



WELCOME TO THE OKLAHOMA WORKERS' COMPENSATION COMMISSION (OKWCC) EDI CLAIMS RELEASE 3.1 INFORMATION WEBINAR

DATE: JUNE 19, 2018 TIME: 2:30 PM EST, 1:30 PM CST – 4:30 EST, 3:30 PM CST

For Claim Administrators, Insurance Companies, Third Party Administrators, Self Insured Employers & EDI Service Providers.





Welcome to the Oklahoma Workers' Compensation Commission (OKWCC) EDI Claims Release 3.1 Information Webinar During the Information Webinar

- All attendees phones will be muted for the duration of the Session.
- Any questions during the Information Session, please send an email to <u>okwccedi@iso.com</u>.
 - The questions will be presented during or immediately following the session as time permits.
 - All questions and answers will be available online at <u>https://okwccedi.info</u> shortly after the Information Session.
- This Information Session is being recorded and will be available online for future viewing at <u>https://okwccedi.info</u>.

Introduction of Presenters

Oklahoma Workers' Compensation Commission

Eric Russell, Legal Operations Director

Cathy Higgins, Data Analyst

Christopher Herndon, IT Strategist

ISO Workers Compensation Standards division

Amy E. Cooper, WCP | Business Associate

Robbie Tanner | wcCapture Product Manager

Nancy Johns | wcAnalyzer Product Manager

Natalie Tarazona, WCP | wcCapture/wcAnalyzer Assistant Product Manager

Linda Yon | wcCapture Assistant Product Manager

Overview of Electronic Data Interchange of Claims

(EDI Claims)

What is EDI?



Electronic Data Interchange (EDI) is the electronic exchange of data between *business* trading partners, in a standardized format.

Oklahoma is using the IAIABC National Standard, EDI Claims Release 3.1 to replace paper reporting. These paper reports are identified in the Event Table – Form to MTC Crosswalk table. Implementation Considerations and Coordination Access IAIABC Claims Release 3.1 Implementation schedule at: https://www.iaiabc.org/iaiabc/EDI_Claims.asp

	Find Information. Connect People.						
	Membership	Resources •	EDI Standards	Events and Education	Connect		
Select EDI Claims			EDI Claims				
from the EDI	EDI Claim	s Standar	EDI Medical				
Standards menu	IAIABC EDI Claims S report of injury and		EDI Proof of Coverage	port workers' compensation risdictions, EDI Claims Rel			
Standards mena	the most current release and is mainta Release 3.1 is published on January 1 o		Electronic Medical Billing	ised documentation for EDI Claim			
Claims Release	Claims Stat	e Implemer	Standard References				
3.1	Download the EDI J EDI Standards.	urisdictional Profi	Standards Development	bout implementations of all IAIABC t			
Implementation	View the EDI Jurisd Standards.	ictional Summary	Licensing	ementation insight on all I	AIABC EDI		
schedule	View the Claims Release 3.1 Implementation Schedule						

The Oklahoma Worker's Compensation Commission (OKWCC) is transitioning from paper reporting of workers compensation claims to electronic reporting using IAIABC Claims Release 3.1 First Report of Injury (FROI) and Subsequent Report of Injury (SROI).

Electronic reporting will be required for all trading partners: insurers, self-insured employers, and claim administrators. Mandatory implementation is planned for September 1, 2018.

The Administrative Workers' Compensation Act, 85A O.S., §1 et. seq., can be accessed at <u>www.oscn.net</u>.

The rules of the Oklahoma Workers' Compensation Commission can be accessed at <u>www.wcc.ok.gov</u>, under "About the Commission", and "Governing Documents".

For Oklahoma Worker's Compensation Commission EDI is intended to replace the following forms/paper reports. EDI <u>does not</u> replace all paper submissions to the Workers' Compensation Commission.

- CC-FORM-2: EMPLOYER'S FIRST NOTICE OF INJURY
- CC-FORM-2A: EMPLOYER'S INTENT TO CONTROVERT CLAIM
- CC-FORM-2A Extension: EMPLOYER'S APPLICATION AND AUTHORIZATION FOR EXTENSION OF TIME TO FILE CC-FORM-2A
- CC-FORM-4: REPORT OF COMPENSATION PAID

When Oklahoma refers to forms /paper reports, these are forms/paper reports that have been mailed to the commission historically and/or will be replaced by FROI and SROI MTC reports that will be sent electronically. These forms/paper reports are identified in the Event Table – Form to MTC Crosswalk table under the Paper Equivalent Form(s) column with an indication of the FROI or SROI MTC that should be reported in place of the form/paper report(s).

The Commission's EDI information including registration and requirements are available on the EDI website located at <u>https://okwccedi.info</u>.

Effective Friday August 31, 2018, ensure the last reportable paper report to Oklahoma is received by Oklahoma. All paper reports not received by Oklahoma on August 31, 2018 by 4:00 PM CT -5:00 PM ET must be submitted electronically per the Event Table effective on the mandate date September 1, 2018.

Effective Monday September 1, 2018, electronic reporting for all Trading Partners will begin and paper reports will no longer be accepted or allowed by Oklahoma.

Trading Partner Registration: <u>Extended</u> now through 8/1/2018. Original date was 6/1/2018

Trading Partner Agreement: Must be signed and returned by 8/1/2018.

Trading Partner/EDI Vendor Testing: <u>Began on 4/9/18</u> and continues through 08/24/2018

Acceptance of paper forms: Now through 8/31/2018

Mandatory FROI SROI EDI Reporting Begins: 9/1/2018

Oklahoma & the Trading

Partners

Who is a Trading Partner?



A Trading Partner ______ is an entity that enters into an agreement with Oklahoma to exchange data electronically.

Who can become a Trading Partner?



Oklahoma Trading Partners



Claim Administrators Insurers & Self-Insured Employers

Third Party Administrators

Trading Partner Profile (TPP) Registration

 Trading Partners must register electronically through the Oklahoma EDI website at <u>https://okwccedi.info</u> by selecting Trading Partner Registration on the left side of the page

Trading Partner Profile					
Trading Partner Registration					
Registration Instructions					
Trading Partner Agreement					

- In addition to registering electronically, in accordance with 85A O.S., § 6(A)(1)(a) and 85A O.S. § 123, trading partners must complete a Trading Partner Agreement located on the left hand side of Oklahoma's EDI Website underneath the Trading Partner Registration Instructions document. The signed agreement must be emailed to okwccedi@iso.com.
- All Trading Partners must electronically register and also submit a signed Trading Partner Agreement in order to be approved for production. Oklahoma Trading Partners must register via the Trading Partner Profile Registration and also have this additional Trading Partner Agreement signed and returned by 8/1/2018.

Oklahoma Workers' Compensation Commission Electronic Trading Partner Agreement

- A signed copy of this Electronic Trading Partner Agreement (Agreement) shall be submitted to the Oklahoma Workers' Compensation Commission (Commission) prior to submitting data through electronic data interchange (EDI) by every Trading Partner, the business entity which submits detailed workers' compensation data whether Insurer, Self-Insurer, Claim Administrator, Third Party Administrator, or other Sender. The Trading Partner may sign the Agreement, or submit multiple Agreements signed by each of its Insurers, as defined in number 3 below.
- The undersigned hereby agrees to the following items, a and b, with regard to each submission of detailed workers' compensation data to the Commission through EDI whether submitted directly by the Trading Partner or indirectly through a vendor:
 - a. The undersigned and its attorney of record, if applicable, are providing their electronic signature, which constitutes their declaration under PENALTY OF PERJURY that the submission is true, correct, well grounded in fact, warranted by law and complete, to the best of their knowledge.¹
 - b. The undersigned understands 85A O.S., §6(A)(1)(a) of the Administrative Workers' Compensation Act is applicable to each submission and provides: "Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: (1) obtaining any benefit or payment ... shall be guilty of a felony." Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine, or both.
- 3. The Trading Partner is submitting data on behalf of an insurer, self-insured employer, or group- self-insurance association (collectively "Insurer") listed in the approved Trading Partner Profile submitted and any amendments thereto. The Trading Partner, as part of this agreement, shall file an updated list of Insurers within thirty (30) days of the addition or removal of an Insurer.

Agreed to this _____day of ______, 20____by the Trading Partner or Insurer or by one of their duly authorized or lawfully empowered representatives.

(Signature)_____

(Name)__

(Title)

(Organization)_

(Trading Partner Sender ID):_

¹ 85A O.S. § 123 stipulates that "[a]ny form, claim, ans wer or report to be filed by any person with the Workers' Compensation Commission pursuant to this act shall contain or be verified by a written declaration that such form, claim, ans wer or report is true and made under the penalty of perjury."

We've received many questions asking for a definition of the **"Trading Partner** Sender ID". It is a combination of the Sender's FEIN followed by the **Sender's Postal Code.** This is the same Sender ID used when you register your Trading Partner Profile.

Trading Partner Transition from Paper to Mandatory **Reporting of EDI** Claims Release 3.1

Trading Partner Transition to Mandatory FROI SROI EDI Reporting

How does the transition work?

New Claims: Claims that are new and have never been reported. For each new claim, review the FROI Event table to determine which event would cause you to report the claim to Oklahoma.

Legacy Claims: Claims previously filed on paper.

Oklahoma expects the FROI UR and SROI UR report submissions to be completed by 11/1/18.

Trading Partner Transition to Mandatory FROI SROI EDI Reporting

What EDI FROI report should be sent for Legacy Claims? (Claims previously filed on paper)

For each Legacy claim, submit a FROI UR (Upon Request) if the claim is open or has been re-opened based on the FROI UR entry noted on the Event Table. Trading Partners should make the determination as to whether a claim is open and should be reported to Oklahoma. The FROI UR should be the first FROI filed on the legacy claim. Other FROI reports and or SROI reports can follow the FROI UR depending on the next reporting event needed on the claim.

Normal sequencing will apply to the MTC that follows the FROI MTC UR.

New Adoption of Release 3.1: Oklahoma FROI UR

/			Maint	enance Type	Event Rule		Report Trigger			
	Release	Report	Code	Description	Criteria	From	Thru	Criteria	Trigger Value	
	v	Type 🔻	v	٣			٣	v	٣	
	3.1	FROI	UR	Update Report	2=EDI Mandate	9/1/18		J = Jurisdiction Defined	Legacy Claims : All open and re-	
					Date				opened claims (including indemnity	
									and medical) with Date Of	
									Injury(DN0031) >= 2/01/2014	
									previously filed on paper. These	
									claims are based on Date Claim	
									Administrator Had (Notice or)	
									Knowledge of the Injury (DN0041)	
									prior to Trading Partner Production	
									Date.	
									Note: OKWCC expects the FROI UR	
									report submissions to be completed	
									by 11/1/18.	-

Trading Partner Transition to Mandatory FROI SROI EDI Reporting

What EDI SROI Report should be sent for Legacy Claims? (Claims previously filed on paper)

For each Legacy Claims with Existing Payments for Open Claims and/or Re-Open Claims with Date Of Injury (DN0031) >= 2/01/2014 where a FROI UR has been filed then file a SROI MTC UR as the first SROI filed following the FROI MTC UR when payments exist on the legacy claim. Any payments including Benefits and Other Benefits.

Following the SROI MTC UR that is in TA acknowledgment status, any SROI MTC can follow where the next SROI MTC would be the SROI that reflects the next action needed on the claim(s). Normal sequencing will apply to the MTC that follows the SROI MTC UR.

If the SROI MTC UR is in TE acknowledgment status, a SROI MTC CO should be sent to resolve the error(s).

Note: The SROI UR requirements are similar to a periodic SROI MTC SA (Sub Annual) (sweep) so that Oklahoma can receive the current payment information, see Element Requirement Table SROI with MTC UR.

