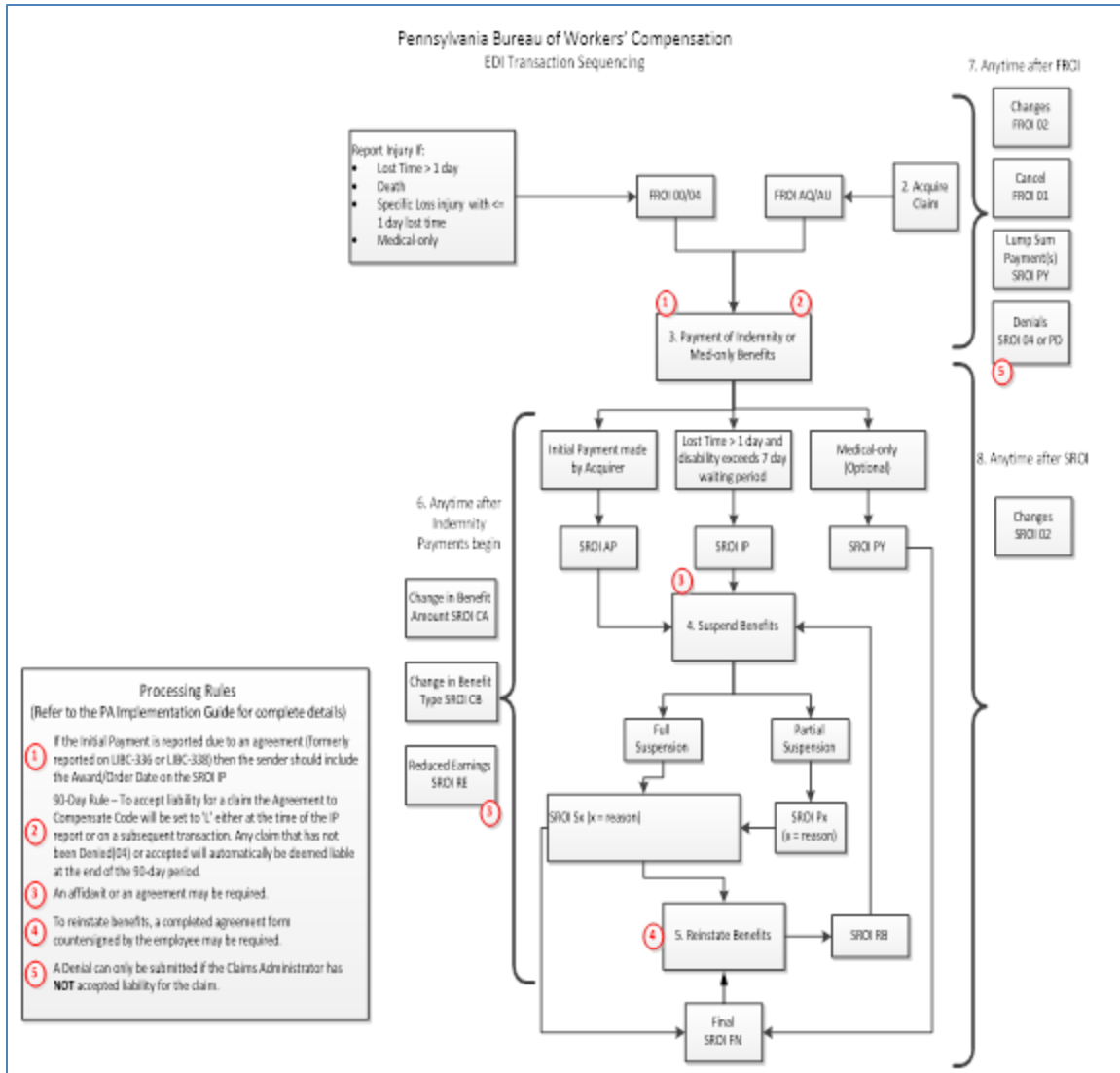
3.2 EDI Transaction Sequencing Rules

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

4.Data Exchange

4.1 File Transfer Protocol

Secure FTP (File Transfer Protocol)