New Adoption of Release 3.1: Oklahoma SROI UR

	_	M	aintenance Type		Event Rule			Report Trigger
Release 👻	Report Typ 👻	Code	Description	Criteria	From 🔻	Thru 💌	Criteria 🔻	Trigger Value
3.1	SROI	UR	Update Report	2=EDI Mandate Date	9/1/18		J = Jurisdiction Defined	Legacy Claims with Existing Payments for Open Claims and/or Re-Open Claims with Date Of Injury (DN0031) >= 2/01/2014 where a FROI UR has been filed: File a SROI MTC UR as the first SROI filed following the FROI MTC UR when payments exist on the legacy claim. Following the SROI MTC UR that is in TA acknowledgment status, any SROI MTC can follow where the next SROI MTC would be the SROI that reflects the next action needed on the claim(s). Normal sequencing will apply to the MTC that follows the SROI MTC UR. (Note: If the SROI MTC UR is in TE acknowledgment status, a SROI MTC CO should be sent to resolve the error(s).) Note: The SROI UR requirements are similar to a periodic (sweep) so that OKWCC can receive the current payment information, see Element Requirement Table SROI with MTC UR. Notes: OKWCC expects the SROI UR report submissions to be completed by 11/1/18. Existing Payments: Any payments including Benefits and Other Benefits.
3.1	SROI	UR	Update Report	2=EDI Mandate Date	9/1/18		J = Jurisdiction Defined	Legacy Claims with NO Existing Payments for Open Claims and/or Re- Open Claims with Date Of Injury (DN0031) >= 2/01/2014 where a FROI UR has been filed: If a legacy FROI has no payments, then a SROI MTC UR is not required to follow the FROI UR. The normal SROI sequencing rules will apply to allow the first payment and/or other various reports to be the first SROI accepted; for example SROI MTC CD EP IP PY can follow the FROI MTC UR.

Trading Partner Transition to Mandatory FROI SROI EDI Reporting

When should the UR reports be sent for Legacy Claims? (Claims previously filed on paper)

 Oklahoma expects the FROI UR and SROI UR report submissions to be sent right away and would like these to be completed by 11/1/18.

Trading Partner and **EDI Vendor** Testing

Testing for Oklahoma's transition from paper to IAIABC Claims Release 3.1 started back on 4/9/2018 for Oklahoma's FROI SROI Requirements V1.3.

Oklahoma published Oklahoma FROI SROI Requirements V1.4 on 6/12/18.

Oklahoma V1.4 changes will be available for testing starting on 7/2/18 will continue through 08/24/2018.

Registrations must be submitted and approved prior to testing. The Commission will accept registrations through extended through 8/1/2018.

Testing for Oklahoma will be handled by Oklahoma's EDI Claims vendor, ISO - Workers Compensation Standards division

All Trading Partners will be required to complete the published Oklahoma test plan to verify their ability to file electronically with Oklahoma prior to the EDI Claims Release 3.1 implementation date.

For Trading Partners who are currently or are planning to file EDI Claims Release 3.1 FROI/SROI reports through an EDI vendor, the vendor will be required to complete the test plan once on behalf of all their clients. Once the vendor is approved for production, the Trading Partner will also be approved for production.

For Trading Partners who are planning to file EDI Claims Release 3.1 FROI/SROI reports without using an EDI Vendor, they will be required to complete the test plan on their own behalf.

Oklahoma ISO wcPrism Web Entry users are not required to test.

The 5 Test Stages of Testing

Stage 1: EDI Trading Partner Profile **Electronic Registration Stage 2:** Pretest and Technical Capability Test Stage 3: Business Content Test (FROI) **Stage 4:** Business Content Test (SROI) **Stage 5:** Oklahoma Test Completion (FROI and SROI)

The 5 Test Stages of Testing

The following 5 Test Stages must be completed.

Stage 1: <u>EDI Trading Partner Profile Electronic Registration & signed Trading</u> <u>Partner Agreement</u>

Complete the Electronic EDI Trading Partner Profile online, and sign and return the Trading Partner Agreement. Please note that the information on the registration is used for both testing and production reporting.

Stage 2: Pretest and Technical Capability Test

Complete the technical capability test to ensure that the file structure is valid per the IAIABC EDI Claims Release 3.1 standards. This portion ensures that the Header Record is populated with the correct Sender ID, the Receiver ID and other data validations.

The file structure/format for the test files must be correct.

Stage 3: Business Content Test (FROI)

The business content test for FROI requires at a minimum the FROI MTCs, **(00,01,02,04,UI,UR,CO)** to be tested in accordance with the Oklahoma R3.1 Test Plan.

When considering the FROI reports that will be tested, it is recommended that a <u>review</u> of Stage 4 SROI testing be performed at the same time to determine if additional FROI test reports are needed to establish claims in order to successfully complete the SROI testing.

Stage 3: Business Content Test (FROI)

Upon completion of Batch 1 and 2 of FROIs, the Trading Partner and/or their EDI Vendor must request testing review and approval of the minimum transactions listed from Oklahoma by submitting the **Oklahoma EDI Testing Feedback Request List R3.1** to <u>okwccedi@iso.com</u>.

Oklahoma will then notify the Trading Partner by email if the Trading Partner has passed the FROI tests and is approved to proceed with SROI testing.

Stage 4: Business Content Test (SROI)

The business content test for SROI requires at a minimum the SROI MTCs (02 04 CA CB CD CO EP ER FN IP PD PY RB SA Sx UI UR VE)

to be tested in accordance with the Oklahoma R3.1 Test Plan. Because the SROI testing builds on the accepted FROIs, ensure that there is an adequate number of FROIs reported in Stage 3 to meet the SROI testing needs in Stage 4. For SROI reporting, special attention should be made for sequencing.

Upon completion of SROI minimum test transactions, the Trading Partner and/or their EDI Vendor must request testing review and approval from Oklahoma by submitting the **Oklahoma EDI Testing Feedback Request List R3.1** to <u>okwccedi@iso.com</u>.

Stage 5: Business Content Test (SROI)

After completing Stages 1 through 4, and being approved for Production, Stage 5 will complete the final steps will be completed to setup for Production Status for FROI and SROI reporting effective September 1, 2018.

Test/Production Indicator:

The Test/Production Indicator on the Header Record will change from T (Test) to P (Production) to indicate that the records contained in the file are production data.

Trading Partner Profiles must be kept up-to-date.

OKLAHOMA **EDI CLAIMS** WEBSITE **OVERVIEW**



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Welcome to EDI Services for Oklahoma

The Oklahoma Workers' Compensation Commission (WCC) is pleased to announce a new and more efficient method for trading partners (insurers, self-insured employers, and claim administrators) to submit the employer information which is currently reported on the following WCC forms: CC-Form 2, CC-Form 2A, CC-Form 2A Extension and CC-Form 4.

https://okwccedi.info

Beginning September 1, 2018, electronic filing of First Report of Injury (FROI) and Subsequent Report of Injury (SROI) will become mandatory. Electronic reporting will be accomplished through EDI transmission using the Claims 3.1 reporting standards adopted by the International Association of Industrial Accident Boards and Commissions (IAIABC). Additional information can be found online at the IAIABC website, http://www.iaiabc.org

The Oklahoma WCC EDI Implementation Guide and Requirement Tables provide more information on EDI basics and required electronic documents.

WCC has selected ISO's Workers Compensation Solutions division (ISO) to manage electronic FROI and SROI reporting. ISO will register trading partners, conduct testing, collect EDI data and submit data to WCC.

If you have any questions or concerns regarding implementation of EDI FROI and SROI reporting in Oklahoma, please contact ISO at okwccedi@iso.com.

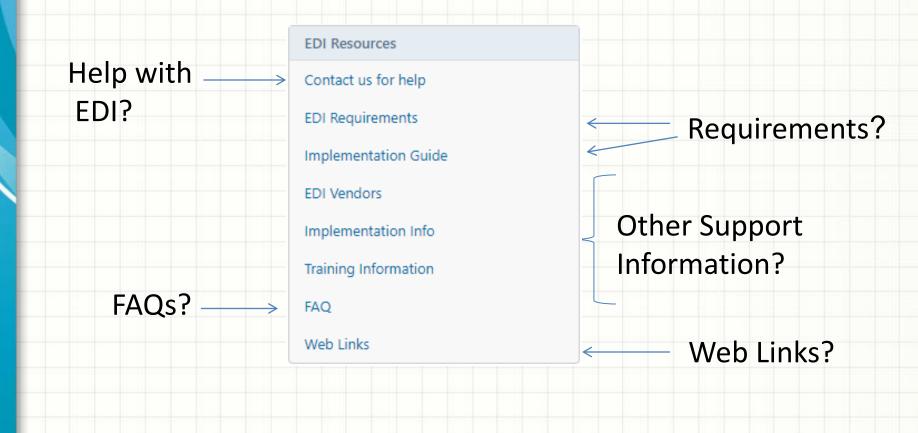
To register to report electronically with WCC, complete a Trading Partner Profile – New Profile located in the navigation bar on the left. Note: WCC's Rules require a trading partner to submit a completed EDI Trading Partner Profile at least two (2) days before reporting electronically.

It is important to keep all your information up to date. Use the Trading Partner Profile – Update Profile to change your information.

Please be sure to check the "What's New" section of this website, located at the top of this screen for periodic updates on technical and business requirements.

Oklahoma EDI Claims Website Overview

Where can I find the information that I need to assist with the EDI reporting to Oklahoma?





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EDI Requirements

Version 1.4 - Revision Date: 6/12/2018

Download the Requirements by clicking on the links below.

The Requirements are housed in three tables:

🕙 Event Table

This table relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information.

🕙 Element Requirements

This table lists the individual data element requirements

🕙 Edit Matrix

This table provides information on the edits that will apply to each data element and the edits that will be applied based on the population of the data element.

Oklahoma EDI Claim Website Overview



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OK WCC Master Sender ID - FROI/SROI

Please click on the following link for information on the Master Sender ID.

• 📓 OKWCC-Master Sender ID FROI_SROI.pdf

Oklahoma Workers' Compensation Commission (OK WCC) EDI Claims Release 3.1 Test Plan - Testing Requirements

OKWCC Claims Release 3.1 Testing Requirements.pdf

Oklahoma EDI Testing Feedback Request List R3.1

• 🗃 OKWCC Claims Release 3.1 Test Feedback Request List.xlsx

OK WCC Transition from Paper to IAIABC Claims Release 3.1 Timelines Summary

GKWCC_IAIABC_ISO Transition from Paper to Release 3.1.pdf

Trading Partner Profile

Trading Partner Registration

Registration Instructions

Oklahoma Worker's Compensation Commission (OK WCC)



Master FEIN and Postal Code for EDI Reporting

Master FEIN: 736017987 Master Postal Code: 731054919

For the FROI (148) and SROI (A49) Header (HD1) Record:

- Trading Partners should populate the Sender ID-DN0098 with the Trading Partner's FEIN and Postal Code established per the Trading Partner Registration.
- Trading Partners should populate the Receiver ID-DN0099 with OKWCC's Master FEIN: 736017987 and Master Postal Code: 731054919.

For the Acknowledgment (AKC) Header (HD1) Record:

- OKWCC will populate Sender ID-DN0098 with OKWCC's Master FEIN: 736017987 and Master Postal Code: 731054919.
- OKWCC will populate Receiver ID-DN0099 with the Trading Partner's FEIN and Postal Code established per the Trading Partner Registration.

Oklahoma EDI Claims Website address: <u>https://okwccedi.info</u> Click on 'What's New' link to obtain access to News and Updates where you will find the announcements and other various information. For example, the recorded Oklahoma Electronic Data Interchange Claims Information Webinar will become available at a later date on this page.



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DESCRIPTION	DATE POSTED
🕢 Oklahoma EDI Claims Release 3.1, Version 1.4 EDI Implementation Guide and Requirement Tables Are Now Available	6/12/2018
GWWCC Additional Trading Partner Agreement – Please Complete and Return to OKWCC by 8/1/2018!	6/5/2018
OK WCC FROI SROI R3.1 Testing Period Has Started Announcement	5/30/2018
🕢 Oklahoma R3_1 Webinar Info Session on June 19 2018	5/29/2018
OK WCC EDI Claims Release 3.1 Information and Requirements for Version 1.3 Now Available	2/28/2018
OK WCC EDI Claims Implementation Date Changes	10/31/2017
OKWCC EDI Reporting Changes	9/29/2017

Oklahoma EDI Claims Website address: https://okwccedi.info

Click on the 'About ISO' link to learn more about ISO.



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About ISO

OK WCC has selected ISO's Workers Compensation Solutions division to help implement our EDI Reporting. In addition to managing the technical aspects of data submittal, ISO will be your main contact for implementation, technical requirements, and any questions you may have.

Since 1971, ISO has been a leading source of information about property/casualty insurance risk. For a broad spectrum of commercial and personal lines of insurance, ISO provides: statistical, actuarial, underwriting, and claims information and analytics; compliance and fraud identification tools; policy language; information about specific locations; and technical services. ISO serves insurers, reinsurers, agents and brokers, insurance regulators, risk managers, and other participants in the property/casualty insurance marketplace. ISO is a Verisk Analytics business.

OKLAHOMA EDI Claims Release 3.1 Requirements Overview

EDI Claim Requirements Overview

Trading Partners should have an understanding of:

- What data format should be used?
- What EDI reports should be filed and when?
- What data is needed on the EDI reports?
- What edits will be applied to the EDI data?
- How Oklahoma communicates the status of EDI reports?
- What are the options for EDI submissions?

What data format should be used?

The Commission will implement EDI for First Reports of Injury (FROI) and Subsequent Reports of Injury (SROI) based on the IAIABC EDI Claims Release 3.1 Standards.

Oklahoma Event Table:

- Comprised of:
 - Oklahoma Event Table Change Log
 - Form to MTC Crosswalk
 - FROI Event Table
 - SROI Event Table
 - SROI Periodic Event Table
- Defines the circumstances under which the claim information must be sent
- Sets the timeframes for sending the information
- Based on legislative mandates

OK Change Log

OK sample for their Event Table:

OKWCC Revision Date and **OKWCC** Published Date

OKWCC Implementation Date for Testing

OKWCC Implementation Date

Change Number

Row or Column for Change Description: Previous Requirement and

Change Description: New Requirement

Type of Change and Task ID and Version

Revision Date	Published	OKWCC Implementation Date for Testing			Worksheet Changed	Row or Column Updated	Change Description: Previous Requirement	Change Description: New Requirement	Type of Change	Task ID	Version
/ersion 1.4 cha	anges are inc	luded below.									
4/16/2018	6/1/2018	7/2/2018	9/1/2018	EVT 1.4.1	FROI & SROI	FROI & SROI	the Jurisdiction Defined information.	Report Trigger Criteria: R = 02 Change timeline: FROI 02 is due when a reportable change* occurs on the Claim Administrator's database until Report Trigger Value is reached Trigger Value: For FROI and SROI MTC 02 (Change) added: B = 2 years from last accepted FN		145	1.4
4/16/2018	6/1/2018	7/2/2018	9/1/2018	EVT 1.4.2	FROI & SROI	FROI	When there is a subsequent first report (FROI) for a claim that was previously denied in its entirety (FROI 04). Claim is no	Change Event for FROI 00 Event: A FROI 00 should be filed if a claim that was previously denied in its entirety (FROI 04) has now been accepted (Claim is no longer denied), unless a SROI is being reported to report an initial payment or its equivalent.	Clarify the Event	145	1.4
5/24/2018	6/1/2018	7/2/2018	9/1/2018	EVT 1.4.3	FROI & SROI	SROI	M - MTC Defined First payment of Other Benefit Type Codes for medical, funeral, penalty, and attorney fees.		Remove the Event	145	1.4

Form to MTC Crosswalk

OK sample of Form to MTC Crosswalk illustrates

- the MTC EDI equivalent of previously filed forms
- if the MTC will be accepted electronically –

ſ			First Report of Injury (FROI - 148 & R21) and Subsequent Report of Inju Refer to Systems Rules - Transmissions	iry (SR	DI A49 & R22)	
	Report Type	Paper Equivalent Form(s)	Comments	MTC T	MTC Description	MTC Definition	Will this report be accepted electronically? (Yes/No)
	FROI	CC-FORM-2: EMPLOYER'S FIRST NOTICE OF INJURY Applicable to Injuries/Deaths occurring On or After 2/1/14	CC-FORM-2: EMPLOYER'S FIRST NOTICE OF INJURY Applicable to Injuries/Deaths occurring On or After 2/1/14 Send original to Workers' Compensation Commission and 1 copy to Insurance Carrier A CC-Form 2 must be sent to the Workers' Compensation Commission and to the employer's workers' compensation insurance carrier within 10 days after the date of receipt of notice or knowledge of death or injury that results in more than three days' absence from work for the injured employee. Revised 2-2-16	00	Original	The original/initial first report transmitted between partners, including the re-transmission o a first report that was rejected due to a	YES
	FROI	CC-FORM-2A: EMPLOYER'S INTENT TO CONTROVERT CLAIM	2A could be Full or Partial Denial. Investigate how to handle the Partial portion of the denial. (Email submission is not currently available) Send to Workers' Compensation Commission, ATTN: FORM 2 DIVISION and send 1 copy to the Employee or Beneficiaries. The employer/insurer respectfully requests one extension of the deadline to file a CC-Form-2A (Employer's Intent to Accept or Controvert Claim) as authorized in 85A O.S., §86(B), and understands that no additional extensions are allowed. Revised 2-2-16	04	Denial	The entire claim is being denied. E.g: Concurrently reporting a new claim while denying it in its entirety.	

Event Table Example of First Report of Injury Reporting Requirements Maintenance Type Code (MTC) 00 - Original

FROI Event Table:

Oklahoma requires the submission of a FROI 00 Original

Effective 9/1/2018

on a Mandatory basis

			Maintunance Type		Maint, pance Type Event Rule			Report Trigger				
Relea	ase	Report	Code	Description	Criteria Fron		Thru	Criteria		Trigger Value		
		Type ₹	T		ľ		T		•			
3.:	1	FROI	00	Original	2=EDI Mandate Date	9/1/18		J = Jurisdiction Defined		A first report of injury must be submitted for an employee when the employer has received notice or knowledge that the employee has sustained an injur that results in lost time beyond the shift or medical attention away from the work site.		
3.:	1	FROI	00	Origin	2=EDI Mandate Date	9/1/18		Q= Employee Death		Employee Death as a result of injury and the claim is not denied		

What EDI reports should be filed and when? FROI Event Table:

FROI 00 Report Trigger Value indicates that a report should be sent for any claim where the claimant has lost time beyond the shift or medical attention away from the work site; or an employee death is the result of an injury and the claim is not denied.

	Report Trigger								
Criteria	Trigoci value	Value v	Due Type	From 🔽					
J = Jurisdiction Defined	A first report of injury must be submitted for an employee when the employer has received notice or knowledge that the employee has sustained an injury that results in lost time beyond the shift or medical attention away from the work site.	10	B - Business Days	C = From Employer Notification					
Q= Employee Death	Employee Death as a result of injury and the claim is not denied	10	B - Business Days	C = From Employer Notification					

FROI Event Table:

The FROI 00 Report is Due 10 Business Days from the date that the Employer is notified of the claim.

	Report Trigger									
Criteria	Trigger Value	Value	Due Type	From						
	A first report of injury must be submitted for an employee when the employer has received notice or knowledge that the employee has sustained an injury	10	B - Business Days	C = From Employer Notification						
Q= Employee Death	that results in lost time beyond the shift or medical attention away from the work site. Employee Death as a result of injury and the claim is	10	B - Business	C = From						
Q- Employee Death	not denied	10	Days	Employer Notification						

FROI & SROI 02 Events

Trigger Criteria Codes were added to clarify 02 Change reporting <u>timelines</u>:

Timeline is described. 02 change is due immediately when data described on their Element Requirement table changes <u>up to 2</u> years from the last accepted FN (Final).

		Maint	enance Type	Ev	ent Rule			Report Trigger
Release	Report Type 🖵	Code -	Description -	Criteria	From	Thru	Criteria	Trigger Value
3.1	FROI	02	Change	2=EDI Mandate Date	9/1/18		due when a reportable change* occurs on the Claim Administrator's database until Report Trigger Value is reached	A change is recognized and initiated by the Claim Administrator when a data element identified on the Element Requirement Table has been altered in the Claim Administrator's database. If the specific data element is Added, Updated or Removed, or the variable segment is Deleted then the Claim Administrators should then communicate the changes via the Change Variable Segment consisting of Change Data Element/Segment Number (DN0412) and Change Reason Code (DN0413). OKWCC has indicated on the Element Requirement Table if they do or do not expect an 02 Change. B = 2 years from last accepted FN

FROI 04 Event Oklahoma requires a FROI 04 to be reported when

a <u>new claim</u> is denied in its entirety (W1)

• **OR** after previously accepted FROI - no SROI (W2)

	Mainte	nance Type	Eve	ent Rule			Report Trigger
Report Type 💌	Code •	Description	Criteria •	From v	Thru T	Criteria ▼	Trigger Value
FROI	04	Denial	2=EDI Mandate Date	9/1/18		W1 = new claim is denied in its entirety	If FROI UI previously filed, there is an extension of 30 calendar days beyond the original 15 day deadline (for a total of 45 days from the date of the employer's notice of injury/death) to file a FROI 04 Denial.
							Note: FROI 04 is needed within 30 days of filing FROI UI or SROI IP should be sent to report TTD.
FROI	04	Denial	2=EDI Mandate Date	9/1/18		W1 = new claim is denied in its entirety	Employee Death as a result of injury and the claim is denied in full or part.
FROI	04	Denial	2=EDI Mandate Date	9/1/18		W1 = new claim is denied in its entirety	Claim Administrator denies the entire compensability of the claim. Claim is being denied before indemnity or medical benefits have been paid.
FROI	04	Denial	2=EDI Mandate Date	9/1/18		W1 = new claim is denied in its entirety	Claim Administrator denies entire compensability of the claim after initial disposition of a compensable Medical Only Case. Investigation determined that the claim was not compensable.
FROI	04	Denial	2=EDI Mandate Date	9/1/18	7	W2: deny entire claim after previously accepted FROI (no SROI)	NOTE: This FROI MTC 04 filing is sent with Claim Type Code of M. Claim Administrator is reporting a new claim while denying it in its entirety; or denying a previously reported claim in its entirety.

SROI Event Table

Example of a Subsequent Report of Injury

MTC IP – Initial Payment report requirement.

SROI Event Table: Oklahoma requires the submission of a *SROI IP Initial Payment*

Effective 9/1/2018 on a Mandatory basis

		M	aintenance Type		Event Rule	
Release	Report	Code	Description	Criteria	From	Thru
•	Тур ⊤		-	-		-
3.1	SROI	IP	Initial Payment	2=EDI	9/1/18	
				Mandate		
				Date		

SROI Event Table:

SROI IP Initial Payment Report Trigger Value indicates that a report should be sent for any claim where the claim administrator has issued the initial payment of an indemnity benefit other than a lump sum payment/settlement. The report is due 15 calendar days from the Initial Payment.

	Report Trigger								
Criteria	Trigger Value	Value	Due Type	From					
×	*	•	Ŧ	*					
J = Jurisdiction Defined	Claim administrator has issued the initial payment of an indemnity	15	C-	J = From					
	benefit other than a lump sum payment/settlement.		Calendar	Report					
			Days	Trigger					

SROI Periodic Event Table

Example of a Subsequent Report of Injury

MTC SA – Sub-Annual report requirement.

SROI Periodic Event Table: Oklahoma requires the submission of a *SROI SA* Effective 9/1/18

Sub-Annual Report

on a Mandatory basis

	Report	Maint	enance Type		Event Rule	
Release	Туре	Code	Description	Criteria	From	Thru
3.1	SROI	SA	Sub-Annual	2=EDI Mandate Date	9/1/18	

SROI Periodic Event Table:

Oklahoma's Report Trigger value requires the submission of a *SROI SA Sub-Annual Report* for ongoing open claims that are open as of the time of the report trigger.

		Report Trigger	St.atute	Periodic	Qualifiers
Criteria		Trigger Value		Status	Activity
3=Juris defined	For	ongoing open claims.		1 = Open (If claim is open at time of Report Trigger)	E = Either Indemnity or medical

SROI Periodic Event Table:

Oklahoma's SROI SA Sub-Annual Reports reports are due within 15 calendar days from the due date = every six months from the DN0031 Date of Injury until Closure

I.					
l	Periodic Repo	rt D	ue		
	Value		Due Type		From
	Within 15 days from the due date = every six months from the DN0031 Date of	€-C		da	Within 15 ays from the
	Injury. If medical payment to an offsite provider or lost time has occurred later than six months from the DN0031 Date of Injury,			si: th	ue date = every x months from e DN0031 ate of Injury.
	then the SROI MTC SA is due on the next six month DN0031 Date of Injury cycle				ntil Closure

The Element Requirement Table indicates the data that is needed on the EDI reports.

It defines each Data Element requirement for each transaction (FROI or SROI) at the Maintenance Type Code (MTC) level.