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

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

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

4.2 File Naming Convention

Inbound File Naming Convention

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

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

<version> - The IAIABC release version (R3)
<type> - will be either FROI or SROI
<fein> - Direct-filing Trading Partner/EDI Transaction Partner FEIN or Trading Partner FEIN of the submitting Direct-filing Trading Partners/EDI Transaction Partner
<t or p> - Test or Production Indicator
<date> - current date of the submission, format CCYYMMDD
<time> - the current time of the submission, in the military format HHMMSS
<state code> - the jurisdiction's state code
.txt - default extension for EDI files

Example of First Report of Injury File:

R3FROI_123456789_P_20080218_234501_PA.txt

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

<version> - The IAIABC release version (R3)
<type> - will be either FROI or SROI
<fein> - FEIN of the submitting Direct-filing Trading Partners/EDI Transaction Partner
<t or p> - Test or Production Indicator
<date> - current date of the submission, format CCYYMMDD
<time> - the current time of the submission, in the military format HHMMSS
<state code> - the jurisdiction's state code
.txt - default extension for EDI files

Example of First Report of Injury File:
R3ACK_FROI_123456789_P_20080218_234501_PA.txt

4.3 EDI File Layout

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

```
Example of 1 Batch-1 Transmission (Shown partial for display)
HD1666777888   888777666999999999   234234242200010327074530   P14830
1480020010327PR  666777888ABC INSURER    818181818TPA                406
R21        02CLMADMCLNUM          666777888ABC INSURER
1480020010327PR  666777888ABC INSURER    818181818TPA                406
R21        02CLMADMCLNUM          666777888ABC INSURER
1480020010327PR  666777888ABC INSURER    818181818TPA                406
R21        02CLMADMCLNUM          666777888ABC INSURER
TR2000000006000000003
```

4.4 Reporting Timelines

There are four Flat File batches processed each day: 9 a.m., 2 p.m., 7 p.m., and 11:59:59 p.m. Eastern Standard Time (EST). The cut-off time for the last batch of the day for processing files is 11:59:59 p.m. EST. All files located in the "IN" directory at 11:59:59 p.m. will be processed by BWC with that day's date. Data that arrives after this cut-off time will be processed with the next day's date.

4.5 Acknowledgement Reports

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

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

The second type of ACK record occurs when a batch is not rejected. The transactions within the batch are processed and detailed level (transaction level) data is provided indicating whether the transaction has been accepted (TA) or rejected (TR). If the transaction represents the first filing (FROI 00) and is accepted, BWC will return the Jurisdiction Claim Number (JCN) on the ACK. The JCN should be captured and recorded for later use for subsequent filings. The ACK also provides the WCAIS claim status (Closed, Compensable, Comp Denied, Medical Only, Suspended etc…) after the transaction has accepted. In addition, if the claim status is Temporary, the system will provide the potential date the TNCP will convert to an NCP (barring acceptance or stoppage and denial). Claim Administrators may review the WCAIS claim status provided in the ACK to prevent sequencing errors; Claim Administrators should refer to the PA Event table for additional sequencing information. Adjusters should note that acceptance and acknowledgement of an EDI Claims Release 3.1 transaction does not necessarily mean that the data is in compliance with all statutes and reporting requirements (i.e. amounts, timeliness etc…) and adjusters are responsible for maintaining record accuracy.

If a transaction is rejected detailed error information is provided. It is the direct-filing Trading Partner's/EDI Transaction Partner's responsibility to use this error information for correction purposes. BWC will generate a "sequence number" which will be returned for each transaction on the acknowledgment. The sequence number reflects the order in which the transaction was received from the direct-filing Trading Partner/EDI Transaction Partner within the batch.

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

Acknowledgment Reports will be available in your "OUT" directory by 12:00 p.m. for those transactions sent at 9:00 a.m., by 4 p.m. for those transactions sent at 2:00 p.m., by 9 p.m. for those transactions sent at 7 p.m., and by 7:00 a.m. EST the following business day for those transactions sent prior to BWC cut off for transmissions (before 11:59:59 p.m. EST).