- The Element Requirement Table contains 9 worksheets that present requirements for FROI and SROI:
 - Oklahoma Change Log
- FROI Element Requirements
- FROI 02 Exceptions
- FROI Conditions
- SROI Element Requirements
- SROI 02 Exceptions
- SROI Conditions
- Event Benefit Segment Requirements
- Event Benefit Conditions

Each MTC and Data Element has a <u>Requirement Code</u> assigned. Requirement Codes express Oklahoma's requirement severity by data element and report type (FROI or SROI MTCs).

Legend for Requirement Code (Description) = resulting Applicat	ion Acknowledgment Code
Requirement Code	Result of Failed Element Requirement Edit
F (Fatal)	TR (Transaction Rejected)
M (Mandatory)	TR (Transaction Rejected)
MC (Mandatory/Conditional)	TR (Transaction Rejected)
E (Expected)	TE (Transaction Accepted with Errors)
EC (Expected/Conditional)	TE (Transaction Accepted with Errors)
AA (If Applicable/Available Transaction Accepted)	TA (Transaction Accepted)
AE (If Applicable/Available Transaction Accepted with Errors)	TE (Transaction Accepted with Errors)
AR (If Applicable/Available Transaction Rejected)	TR (Transaction Rejected)
NA (Not Applicable)	TA (No error messages may be applied)
X (Exclude)	TA (No error messages may be applied)
For Benefit Segment Data Element Requirement Table	
R (Restricted)	TR (Transaction Rejected)
RC (Restricted/Conditional)	TR (Transaction Rejected)

What data is needed on the EDI reports? FROI Element Requirement Table:

Each MTC and Data Element has a Requirement Code assigned. This example shows F: Fatal and M: Mandatory on specific MTCs. Both will cause the transactions to be rejected if the data elements are missing or invalid.

- 1 1	_			_	-	_						_						
	REC	DN#	DATA ELEMENT NAME	FORMAT	Match Data?	00	01			02			04	AQ	AU	UI	со	UR Update Report
									Rep	ortab	le Cha	nge						
								02 Requirement Code	A (Add)	U (Update)	D (Delete)	R (Remove)						
Į	-	-	· · · · · · · · · · · · · · · · · · ·	-	-	•	-	T	-	-	-	-	-	•	-	-	-	-
L	148	0001	Transaction Set ID	3 A/N		F	F	F	В	В	В	В	F	F	F	F	F	F
Ι			Maintenance Type Code	2 A/N	Y	F	F	F	В	В	В	В	F	F	F	F	F	F
- H-			Maintenance Type Code Date	DATE	Y	F	F	F	В	В	В	В	F	F	F	F	F	F
- H-			Jurisdiction Code	2 A/N	Y	F	F	F	В	В	В	В	F	F	F	F	F	F
- H-			Jurisdiction Claim Number	25 A/N	Y	mc	m	m	В	N	В	В	mc	mc	mc	mc	\$	NA
H-			Insurer FEIN	9 A/N	Y	m	m	m	N	K	В	N	m	m	m	m	\$	m
			Claim Administrator City	15 A/N		IVI	NA	MC	N	Y	В	N	M	М	M	М	\$	M
			Claim Administrator State Code	2 A/N		М	NA	MC	N	Y	В	Y	М	М	М	М	\$	M
- H-			Claim Administrator Postal Code (OKWCC uses Mailing)	9 A/N		М	М	М	N	K	В	N	М	М	М	М	\$	M
			Claim Administrator Claim Number	25 A/N		F	F	F	В	K	В	В	F	F	F	F	F	F
	148	0016	Employer FEIN	9 A/N	Y	m	NA	mc	ĸ	K	В	N	mc	m	m	m	\$	M

What data is needed on the EDI reports? Element Requirement Table: This example shows Requirement Codes AR If Applicable/Available Transaction Rejected for DN0021 Employer Physical City for MTC AQ Acquired Unallocated. If the data is sent for a DN defined as AR and fails the edits, the acknowledgment will include an error and the report will be rejected.

RE	C DN#	DATA ELEMENT NAME	FORMAT	Match Data?	00	01			02			04	AQ	AU	UI	со	UR Update Report
								Rep	ortab	le Cha	nge						
							02 Requirement Code	A (Add)	U (Update)	D (Delete)	R (Remove)						
	r 🛛 🔻	· · · · · · · · · · · · · · · · · · ·	-	Ψ.	-	-	-	-	-	-	Ψ.	-	-	-	-	-	-
14		Claim Administrator Claim Number	25 A/N		F	F	F	В	K	В	В	F	F	F	F	F	F
14		Employer FEIN	9 A/N	Y	m	NA	mc	K	K	В	N	mc	m	m	m	\$	M
14		Employer Physical City	15 A/N		M	NA	MC	Y	Y	В	N	M	AR	М	M	\$	AR
14		Employer Physical State Code	2 A/N		M	NA	MC	Y	Y	В	N	М	AR	M	M	\$	AR
14		Employer Physical Postal Code	9 A/N		M	NA	MC	K	K	В	N	M	AR	М	М	\$	AR
14		Industry Code (NAICS)	6 A/N		М	NA	MC	Y	Y	В	N	M	AR	М	М	\$	AR
14	_	Insured Location Identifier	15 A/N		AR	NA	MC	Y	Y	В	Y	AR	AR	AR	AR	\$	AR
14		Policy Number Identifier	18 A/N		MC	NA	MC	Y	Y	В	Y	MC	AR	MC	MC	\$	AR
14		Policy Effective Date	DATE		MC	NA	MC	Y	Y	В	Y	MC	AR	MC	MC	\$	AR
14		Policy Expiration Date	DATE		MC	NA	MC	Y	Y	В	Y	MC	AR	MC	MC	\$	AR
14	3 0031	Date of Injury	DATE	Y	m	m	m	В	K	В	В	m	m	m	m	m	m
					-												

What data is needed on the EDI reports? Element Requirement Table:

This example shows Requirement Codes NA: Not Applicable for MTC 01 Cancel for DN0016 Employer FEIN. If the data is sent for a DN defined as NA, no error will be returned if the data is invalid.

REC DN# DATA ELEMENT NAME FORMAT Column of the constraints of the constrai																			
Image: Non-State Code Image: Non-State		₹EC	DN#	DATA ELEMENT NAME	FORMAT	Match Data?	00	01						04	AQ	AU	UI	со	Update
•••	#									Rep	ortab	le Cha	nge						
Image: Constraint of the constra									02 Requirement Code	A (Add)	U (Update)	D (Delete)	R (Remove)						
1480013Claim Administrator State Code2 A/NMNAMCNYBYMMMMSM1480014Claim Administrator Postal Code (OKWCC uses Mailing)9 A/NMMMMNKBNMM	T	-	-		-	-	-	-			-	-	-	-	-	-	-	-	-
1480014Claim Administrator Postal Code (OKWCC uses Mailing)9 A/NMMM		148	0012	Claim Administrator City	15 A/N		M	NA	MC	N	Y	В	N	M	M	M	M	\$	M
1480015Claim Administrator Claim Number25 A/NFFFFBKBBFFF <th< td=""><td></td><td>148</td><td>0013</td><td>Claim Administrator State Code</td><td>2 A/N</td><td></td><td>M</td><td>NA</td><td>MC</td><td>Ν</td><td>Y</td><td>В</td><td>Y</td><td>M</td><td>Μ</td><td>M</td><td>М</td><td>\$</td><td>М</td></th<>		148	0013	Claim Administrator State Code	2 A/N		M	NA	MC	Ν	Y	В	Y	M	Μ	M	М	\$	М
1480016Employer FEIN9 A/NYmNAmcKKBNmcmmm\$M1480021Employer Physical City15 A/NMNAMCYYBNMARM\$AR1480022Employer Physical State Code2 A/NMNAMCYYBNMARM\$AR1480023Employer Physical Postal Code9 A/NMNAMCYYBNMARM\$AR1480025Industry Code (NAICS)6 A/NMNAMCYYBNMARM\$AR1480027Insured Location Identifier15 A/NARNAMCYYBYARARAR\$AR1480029Policy Number Identifier18 A/NMCNAMCYYBYMCARMC\$AR1480029Policy Effective DateDATEMCNAMCYYBYMCARMC\$AR1480029Policy Effective DateDATEMCNAMCYYBYMCARMC\$AR1480029Policy Effective DateDATEMCNAMCYYBYMCAR					9 A/N					N	K	В	N	M		M	М		
1480021Employer Physical City15 A/NMNAMCYYBNMARMM\$AR1480022Employer Physical State Code2 A/NMNAMCYYBNMARMM\$AR1480023Employer Physical Postal Code9 A/NMNAMCKKBNMARMM\$AR1480025Industry Code (NAICS)6 A/NMNAMCYYBNMARM\$AR1480027Insured Location Identifier15 A/NARNAMCYYBYARARAR\$AR1480028Policy Number Identifier18 A/NMCNAMCYYBYMCARMC\$AR1480029Policy Effective DateDATEMCNAMCYYBYMCARMC\$AR	- H-				25 A/N		F		F	В	K	В	В	F	F	F	F	F	
1480022Employer Physical State Code2 A/NMNAMCYYBNMARMM\$AR1480023Employer Physical Postal Code9 A/NMNAMCKKBNMARMM\$AR1480025Industry Code (NAICS)6 A/NMNAMCYYBNMARMM\$AR1480027Insured Location Identifier15 A/NARNAMCYYBYARARAR\$AR1480028Policy Number Identifier18 A/NMCNAMCYYBYMCARMC\$AR1480029Policy Effective DateDATEMCNAMCYYBYMCARMC\$AR						Y						_							
1480023Employer Physical Postal Code9 A/NMNAMCKKBNMARMM\$AR1480025Industry Code (NAICS)6 A/NMNAMCYYBNMARMM\$AR1480027Insured Location Identifier15 A/NARNAMCYYBYARARAR\$AR1480028Policy Number Identifier18 A/NMCNAMCYYBYMCARMC\$AR1480029Policy Effective DateDATEMCNAMCYYBYMCARMC\$AR	-									•									
1480025Industry Code (NAICS)6 A/NMNAMCYYBNMARMM\$AR1480027Insured Location Identifier15 A/NARNAMCYYBYARARARAR\$AR1480028Policy Number Identifier18 A/NMCNAMCYYBYMCARARAR\$AR1480029Policy Effective DateDATEMCNAMCYYBYMCARMC\$AR		_																	
1480027Insured Location Identifier15 A/NARNAMCYYBYARARARARSAR1480028Policy Number Identifier18 A/NMCNAMCYYBYMCARMCSAR1480029Policy Effective DateDATEMCNAMCYYBYMCARMCSAR	- H-																		
148 0028 Policy Number Identifier 18 A/N MC NA MC Y Y B Y MC AR MC \$\$ AR 148 0029 Policy Effective Date DATE MC NA MC Y Y B Y MC AR MC \$\$ AR	H-									•								-	
148 0029 Policy Effective Date DATE MC NA MC Y B Y MC AR MC \$\$ AR	- H									· ·			-						
		_								•			-						
DATE MC NA MC Y Y B Y MC AR MC MC S AR	- H-											_							
	H	148	0030	Policy Expiration Date	DATE		MC	INA	MC	Ϋ́	Y	В	Ϋ́	MC	AK	MC	MC	Ф	AR

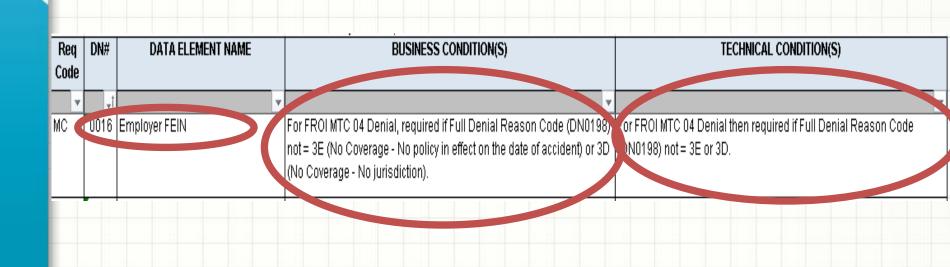
What data is needed on the EDI reports? Element Requirement – Conditions:

Data elements that have *Conditions* that make them mandatory if the condition exist are indicated with the *MC* requirement code such as DN0016 Employer FEIN for MTC 04 Denial. Lowercase 'mc' indicates Match Data.

	REC	DN#	DATA ELEMENT NAME	FORMAT	Match Data?	00	01			02			04	AQ	AU	UI	со	UR Update Report
4									Rep	ortab	le Cha	nge						
								02 Requirement Code	A (Add)	U (Update)	D (Delete)	R (Remove)						
I	-	-	▼	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Ψ.
	148	0012	Claim Administrator City	15 A/N		М	NA	MC	N	Y	В	N	M	М	M	M	\$	M
	148	0013	Claim Administrator State Code	2 A/N		Μ	NA	MC	Ν	Υ	В	Y	M	M	M	M	\$	M
Π	148	0014	Claim Administrator Postal Code (OKWCC uses Mailing)	9 A/N		М	М	М	Ν	K	В	N	M	M	M	M	\$	M
Π	148	0015	Claim Administrator Claim Number	25 A/N		F	F	F	В	К	В	В	F	F	F	F	F	F
	148	0016	Employer FEIN	9 A/N	Υ	m	NA	mc	K	K	В	N	mc	m	m	m	\$	M
Ц			Employer Physical City	15 A/N		M	NA	MC	Y	Y	В	N	М	AR	M	M	\$	AR
Ц			Employer Physical State Code	2 A/N		M	NA	MC	Y	Y	В	N	M	AR	M	M	\$	AR
4			Employer Physical Postal Code	9 A/N		M	NA	MC	K	K	В	N	M	AR	M	M	\$	AR
H			Industry Code (NAICS)	6 A/N		М	NA	MC	Y	Y	В	N	M	AR	M	М	\$	AR
ļ			Insured Location Identifier	15 A/N		AR	NA	MC	Y	Y	В	Y	AR	AR	AR	AR	\$	AR
H			Policy Number Identifier	18 A/N		MC	NA	MC	Y	Y	В	Y	MC	AR	MC	MC	\$	AR
4			Policy Effective Date	DATE		MC	NA	MC	Y	Y	В	Y	MC	AR	MC	MC	\$	AR
4	148	0030	Policy Expiration Date	DATE		MC	NA	MC	Y	Y	В	Y	MC	AR	MC	MC	\$	AR

Conditions are defined on a separate table:

- Conditional Requirement Code
- Data Element
- Business Condition(s)
 Technical Condition(s)



What data is needed on the EDI reports? Element Requirement – 02 Changes:

The 02 Requirement Code column will indicate if a DN is F (Fatal) or M (Mandatory) and also indicates MC with a blue highlight to indicate a standard IAIABC condition applies.

	_				_													
	REC	DN#	DATA ELEMENT NAME	FORMAT	Match Data?	00	01			02			04	AQ	AU	UI	со	UR Update Report
Ш									Rep	ortab	le Cha	nge						
								02 Requirement Code	A (Add)	U (Update)	D (Delete)	R (Remove)						
	-	-		Ψ.	-	-	-	-	-	-	-	-	-	Ŧ	-	-	Ŧ	-
	148	0012	Claim Administrator City	15 A/N		M	NA	MC	N	Y	В	N	M	Μ	Μ	М	\$	M
	148	0013	Claim Administrator State Code	2 A/N		М	NA	MC	Ν	Y	В	Y	M	М	Μ	М	\$	M
T	148	0014	Claim Administrator Postal Code (OKWCC uses Mailing)	9 A/N		М	М	М	N	K	В	N	М	М	М	М	\$	M
T	148	0015	Claim Administrator Claim Number	25 A/N		F	F	F	в	К	В	В	F	F	F	F	F	F
I			Employer FEIN	9 A/N	Υ	m	NA	mc	K	ĸ	В	N	mc	m	m	m	\$	М
	148		Employer Physical City	15 A/N		Μ	NA	MC	Y	Y	В	N	М	AR	М	М	\$	AR
- H+	148		Employer Physical State Code	2 A/N		M	NA	MC	Y	Y	В	N	М	AR	М	М	\$	AR
			Employer Physical Postal Code	9 A/N		M	NA	MC	К	ĸ	В	N	M	AR	M	М	\$	AR
	_		Industry Code (NAICS)	6 A/N		M	NA	MC	Y	Y	В	Ν	M	AR	М	М	\$	AR
	148		Insured Location Identifier	15 A/N		AR	NA	MC	Y	Y	В	Y	AR	AR	AR	AR	\$	AR
	148		Policy Number Identifier	18 A/N		MC	NA	MC	Y	Y	В	Y	MC	AR	MC	MC	\$	AR
			Policy Effective Date	DATE		MC	NA	MC	Y	Y	В	Y	MC	AR	MC	MC	\$	AR
	148	0030	Policy Expiration Date	DATE		MC	NA	MC	Y	Y	В	Y	MC	AR	MC	MC	\$	AR
"									-									

02 Conditions

An MC (Mandatory Conditional) requirement code blue shaded is prepopulated in the 02 Requirement Code column to support the 02 Change Process.

The example below illustrates "02" in the MTC column to distinguish the requirement for the 02 MTC only.

When a (any) data element number is indicated in the *Change Data Element/Segment Number* (DN0412) it becomes mandatory unless it is being removed (*Change Reason Code* (DN0413) is R - removed)

		FRC	DI DATA ELEMENT	
Req Code	MTC	DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)
MC	02		• • • •	mandatory when DN0412 <i>Change Data</i> <i>Element/Segment Number</i> = DN# in column B and DN0413 <i>Change Reason Code</i> = A (added) or U (Updated). NOT R (removed)

What data is needed on the EDI reports? Element Requirement – 02 Changes:

MTC 02's have different requirement codes depending on the Change Reason Code. These are called Reportable Change Codes and express Oklahoma's requirement for when to send an MTC 02 Change and on what transaction, FROI or SROI.

RI	EC	DN#	DATA ELEMENT NAME	FORMAT	Match Data?	00	01			02			04	AQ	AU	UI	со	UR Update Report
									Rep	ortab	le Cha	nge						
								02 Requirement Code	A (Add)	U (Update)	D (Delete)	R (Remove)						
	-	-	*	-	Ψ.	-	-	-	-	-	-	-	-	-	-	-	-	-
14	48	0012	Claim Administrator City	15 A/N		М	NA	MC	N	Y	В	N	М	Μ	Μ	М	\$	М
14	48	0013	Claim Administrator State Code	2 A/N		М	NA	MC	N	Y	В	Y	М	Μ	Μ	М	\$	М
14	48	0014	Claim Administrator Postal Code (OKWCC uses Mailing)	9 A/N		М	М	М	N	K	В	N	М	М	M	М	\$	M
14	48	0015	Claim Administrator Claim Number	25 A/N		F	F	F	В	K	В	В	F	F	F	F	F	F
			Employer FEIN	9 A/N	Υ	m	NA	mc	K	K	В	N	mc	m	m	m	\$	M
			Employer Physical City	15 A/N		M	NA	MC	Y	Y	В	N	М	AR	M	M	\$	AR
	_		Employer Physical State Code	2 A/N		М	NA	MC	Y	Y	В	Ν	М	AR	М	М	\$	AR
	_		Employer Physical Postal Code	9 A/N		M	NA	MC	K	K	В	N	М	AR	М	М	\$	AR
	_		Industry Code (NAICS)	6 A/N		М	NA	MC	Y	Y	В	N	М	AR	М	M	\$	AR
H	_		Insured Location Identifier	15 A/N		AR	NA	MC	Y	Y	В	Y	AR	AR	AR	AR	\$	AR
			Policy Number Identifier	18 A/N		MC	NA	MC	Y	Y	В	Y	MC	AR	MC	MC	\$	AR
	_		Policy Effective Date	DATE		MC	NA	MC	Y	Y	B	Y	MC	AR	MC	MC	\$	AR
14	48	0030	Policy Expiration Date	DATE		MC	NA	MC	Y	Y	В	Y	MC	AR	MC	MC	\$	AR

REPORTABLE CHANGE CODES are as follows, some of which may not be utilized on the Oklahoma tables :

Reportable Change Codes: Used in MTC 02 Reportable Change columns labeled A (Add), U, (Update), R (Remove) and D (Delete) Note: See IAIABC Release 3.1 Guide 02 Change Processing Rules in Section 4 for the full definitions.

B:	Restricted - IAIABC Defined No Change Allowed	
N:	No Change Allowed - Will Reject if Present	
H:	No Change Required - Will Not Reject if Present	
K:	Required Change on FROI	
KG:	Required Change on FROI with Exception	
Y:	Required Change on FROI or on SROI not both	
YG:	Required Change on FROI or on SROI not both with Exception	
l:	Required Change on Either FROI or SROI not both - Claim Administrator De	etermines
IG:	Required Change on Either FROI or SROI not both with Exception - Claim A	dministrator Determines
J:	Required Change by Transaction Type - Change on SROI if Accepted otherw	vise Change on FROI
JG:	Required Change by Transaction Type with Exception - Change on SROI if A	ccepted otherwise Change on FROI
Not	e: For Y, YG, J, JG, K and KG: Refer to the first column 'On FROI, SROI or Both	' of the FROI Element Requirements
		and a set in Delle libera libera la sec

and SROI Element Requirement Table for the indication of location of DN's. If value is not = Both then there is an indication of FROI (only on FROI) and SROI (only on SROI).

02 Exceptions

Exceptions are described in the *FROI* or *SROI 02 Exceptions* worksheet for all reportable change codes ending with "G". Examples from a completed SROI 02 Exceptions Tab are below:

SROI 02 MTC SROI DATA ELEMENT

Note: For MTC 02: If there is a Reportable Change Code of KG, JG, IG, YG on the Element Requirement Table then there is an entry here that indicates when a MTC 02 should be triggered. This table does not communicate the edits. The edits are provided on the Edit Matrix PopulationRestrictions table.

/	Req	-	DN#	DATA ELEMENT NAME	EXCEPTIONS	IAIABC NOTE
	Code v	Reason Code 🔻	Ţ	•	▼	v
	YG	U	0089	Benefit Period Through Date	SROI 02 Change may be sent if change occurs after the last Suspension (SX) or Final (FN). See Edit Matrix: Population Restriction.	
	YG	A	0090	Benefit Type Claim Weeks	SROI 02 Change may be sent to report a waiting period paid for a different Benefit Type from the Benefit Type previously reported on the IP (Initial Payment), EP (Employer Paid), or AP (Acquired Payment). This will be indicated as an A (Add) in the Change Variable Segment for the Benefit Segment because a new	refer to Code Usage Limitations in 02 Change Processing Rules in Section 4 of Claims Release 3.1 implementation guide
	YG	U	0092		but the related Benefit Type portion of the Code does not change.	refer to Code Usage Limitations in 02 Change Processing Rules in Section 4 of Claims Release 3.1 implementation guide, See 7.d.iii
	YG	U	0126	Benefit Credit Code	SROI 02 Change may be sent when the alpha portion of the Benefit Credit Code (DN0126) changes but the related Benefit Type portion of the Code does not change.	refer to Code Usage Limitations in 02 Change Processing Rules in Section 4 of Claims Release 3.1 implementation guide, See 7.d.iii

What edits will be applied to the EDI data?

The Oklahoma Edit Matrix defines the edits that will be applied to the EDI data. It conveys each specific edit that will be applied to each data element and provides the standard error messages associated with these edits.

What edits will be applied to the EDI data? Edit Matrix – made up of 10 tables

- **OK Edit Matrix Change Log:** contains a summary of all changes since the Edit Matrix has been published
- **DN-Error Message:** contains "standard" editing developed for Release 3.1 data elements.
- Value Table: expresses acceptable code values.
- Valid Value Detail Pg 1: code values & definitions & what Oklahoma accepts
- Valid Value Detail Pg 2: more code values & definitions & accepted codes
- Match Data: describes the data elements used to determine if the report will create a new claim or find an existing claim
- **Population Restrictions:** contains any restrictions applied to the data element(s).
- Oklahoma Acc Site County List: list of correct county spellings
- Sequencing Table: contains MTC types with the order/sequence that they can be sent.
- PI Body Part Codes: NA for Oklahoma

DN Error Message Table Data Element Numbers and Names are listed down the left columns.