Ongoing Monitoring of Production Status

BWC will continue to monitor EDI Data Quality and acceptance rates (TA ACKs) for every EDI filer. If the EDI filer's acceptance rate falls below the BWC EDI Requirements of 90% FROI acceptance rate, and/or 85% SROI acceptance rate, for five (5) consecutive transmissions, Pennsylvania may require the EDI filer to adhere to the following:

•   Increasingly higher BWC EDI Requirements may be imposed to correct problems and to avoid excessive submissions and the continuing review of the Administrator's written responses.

•   The EDI filer would be required by BWC to submit a written report to the BWC EDI Test Team. The written report is to include the cause and corrective action taken by the Employer/Sender for each error noted on the Acknowledgment file for the last five transmission files (those that fell below the quality threshold).

•   The EDI filer may be required to participate in a fact-finding meeting to determine why BWC EDI Requirements have not been achieved.

Failure to adhere to the aforementioned BWC EDI Requirements may result in the suspension of privileges to submit EDI transaction to PA. EDI filers who are Direct Filers or Transaction Partners that have privileges suspended will have to reapply during the next open application period and successfully complete testing (within the testing time frames) before submitting EDI transactions to PA in the production environment. Note that Direct Filers will need to submit EDI via another submission method, Transaction Partner or Web Portal, until this time

4.6 WCAIS Generated Claims Forms

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

BWC will return a Forms ZIP file for each EDI file submitted by direct-filing Trading Partners/EDI Transaction Partners in addition to the corresponding Acknowledgement file. The Forms ZIP file will contain the WCAIS generated LIBC forms that correspond to the EDI transactions submitted to BWC. These forms will be in PDF format which the trading partner can download in

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

4.6.1   Forms Zip File Naming Convention

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

Forms Zip File Name:
<StateCode>_<FEIN>_<Type>_<Date>_<Time>_<Test/Production>_
<FORMS>_<DateTimeCreated>.zip

• Example:

PA_123456789_F_20170908_234501_P_FORMS_20170909063112.zip
<State Code>- the jurisdiction's state code
<FEIN>- FEIN of the submitting Direct-filingTrading Partners/EDI Transaction Partner
<Type>- will be either FROI (F) or SROI (S)
<Date>- date of the submission, format CCYYMMDD
<Time> - the time of the submission, in the military format HHMMSS
<Test or Production Indicator > - Will be either Test (T) or Production (P)
<DateTimeCreated> - date zip file created, format CCYYMMDDHHMMSS
.zip - default extension for zip files

Each form PDF file within the ZIP file will be associated to a specific EDI transaction from the corresponding data file. The PDF file naming convention includes the Record Sequence Number (DN0107), Jurisdiction Claim Number (DN0005), Maintenance Type Code (DN0002), and the Claim Administrator Claim Number (DN0015). The elements that make up the file name provide the necessary linkage to the specific EDI transaction in the data file.

PDF File Name:
<state code>_<JCN>_<MTC>_<form ID>_<Claim Admin Claim Number>_<record sequence number>_.pdf

• Example:
PA_7045656_IP_495_000000101_1234567.pdf

<Form ID>- LIBC form number (495, 496, 501, 502, 90)

4.6.2   Forms Zip File Download Path

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

Test Files: /Outgoing/Test/Forms/
Prod Files: /Outgoing/Production/Forms/

Schedule:
BWC Cut-off for transmissions – 9am; 1pm; 6pm 11:59:59PM Eastern Time
BWC Acknowledgment return – 11am; 3pm; 9pm; 7am Eastern Time

6. EDI Partnership

6.1 EDI Claims Submittal Process

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

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

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

6.1.1   EDI files via a Transaction Partner

BWC has partnered with industry-leading EDI Transaction Partners. These Transaction Partners provide services to clients to submit EDI transactions to jurisdictions. In the context of EDI, claim administrators, insurers and self-insured employers are Trading Partners. All Trading Partners have the option of selecting an EDI Transaction Partner to submit reports to BWC or of submitting EDI transactions directly to BWC. BWC does not endorse a particular EDI Transaction Partner, but all Partners have been vetted to ensure that they are capable of meeting the requirements set forth in this Implementation Guide. It is the responsibility of the individual Trading Partners to choose which EDI Transaction Partner best meets their needs, if they choose to utilize one. This model is similar to the one already in place in BWC for EDI Release 1 FROI submittals.