Edit Matrix Population Legend: F = Edit applies to the data elements deemed essential for a transmission/transaction to be processed. L = *Not grayed out: Edit applies to the data elements based on the requirements indicated on the Element Requirement Table. *Grayed out: The standard edit will not be applied by the jurisdiction. Relaxed Requirement Edits: L = Claim: requirement is limited to "conditional" on new claims reported in R3																		
DN IAIABC Data Element Name																		
0000 Entire Batch														Date				
0001 Transaction Set ID				0-7								legan	÷	Code Da				
0002 Maintenance Type Code		ator		st be			(CCYYMMDD)					III A	f Dea					
0003 Maintenance Type Code Date	edits?	Indic	sent	n m p			WW	spaces		۲	۲	Disab	ate o	a Tyr			same	
0004 Jurisdiction Code	apply e	tions	ot pre	/orke		6	te (C	or spa	e.	f Inju	f Inju	Date	yee D	ananc	ate	oase		it dat
0005 Jurisdiction Claim Number	will ap	Restrictions Indicator	eld ni	W sys	9-0	t be (a valid date	A-Z, 0-9, 0	a valid time	<= Date of Injury	>= Date of Injury	>= Initial Date Disability Began	Employee Date of Death	Maintenance Type	Start Date	d at ab ase	cannot be the	current date
0006 Insurer FEIN			ory fi	of D:	ist be	smus	a va	A-Z,	a val		= -		= E	2 = >	#	match on	s canr	.
0007 Insurer Name	Jurisdiction	Population	Mandatory field not present	Number of Days Worked must	Days must be 0-6	All digits must be 0-9	Must be	Must be J	Must be	Must be	Must be :	Must be :	Must be <=	Must be <=	Must be	No matc	All digits	Must be
IAIABC Data Element Non	ľ		001	018	019	028	029	030	031	033	034	035	036	037	038	039	040	041 0
Entire Batch Transaction Set ID	Y F		F															-+
Maintenance Type Code	F	Р	F															-+
Maintenance Type Code Date	F		F				L				L							L
Jurisdiction Code	F	р	F															

DN Error Message Table Error Message Numbers and associated descriptions are listed across the top of the table.

Edit Matrix Population Legend:

F = Edit applies to the data elements deemed essential for a transmission/transaction to be processed.

L = *Not grayed out: Edit applies to the data elements based on the requirements indicated on the Element Requirement Table. *Graved out: The standard edit will not be applied by the jurisdiction.

*Gra	yed out: The standard edit will not be applied by the jurisdiction.					\mathbf{N}														
001	Mandatory field not present																			
018	Number of Days Worked must be 0-7														Date					
019	Days must be 0-6		Ŀ		be 0-7			(qq					>= Initial Date Disability Began	of Death	Code Da					
028	All digits must be 0-9	4	s Indicat	esent	ed must			CYYMM	spaces		٨ır	٨ır	Disabilit		ce Type			same	te	
029	Must be a valid date (CCYYMMDD)	- Handell	opulation Restrictions Indicator	Mandatory field not present	of Days Worked	0-6	ha 0-9	a valid date (CCYYMMDD)		a valid time	te of Injury	te of Injury	tial Date	Employee Date	<= Maintenance Type	Start Date	database	cannot be the	current date	
030	Must be A-Z, 0-9, or spaces	Jurisdiction will	ation Re:	atory fie		must be (Must be A-Z, 0-9, or		oe <= Da	oe >= Date		, H		*	itch on d		be <= cu	
031	Must be a valid time	Jurisdi	- upul		Number	Days	All dign	Must be		Must be	Must be	Must be	Must be	Must be	Must be	Must be	No ma	All digits	Must	
033	Must be <= Date of Injury	Y F		001	018	01	028	029	030	031	033	034	035	036	037	038	039	040	041	
	Must be >= Date of Injury	F	Р	F				L				L							L	
- IIII ISOICI		F	P	F																Ľ

DN Error Message Table When there is a Y in the "Jurisdiction will apply edits?" column, this indicates that the specific edits will be applied to the data element.

Edit Matrix Population Legend:																				
F = Edit applies to the data elements deemed essential for a transm	nission/	transact	ion to						L											
be processed.	6																			
L = *Not grayed out: Edit applies to the data elements based on th	108)	1																		
requirements indicated on the Element Requirement Table.	and	1																		
 Grayed out: The standard edit will not be applied by the juri 																				
Relaxed Requirement Edits:	100																			
L = Claim: requirement is limited to "conditional" on new claims re	msg		-		6-7			8												
environment because the data may not (and may never be) availa	12		문		be			L C												
V = Event: requirement is limited to "conditional" on claims where	er.	8	. ≅		te			≷												
"initiated" or "reinstated" in R3 because the data may not have be	22	edits?	Ĕ	ŧ	must			Y Y MMDD)												
time payments were started in the R1 environment.	edits	ē	22	Ser	þ			\odot						E		Date				
NI = No migration impact.		apply	ē	present	Ř		6	<u>e</u>	-					Beg	뒱	Code				
Jurisdiction will apply edits?:	requirement		Population Restrictions Indicator	not	Days Worked	6	6-0	date	a valid date (CCYYMMDD)					Initial Date Disability Began	Death					
F = Essential data element; must be edited for successful transacti	2	1	8	-	ŝ	99	å	P	Ę.	v.				iqe	e of	Υb			same	
Y = Yes - indicates that all edits marked for the data element will t		2	2	field	<u> </u>	e e	pt 1	alid	5	spaces		λr	L ≩ I	<u> </u>	Date	้ซ			Sal	8
be based on conditions defined in the Element Requirement Table.	2	<u></u>	5	5	5	must	Ē	о С	0	6		lnjí	Ē	ate	ee	Jan	ge	ase	Ę	da B
N = No - indicates that none of the standard edits marked for the d	공	E.	at i	E	ц.	E	ts.	pe	Ť	, o	Ĕ	of	ď		<u></u>	ter	õ	d at ab ase	þ	ent
applied.	Relaxed	Jurisdiction will	B	Mandatory	Number of	ŝ	digits must be	t	Ē	6-0	a valid time	Date of Injury	Date of Injury	ΞĘ.	Employee	Maintenance Type	Start Date	व	털	E I
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For Population Restrictions:		⊢ ∸−	-									e <	e ^	A a	e v	ě	e ^	글	ţ	ě
For Data Elements that have certain 'population values' allowed fo				<u></u>	018	019	88	039	Must be	Must be	Must be	Must be	Must be	Must be	Must be	Must be	Must be	match	digits cannot be the	Must be <= current date
elements, a "P" is indicated in the 'Population Restrictions Indicato			 	<u> </u>		<u> </u>	<u> </u>	-	Ξ	μ	M	Mu	μ	μ	Ē	μ	Μ	ŝ	F	Β
IAIABC Data Element Name	NI	7		L				L	029	030					036		-	039		
Entire Batch								L												
Transaction Set ID	NI	Y	Р	L			L													
Maintenance Type Code	NI	Y	Р	1					t											
Maintenance Type Code Date									L				L							L
Jurisdiction Code				E	p I				I	I				I				1	1	i

DN Error Message Table

Example grayed: Edit 029 is grayed so the edit will not be applied to the specific data element, however all other non-grayed for that data element will be applied.

N in the Jurisdiction will apply edit column: This indicates that the edits will not be applied to the data element at all.

 Edit Matrix Population Legend: F = Edit applies to the data elements deemed essential for a transibe processed. L = *Not grayed out: Edit applies to the data elements based on the requirements indicated on the Element Requirement Table. *Grayed out: The standard edit will not be applied by the juri Relaxed Requirement Edits: L = Claim: requirement is limited to "conditional" on new claims reenvironment because the data may not (and may never be) availa V = Event: requirement is limited to "conditional" on claims where "initiated" or "reinstated" in R3 because the data may not have be time payments were started in the R1 environment. NI = No migration impact. Jurisdiction will apply edits?: F = Essential data element; must be edited for successful transacti Y = Yes - indicates that all edits marked for the data element will the based on conditions defined in the Element Requirement Table. N = No - indicates that none of the standard edits marked for the capplied. 	equirement edits (err msg 001 and 1	Jurisdiction will apply edits?	Population Restrictions Indicator	Mandatory field not present	Number of Days Worked must be 0-7	Days must be 0-6	All digits must be 0-9	Must be a valid date (CCYYMMDD)	a valid date (CCYYMMDD)	A-Z, 0-9, or spaces	a valid time	<= Date of Injury	>= Date of Injury	>= Initial Date Disability Began	<= Employee Date of Death	<= Maintenance Type Code Date	>= Start Date	n on database	cannot be the same	<= current date	
For Data Elements that have certain 'population values' arouved for				Ц		თ	œ	٥.	t be	A	be	be	t be	t be	the	96	tbe	match	digits	the	1
elements, a "P" is indicated in the 'Population Restrictions Inducto				00	018	019	028	<mark>62</mark>	1	Must	Must	Must be	Must be	Must be	Must be	Must	Must	No п	All d	Must be	1
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Jurisdiction Code									┠──┘						I						

Valid Value Table

Reflects the FROI and SROI data elements that are captured and if the data element is captured which codes are valid for each data element. Example: DN0002 Maintenance Type Codes (MTCs) is captured as indicated by a 'Y' in the Capture column. DN0158 Employee Tax Filing Status Code is not captured as indicated by 'N' in the 'Capture' column.

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| Maintenance Type Code (for FROI) | Y | 00 | 01 | 02 | 04 (| CO | AQ

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| Maintenance Type Code (for SROI) | Y | 2 | 04 | AB | AC | AP | CA

 | CB | CD | CO | EP | ER | FN | IP
 | NT | PD | PY | РΧ | RB | SX | SU
 | UI | VE | AN
 | BM | BW | MN
 | QT | SA |
| Maintenance Type Codes (for SROI continue) |) Y | UI | Jpda | te Re | port l | UR U | Jpon I

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| Initial Treatment Code | Y | C | 1 | 2 | 3 | 4 | 5

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| Employee Gender Code | Y | F | М | U | | |

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| Employee Marital Status Code | Y | U | М | S | K | |

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| Employment Status Code | Y | C | 9 | 8 | Α | В | 1

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| Wage Period Code (FROI) | Y | 0 | 02 | 04 | 06 | 07 |

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| Wage Period Code (SROI) | Y | 0 | 04 | | | |

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| Pre-Existing Disability Code | Y | | Ν | U | | |

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| Claim Status Code | Y | 5 | С | R | Х | |

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| Claim Type Code | V | М | | N | В | L | W

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| Agreement to Compensate Code | Y | W | L | | | |

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| Late Reason Code | Y | L1 | L2 | L3 | L4 | L5 | L6

 | L7 | L8 | L9 | LA | LB | LC | C1
 | D1 | D2 | D3 | D4 | D5 | D6 | E1
 | E2 | E3 | E4
 | E5 | E6 | | | | | |
 | | |
| Benefit Type Code | Y | 010 | 020 | 021 | 030 (| 040 |

 | | | | 090 | 210 | 220 | 221
 | 230 | 240 | 242 | 250 | 251 | 270 | 410
 | 500 | 501 | 510
 | 520 | 521 | 524
 | 530 | 540 |
| Benefit Type Codes (continued) | Y | 541 | 550 | 551 | 570 ! | 580 | 590

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| Benefit Adjustment Code | Y | Α | В | Е | G | 1 | J

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| Dependent/Payee Relationship Code (1st charac | : N | 2 | 3 | 4 | 5 | 6 | 7

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| Dependent/Payee Relationship Code (2nd charac | 2 N | 0 | 1 | 2 | 3 | 4 | 5

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 | D | Е | F | G | Н | | J
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| Benefit Credit Code | Y | С | Μ | Р | | |

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| Benefit Redistribution Code | V | Н | K | | | |

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| Death Result of Injury Code | Y | Y | Ν | U | | |

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| Employee Tax Filing Status Code | N | Α | В | С | D | |

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| | Maintenance Type Code (for FROI)
Maintenance Type Code (for SROI)
Maintenance Type Codes (for SROI continue)
Initial Treatment Code
Employee Gender Code
Employee Marital Status Code
Employment Status Code
Wage Period Code (FROI)
Wage Period Code (SROI)
Pre-Existing Disability Code
Claim Status Code
Claim Status Code
Claim Type Code
Agreement to Compensate Code
Late Reason Code
Benefit Type Codes (continued)
Benefit Adjustment Code
Dependent/Payee Relationship Code (1st charact
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Death Result of Injury Code | Image: Constraint of the second stateImage: Constraint of the second stateMaintenance Type Code (for SROI)YMaintenance Type Codes (for SROI continued)YInitial Treatment CodeYEmployee Gender CodeYEmployee Gender CodeYEmployee Marital Status CodeYEmployment Status CodeYWage Period Code (FROI)YWage Period Code (SROI)YPre-Existing Disability CodeYClaim Status CodeYClaim Type CodeYAgreement to Compensate CodeYLate Reason CodeYBenefit Type Codes (continued)YBenefit Type CodeYDependent/Payee Relationship Code (1st charac)NDependent/Payee Relationship Code (2nd charac)NBenefit Credit CodeYBenefit Redistribution CodeYDeath Result of Injury CodeY | Image: constraint of the second stateImage: constraint of the second stateImage: constraint of the second stateMaintenance Type Code (for SROI)Y00Maintenance Type Codes (for SROI continued)Y01Initial Treatment CodeY0Employee Gender CodeYFEmployee Gender CodeY0Employee Marital Status CodeY0Wage Period Code (FROI)Y0Wage Period Code (SROI)Y0Pre-Existing Disability CodeY0Claim Status CodeY0Claim Status CodeY0Claim Type CodeY0Agreement to Compensate CodeY010Benefit Type CodeY010Benefit Type Codes (continued)Y541Benefit Adjustment CodeYADependent/Payee Relationship Code (1st charactN0Benefit Credit CodeYCBenefit Redistribution CodeYHDeath Result of Injury CodeYY | Maintenance Type Code (for FROI)Y0001Maintenance Type Code (for SROI)YVUUMaintenance Type Codes (for SROI continue)YUUUInitial Treatment CodeYV11Employee Gender CodeYVUMEmployee Marital Status CodeYUMEmployee Marital Status CodeYUMEmployee Marital Status CodeYC9Wage Period Code (FROI)Y004Pre-Existing Disability CodeYJNClaim Status CodeYJCClaim Type CodeYMIAgreement to Compensate CodeYWLLate Reason CodeYUUBenefit Type Codes (continued)Y541Dependent/Payee Relationship Code (1st characN2Benefit Credit CodeYCMBenefit Redistribution CodeYKHKDeath Result of Injury CodeYYN | Image: Content of the second systemImage: Content of the second systemImage: Content of the second systemMaintenance Type Code (for SROI)YVVVMaintenance Type Codes (for SROI continue)YVVVMaintenance Type Codes (for SROI continue)YVVVInitial Treatment CodeYVVVVEmployee Gender CodeYVVVVEmployee Gender CodeYVVVVEmployee Marital Status CodeYVUMSEmployment Status CodeYV00204Wage Period Code (FROI)Y0004Pre-Existing Disability CodeYNUClaim Status CodeYJNUUNSSClaim Type CodeYVMINAgreement to Compensate CodeYVMINAgreement to Compensate CodeYUUUUUUUUUBenefit Type CodeYUUUUUUUUUBenefit Adjustment CodeYUUUUUUUUDependent/Payee Relationship Code (1st characN012UUUUBenefit Redistribution CodeYKHKUUUUUUtation Status C | Image: contract of the second secon | Maintenance Type Code (for FROI)Y00010204ACAPMaintenance Type Code (for SROI)YVV </td <td>Image: constraint of the second sec</td> <td>v (v) Maintenance Type Code (for FROI) Y 00 01 02 04 CO AQ AU Maintenance Type Code (for SROI) Y 02 04 AB AC AP CA CB Maintenance Type Codes (for SROI continue) Y U Update Report UR Upon Required Initial Treatment Code Y C 1 2 3 4 5 Employee Gender Code Y U M S K - - Employee Marital Status Code Y U M S K - - Employment Status Code Y U M S K - - Wage Period Code (FROI) Y 0 04 - - - - Wage Period Code (SROI) Y 0 04 E K - - - Pre-Existing Disability Code Y V N U -</td> <td>v v v Maintenance Type Code (for FROI) Y 00 01 02 04 AO AQ AU UI Maintenance Type Code (for SROI) Y Q2 04 AB AC AP CA CB CD Maintenance Type Codes (for SROI continue) Y U Update Report UR Upon Request Initial Treatment Code Y Q 1 2 3 4 5 Employee Gender Code Y F M U K K</td> <td>Image: content of the content of th</td> <td>v v</td> <td>Image: Content of the conten</td> <td>v v</td> <td>Image: content of the content of th</td> <td>Image: control of the control of th</td> <td>virtual virtual virtua virtual virtual</td> <td>Image: content of the content of th</td> <td>v v</td> <td>Y V</td> <td>Image: contract to the contract of the contract of the contract to the contract to the contract of the contract to the contract</td> <td>Image: condition of the conditis and the condition of the condition of the co</td> <td>Image: content of the problem of th</td> <td>Maintenance Type Code (for FROI) Y 00 01 02 04 C AQ AU U UR Update Report UR Upon Request V V V V V 00 01 02 04 AP CA CD CO EP ER N IP NT PD PY PX RB SX U U Vestion Maintenance Type Code (for SROI continued) Y U Update Report UR Upon Request U U V 3 4 5 C C E<td>Image: content to the series of the serie</td><td>Image: product of the conditional of the conditiconal of the conditiconal of the conditional of the conditional of</td><td>Image: product of the conditionant of the conditiconditionant of the conditionant of the conditionant of the condit</td><td>Image: product (or FRO) Y Q 0 01 02 04 AD AD U UPUpdate Report UPUpdate Report</td><td>Image: product (or FRO) Y V</td></td> | Image: constraint of the second sec | v (v) Maintenance Type Code (for FROI) Y 00 01 02 04 CO AQ AU Maintenance Type Code (for SROI) Y 02 04 AB AC AP CA CB Maintenance Type Codes (for SROI continue) Y U Update Report UR Upon Required Initial Treatment Code Y C 1 2 3 4 5 Employee Gender Code Y U M S K - - Employee Marital Status Code Y U M S K - - Employment Status Code Y U M S K - - Wage Period Code (FROI) Y 0 04 - - - - Wage Period Code (SROI) Y 0 04 E K - - - Pre-Existing Disability Code Y V N U - | v v v Maintenance Type Code (for FROI) Y 00 01 02 04 AO AQ AU UI Maintenance Type Code (for SROI) Y Q2 04 AB AC AP CA CB CD Maintenance Type Codes (for SROI continue) Y U Update Report UR Upon Request Initial Treatment Code Y Q 1 2 3 4 5 Employee Gender Code Y F M U K K | Image: content of the content of th | v v | Image: Content of the conten | v v | Image: content of the content of th | Image: control of the control of th | virtual virtua virtual virtual | Image: content of the content of th | v v | Y V | Image: contract to the contract of the contract of the contract to the contract to the contract of the contract to the contract | Image: condition of the conditis and the condition of the condition of the co | Image: content of the problem of th | Maintenance Type Code (for FROI) Y 00 01 02 04 C AQ AU U UR Update Report UR Upon Request V V V V V 00 01 02 04 AP CA CD CO EP ER N IP NT PD PY PX RB SX U U Vestion Maintenance Type Code (for SROI continued) Y U Update Report UR Upon Request U U V 3 4 5 C C E <td>Image: content to the series of the serie</td> <td>Image: product of the conditional of the conditiconal of the conditiconal of the conditional of the conditional of</td> <td>Image: product of the conditionant of the conditiconditionant of the conditionant of the conditionant of the condit</td> <td>Image: product (or FRO) Y Q 0 01 02 04 AD AD U UPUpdate Report UPUpdate Report</td> <td>Image: product (or FRO) Y V</td> | Image: content to the series of the serie | Image: product of the conditional of the conditiconal of the conditiconal of the conditional of the conditional of | Image: product of the conditionant of the conditiconditionant of the conditionant of the conditionant of the condit | Image: product (or FRO) Y Q 0 01 02 04 AD AD U UPUpdate Report UPUpdate Report | Image: product (or FRO) Y V |

Valid Value Detail Page 1 & 2

A cheat sheet summary of all codes and descriptions. Greyed codes are not accepted by Oklahoma.

-		000	
	MAINTENANCE TYPE		
	FIRST		
00	Original		Acquired Claim
01	Cancel Entire Claim	CO	Correction
02	Change	UI	Under Investigation
04	Denial	UR	Upon Request (Grandfathered)
AU	Acquired/Unallocated	UR	Update Report
	SUBSEQUE	NT R	EPORT:
02	Change	PX	Partial Suspension
	Denial	RB	Reinstatement of Benefit
AB	Add Concurrent Benefit Type	SU	Sync Up
AC	Acquisition/Indemnity Ceased	SX	Full Suspension
	Acquired/Payment	UI	Under Investigation
CA	Change in Durofit Amount	UR	Upon Request (Grandfathered)
CB	Change in Benefit Type	UR	Update Report
CD	Compensable Death - No Known Dependents/Payees	VE	Volunteer
CO	Correction	AN	Annual
EP	Employer Paid	BM	Bi-Monthly
ER	Employer Reinstatement	BW	Bi-Weekly
FN	Final	MN	Monthly
IP	Initial Payment	QT	Quarterly
NT	Narrative	SA	Sub-Annual
PD	Partial Denial		
PY	Payment Report		

To match incoming reports to reports in Oklahoma's database for processing, Oklahoma identifies their primary "match" data element values indicated by 'P' for Primary.

GROUPING	DN	DATA ELEMENT NAME		New	Existing	Corrections	(8) MTC JH Legacy	Acquired Claims (MTC
	-	•		-		-	Claims	AQ/AU)
			C	laims	Claims		MTC UR expected	
Claim	0004	Jurisdiction Code		S	S	S	P	Р
	0005	Jurisdiction Claim Number (5) (6)			Р	Р		
	0015	Claim Administrator Claim Number						
Claimant	0270	Employee ID		Р	S	S		
	0042	 Employee SSN – Preferred (DN0042) 						
	0153	 Employee Green Card (DN0153) 		Р	S	S		
	0152	 Employee Employment Visa (DN0152) 		Р	S	S		
	0154	 Employee ID Assigned by Jurisdiction (DN0154) (4) 		Р	S	S	Р	Р
	0156	 Employee Passport Number (DN0156) 		Р	S	S		
	0206	Employee Security ID						
	0031	Date of Injury		Р	S	S	Р	Р
	0043	Employee Last Name (7)		Р	S	S	Р	Р
	0044	Employee First Name		Р	S	S	Р	Р
		Employee Date of Birth						
Claim	0187	Claim Administrator FEIN (1)		Р	S	S		
Administrator	0014	Claim Administrator Postal Code						
Employer		Employer FEIN		P	S	S	Р	Р
		Employer UI Number						
	0230	Employer ID Assigned by Jurisdiction						
Insurer		Insurer FEIN (1)			S	S		
Transaction		Maintenance Type Correction Code(DN0002-From Original Transaction) (2)				Р		
	0296	Maintenance Type Correction Code Date (DN0003-From Original Transaction) (2)				Р		
	0002	Maintenance Type Code			Р	Р	Р	Р
	0003	Maintenance Type Code Date			Р	Р	Р	Р

Oklahoma's Secondary Match Data Elements are indicated by 'S' Secondary as shown. In the case of 'Existing Claims' then JCN, MTC and MTC Date are used as Primary and the other DN's indicated with 'S' are used as Secondary.

GROUPING	DN	DATA ELEMENT NAME	New	Exist	ing	Corrections	(8) MTC JH Legacy	Acquired Claims (MTC
	-	•	*		-	•	Claims	AQ/AU)
			Claims	Clair	ns		MTC UR expected	
Claim	0004	Jurisdiction Code	S	S		S	Р	Р
	0005	Jurisdiction Claim Number (5) (6)		P		Р		
	0015	Claim Administrator Claim Number						
Claimant	0270	Employee ID	Р	S		S		
	0042	 Employee SSN – Preferred (DN0042) 						
	0153	 Employee Green Card (DN0153) 	Р	S		S		
	0152	 Employee Employment Visa (DN0152) 	Р	S		S		
	0154	 Employee ID Assigned by Jurisdiction (DN0154) (4) 	Р	S		S	Р	Р
	0156	 Employee Passport Number (DN0156) 	Р	S		S		
	0206	Employee Security ID						
	0031	Date of Injury	Р	S		S	Р	Р
	0043	Employee Last Name (7)	Р	S		S	Р	Р
	0044	Employee First Name	Р	S		S	Р	Р
	0052	Employee Date of Birth						
Claim	0187	Claim Administrator FEIN (1)	Р	S		S		
Administrator	0014	Claim Administrator Postal Code						
Employer	0016	Employer FEIN	Р	S		S	Р	Р
	0329	Employer UI Number						
	0230	Employer ID Assigned by Jurisdiction						
Insurer	0006	Insurer FEIN (1)	Р	S		S		
Transaction	0295	Maintenance Type Correction Code(DN0002-From Original Transaction) (2)				Р		
	0296	Maintenance Type Correction Code Date (DN0003-From Original Transaction) (2)				Р		
	0002	Maintenance Type Code				Р	Р	Р
	0003	Maintenance Type Code Date		Р		Р	Р	Р

Oklahoma also has an column on their Match Data Table to communicate the match data that is used to match to Legacy Claims-claims received on paper prior to EDI (aka Oklahoma Internal MTC JH-Jurisdiction History). For Legacy Claims, Oklahoma will allow a FROI or SROI MTC UR to follow.