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

- Mitchell International, Inc.

- Ebix, Inc.
- HealthTech, Inc.
- Insurance Services Office (ISO), Inc.
- Aerie EDI Group
- Riskonnect, Inc.

6.1.2   EDI Direct Filing

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

6.1.3   EDI Claims Web Portal

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

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

6.2 Jurisdiction EDI Flat File Transmission Profile (Receiver)

Receiver Name: Pennsylvania Department of Labor & Industry Bureau of Workers' Compensation

FEIN: 23-6003107

Postal Code: 17104-2501

Release 3 BWC Transmission Requirements Transaction IAIABC Claims Release 3.0 FROI & SROI

6.3 Jurisdiction Requirements

EDI Trading Partner Agreement Application Requirements

Claim Administrators are companies that adjust workers' compensation claims. Trading Partners are Claim Administrators that submit EDI on behalf of themselves and other Claim Administrators. BWC requires Trading Partners to complete an annual Trading Partner Agreement Application

(Application) to certify the use of Electronic Data Interchange (EDI) technologies in Pennsylvania. Failure to re-certify annually between 7/15-10/15 each year as well as maintain information when it changes could result in removal from the list of active filing companies. Filers who are removed from the list of active filing companies may begin to experience rejected EDI transactions.

Below are the Application details which must be maintained annually and as changes occur. Trading Partners may verify and update their Application data within the Trading Partner Agreement Application screens in WCAIS:

1. BWC requires each Trading Partner, including those who plan to use a Transaction Partner, to provide the submission method the Trading Partner will use to send data to BWC. These options include the WCAIS Web Portal, Flat File submission via a Transaction Partner, or as a BWC-tested and approved Flat File Direct Filer.

2. BWC requires the Trading Partner to provide and maintain a list of claim administrators companies (Insurer, TPA, Group Fund, and Self-Insured Employer) on whose behalf EDI transactions will be sent. This list must include an accurate legal name, FEIN, and Bureau Code for each. When changes occur to the list the Trading Partner is maintaining, they must either add or inactivate these companies within seven (7) days of the addition or inactivation.

3. BWC requires a name, email, and phone number for at least two contacts, one business and one technical, for each company, in case there is a question on the claim or an error in the Application. We ask when changes occur to any contact, the Trading Partner update the contact list as soon as possible to ensure communication is not impacted.

4. Trading Partners must re-certify on an annual basis. When you add a new Application, the certification is done by completing the requested details on the Certification tab and marking the certification checkbox to agree to the terms provided. Note that a new Application should always be used if the Trading Partner updates their Submission Method.

5. Trading Partners must provide thirty (30) days' notice to BWC in writing if they intend to discontinue the use of EDI.

6. The Trading Partner must correct errors in rejected transactions within ten (10) days of receiving the acknowledgement.

Note that only one application is considered active at any point in time. All registered representatives of your company may view prior year's

applications, but only registered users designated as a Trading Partner contact will have access to amend or submit new Trading Partner Applications. Prior applications may no longer be amended once a new Application is submitted. While BWC is reviewing an application, no edits will be possible. Once you have submitted a new Application or an amendment, you will receive an email confirming either that the update is approved or requesting additional details before approval can be given. When an amendment or new Application is approved and you receive the email, you may then view and save a copy of the Application's transcript for your records.

BWC reserves the right to terminate this Application for any reason, including filer's organization's failure to comply with the provisions of this agreement, upon 30 days' written notice.

7.Glossary

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

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

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

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

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

Agreement for Compensation for Death (LIBC-339); Agreement to Stop Weekly Workers' Compensation Payments (Final Receipt) (LIBC-340); Third Party Settlement Agreement (LIBC-380). Transactions reporting an Agreement must include an Award/Order Date field.

Agreement to Compensate code- A code identifying the condition under which medical and/or indemnity benefits are being paid.

> L= With Liability- The claim administrator has accepted the claim and is paying for medical and/or indemnity. This code is used by an adjuster to indicate benefits are being paid under an NCP, an Agreement for Compensation, or a judge's decision awarding benefits. Note that, once you have accepted a benefit with "L", then you may not go back to "W" for that benefit.

> W- Without Liability- The claim administrator has not yet accepted the claim and is voluntarily paying for medical and/or indemnity benefits for the 90-day temporary period. This code is used by an adjuster to indicate benefits are being paid under an NTCP.

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

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

Award – The grant in whole or part of benefits or other relief to a claimant under the Pennsylvania Workers' Compensation Act, Pennsylvania Occupational Disease Act or the regulations promulgated thereunder, as set forth in a decision, opinion or order circulated by a workers' compensation judge, the Workers' Compensation Appeal Board or a Pennsylvania court. Transactions reporting a judge's decision must include an Award/Order Date field.

Award/Order Date- The date associated with an award, order, settlement, or agreement

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

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

Claim Administrator – An insurer, self-insured employer or third-party administrator adjusting claims in Pennsylvania.

Claim Type code- A code representing the current classification of the claim.

> M= Medical Only- Only medical treatment has occurred on the claim. No indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) have been paid on the claim. The following transactions may have CTC M: FROI 00, FROI 01, FROI or SROI 04, FROI AU, FROI AQ, SROI FN, SROI PD, SROI PY, FROI or SROI UR, and FROI or SROI 02

> I= Indemnity for Lost Time- Indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) are being or were paid and there was immediate and continuous lost time from the Date of Injury to beyond the waiting period. The following transactions *must* use CTC I: IP, AP, AB, CA, CB, EP, ER, P1, P3, P4, P5, P7, PJ, RB, RE, & Sx. The following transactions may have CTC I: FROI 00, FROI 01, FROI or SROI 04, FROI AU, FROI AQ, SROI FN, SROI PY, FROI or SROI UR, and FROI or SROI 02.

> B= Became Medical Only- Previously reported as Claim Type code I. It was later determined that no lost time has actually occurred and any indemnity checks initially paid may or may not have been returned/cancelled on the claim, and only medical treatment is now applicable on this claim. The following transactions may have CTC M: FROI 00, FROI 01, FROI or SROI 04, FROI AU, FROI AQ, SROI FN, SROI PD, SROI PY, FROI or SROI UR, and FROI or SROI 02

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

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

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

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

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

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

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

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

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

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

Format - The technical method used to exchange information.

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

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

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

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

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

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

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

Impairment Rating Evaluation (IRE) – A medical examination requested pursuant to §306(a.2) of the Pennsylvania Workers' Compensation Act to determine the degree of whole body impairment that is attributable to the work-injury. The outcome of an IRE may alter the maximum number of weeks for which disability benefits are payable.

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

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

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

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

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

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

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

R22 - SROI companion record. A record sent to the jurisdiction to complete the BWC's SROI reporting requirements. The SROI companion record is

identified by a Transaction Set ID of "R22" and has a specific record layout. Population of the record is dependent on BWC's Element Requirement Table.

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

Trading Partner - An entity that has entered into an agreement with another entity to exchange data electronically. For the purpose of this document trading partner refers to the claim administrators who will be sending EDI Claims transactions to BWC either on their own behalf or additionally on the behalf of others as well as their own.

Trading Partner Agreement - Trading Partner Agreement is an agreement that describes the expectations between two entities exchanging data electronically. These expectations include, but are not limited to what submission method to use, company contacts, Claim Administrators falling under the Trading Partner's purview, and agreed upon timelines for changes to the above information.

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

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

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

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

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