GROUPING	DN	DATA ELEMENT NAME	Nour	Eviating	Corrections	(0) MTC	Annuland
GROUPING	DN	DATA ELEMENT NAME	New	Existing	Corrections	(8) MTC JH	Acquired
						Legacy Claims	Claims (MTC
		▼	-	-	-		AQ/AU)
			Claims	Claims		MTC UR	
						exposted	
Claim	0004	Jurisdiction Code	S	S	S	P	Р
	0005	Jurisdiction Claim Number (5) (6)		Р	P		
	0015	Claim Administrator Claim Number					
Claimant	0270	Employee ID	Р	S	S		
	0042	 Employee SSN – Preferred (DN0042) 					
	0153	 Employee Green Card (DN0153) 	Р	S	S		
	0152	 Employee Employment Visa (DN0152) 	Р	S	S		
	0154	 Employee ID Assigned by Jurisdiction (DN0154) (4) 	Р	c	S S	Р	Р
	0156	 Employee Passport Number (DN0156) 	Р	S	S		
	0206	Employee Security ID					
	0031	Date of Injury	Р	S	S	Р	Р
	0043	Employee Last Name (7)	Р	S	S	Р	Р
	0044	Employee First Name	Р	S	S	Р	Р
		Employee Date of Birth					
Claim	0187	Claim Administrator FEIN (1)	Р	S	S		
Administrator	0014	Claim Administrator Postal Code					
Employer	0016	Employer FEIN	Р	S	S	Р	Р
		Employer UI Number					
		Employer ID Assigned by Jurisdiction					
Insurer		Insurer FEIN (1)	Р	S	S		
Transaction	0295	Maintenance Type Correction Code(DN0002-From Original Transaction) (2)			Р		
	0296	Maintenance Type Correction Code Date (DN0003-From Original Transaction) (2)			Р		
	0002	Maintenance Type Code		Р	Р		Р
<u> </u>	0003	Maintenance Type Code Date		Р	Р	Р	Р

Additional Confirmation: When a match is found on the primary or secondary "match" data elements, these data elements can be used as 'additional' confirmation that the claim is a duplicate for situations where there may be multiple injuries for the same Date of Injury.

Additional Match Data Confirmation: When a match is found on the primary or secondary "match" data elements per the table above, the following data elements can be used as 'additional' confirmation that the claim is a duplicate for situations where there may be multiple injuries for the same Date of Injury. When these fields are evaluated and a match is found then a duplicate error message will be returned on Element Number 0002 Maintenance Type Code with Element Error Number 057-Duplicate Transmission/Transaction. If the duplicate is not identified the claim will be processed.

Limitations: The limitation of changing one match data element does not apply to these 'Additional' match data elements. See Match Data Rules in Section 4.

The suggested optional data element names are listed below. Place an "A" (Additional) in the appropriate column in order to identify the additional match data. Jurisdictions should not use the "additional" match data elements when processing an 02 change transaction because the 02 could be filed to change one or more of these elements.

			New	Existing	Corrections	Legacy	Acquired Laims
			Claims	Claims		Claims for MTC UR	(i TC A(AU)
Injury	0035	Nature of Injury	Α	Α	Α		
	0037	Cause of Injury	Α	Α	Α		

For existing claims, only one Match Data Element can be changed on the same MTC 02 Change transaction unless noted otherwise on the Category Legend. Error message 117- Match data value not consistent with value previously reported will be returned resulting in a TR-Transaction Rejected acknowledgment.

GROUPING	DN	DATA ELEMENT NAME	New	Existing	Corrections	MTC JH Legacy
			Claims	Claims		Claims for MTC UR
Claim	0004	Jurisdiction Code	S	S	S	Р
	0005	Jurisdiction Claim Number (5)		Р	P	
	0015	Claim Administrator Claim Number (1)	P	S	S	
Claimant	0270	Employee ID	Р	S	S	
	0042	Employee SSN – Preferred (DN0042)				
	0153	Employee Green Card (DN0153)	Р	S	S	
	0152	Employee Employment Visa (DN0152)	Р	S	S	
	0154	 Employee ID Assigned by Jurisdiction (DN0154) (4) 	P	S	S	Р
	0156	Employee Passport Number (DN0156)	P	S	S	
	0206	Employee Security ID				
	0031	Date of Injury	Р	S	S	Р
	0043	Employee Last Name	Р	S	S	Р
	0044	Employee First Name	P	S	S	Р
	0052	Employee Date of Birth				
Claim	0187	Claim Administrator FEIN (1)	P	S	S	
Administrator	0014	Claim Administrator Postal Code				
Employer	0026	Insured Report Number				
	0016	Employer FEIN	P	S	S	Р
	0023	Employer Physical Postal Code				
	0028	Policy Number Identifier				
Insurer	0006	Insurer FEIN	Р	S	S	
Transaction	0295	Maintenance Type Correction Code(DN0002-From Original Transaction) (2)			Р	
	0296	Maintenance Type Correction Code Date (DN0003-From Original Transaction) (2)			Р	
	0002	Maintenance Type Code (3)		Р	Р	
	0003	Maintenance Type Code Date		Р	Р	

Note: Transaction Grouping' are not applicable to the MTC 02 Change transaction.

The limitation of changing one match data element does not apply to or consider the 'Additional' match data elements.

			New	Existing	Corrections	Legacy	Acquired Claims
			Claims	Claims		Claims for MTC UR	(MTC AQ/AU)
Injury	0035	Nature of Injury	Α	Α	А		
	0037	Cause of Injury	Α	Α	Α		

Category Legend as indicated by 'Applicable = Y' allows: Employee First Name (DN0043) and Employee Last Name (DN0044) to both change on the FROI 02 Change and also Insurer FEIN (DN006) and Claim Administrator FEIN (DN0187) can both change on a FROI 02 Change as well as Employer FEIN (DN0016), Insurer FEIN (DN0006) and Claim Administrator FEIN (DN0187).

When selecting Primary and Secondary Match Data elements, jurisdictions must recognize the following conditions may apply to the claim and consider which combinations, if any, can be changed at the same time by placing a Y or N in the Applicable column.

Multiple element changes Category legend:						
Category	Conditions					
1	Employee First Name (DN0043) and Employee Last Name (DN0044)	Y				
2	Insurer FEIN (DN0006) and Claim Administrator FEIN (DN0187)	Y				
3	Claim Administrator postal code (DN0014) and Claim Administrator FEIN (DN0187)	Ν				
4	Employer FEIN (DN0016), Insurer FEIN (DN0006) and Claim Administrator FEIN (DN0187)	Y				
5	Employer FEIN (DN0016), Insurer FEIN (DN0006)	Y				
7	7 or greater - jurisdiction must define custom allowable combinations	Ν				

Population Restrictions

Where "P" exists in the Restrictions Indicator column of the *DN-Error Message* table, there will be a corresponding entry in the Populations Restrictions table.

Sorted by Error Message & DN	<pre>Edit Matrix Population Legend: F = Edit applies to the data elements deemed essential for a transmission/transaction to be processed. L = *Not grayed out: Edit applies to the data elements based on the requirements indicated on the Element Requirement Table. *Grayed out: The standard edit will not be applied by the jurisdiction Relaxed requirement edits: L = Claim: requirement is limited to "conditional" on new claims reported in R3 environment because the data may not (and may never be) available on legacy claims. V = Event: requirement is limited to "conditional" on claims where benefits are being "initiated" or "reinstated" in R3 because the data may not have been collected at the time payments were started </pre>	Relaxed requirement edits (err msg 001 and 108)	Lurisdiction will apply edits?	Population Restrictions Indicator	Andatory field not present	Lumber of Days Worked must be 0-7	Pays must be 0-6
DN	IAIABC Data Element Name				8	018	019
0002	Maintenance Type Code	NI	F	Р	F		
0003	Maintenance Type Code Date	NI	F	P	F		
0004	Jurisdiction Code	NI	F	P	F		

Population Restrictions

Each Population Restriction contains: > The DN # and Name;

DN		Data Element Name	Provulation Restriction	Message	Error Message Text	Element Error Text (DN0291)
Τ.		V		Number		•
0002	Μ		Valid values are limited to the values shown on Valid Value table.	111	Must be valid content	Refer to Value Table for valid values
0002	Ma		Valid values are limited to the values shown on Valid Value table.	111	Must be valid content	Refer to Value Table for valid values
0002	Ma (F	Benefits Segment)	MTC at the Benefit Level must be the same as the MTC at the Claim Level of the transaction when the Subsequent Report affects a Benefit Type	111	Must be valid content	MTC at claim and benefit level do not match
0002	M (F		When the MTC applies to the claim as a whole, the MTC is sent at the Claim Level (A49) only and is not at the Benefit Level	111	Must be valid content	MTC at benefit level not valid
0002			Only one match data value can be changed in one transaction. See Match Data Table.	117	Match data value not consistent with value previously reported	Only 1 match data DN can change per transaction

Population Restrictions

Each Population Restriction contains:

Population Restriction, Element Error Number, Error Message Text and the Element Error Text

	-					
)N	Data Element Name	Population Restriction	Error Message Number	Error Message Text	Element Error Text (DN0291)
	ΨĪ	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
00	002	Maintenance Type Code (for FROI)	Valid values are limited to the values shown on Valid Value	111	Must be valid content	Refer to Value Table for valid values
			table.			
00	002	Maintenance Type Code (for SROI)	Valid values are limited to the values shown on Valid Value	111	Must be valid content	Refer to Value Table for valid values
			table.			
00)02	Maintenance Type Code	MTC at the Benefit Level must be the same as the MTC at the	111	Must be valid content	MTC at claim and benefit level do not match
		(For Benefits Segment)	Claim Level of the transaction when the Subsequent Report			
		, – r	affects a Benefit Type			
00	002	Maintenance Type Code	When the MTC applies to the claim as a whole, the MTC is	111	Must be valid content	MTC at benefit level not valid
		(For Benefits Segment)	sent at the Claim Level (A49) only and is not at the Benefit			
		/	Level			
00	002	Maintenance Type Code	Only one match data value can be changed in one	117	Match data value not consistent with value	Only 1 match data DN can change per transaction
			transaction. See Match Data Table.		previously reported	

Population Restrictions Let's look at other examples for

DN0025 Industry Code and DN0154 Employee ID

Assigned by Jurisdiction

Report	Data Element Name	Population Restriction	Error	Fror Message Text	Element Error Text (DN0291)
				Life message rext	Lienent Endrie Kr (Divest)
5		· · · · · · · · · · · · · · · · · · ·		•	▼
FROI	Industry Code	If required on MTC, then must be 6 characters and valid NAICS Code (2012 or 2017 NAICS Code)		Must be valid content	DN0025 must be 6 characters & valid NAICS
FROI 02	Employee ID Assigned by Jurisdiction	Employee ID: The Assigned by Jurisdiction ID should be composed as follows: Employee ID Assigned by Jurisdiction (DN0154). If DN0270-Employee ID Type Qualifier is = to A:	111	Must be valid content	See Pop Restriction for format allowed.
		Legacy Claims: o Employee SSN (DN0042) was reported to OKWCC on paper: Populate with either the last 4 or 5 digits of Employee SSN (DN0042). o Employee SSN (DN0042) was not reported to OKWCC on the paper filing: Populate with the default value of '9999'.			
		<u>Non-Legacy Claims:</u> o Populate with the last 5 digits of Employee SSN (DN0042).			
		Employee SSN (DN0042) Not Available for Legacy and Non-Legacy Claims:			
		If the last four (4) or five (5) digits of the Employee SSN (DN0042) are not available, then OKWCC will accept the following: • Employee Employment Visa (DN0152) • Employee Green Card (DN0153)) • Employee Passport Number (DN0156)			
		If DN0042, DN0152, DN0153, DN0156 are not available then OKWCC will accept the following:			
		When establishing a claim must be: Option 1: First Character of DN0044 Employee First Name followed by First Character of DN0043 Employee Last Name followed by DN0052-Employee Date of Birth (MMDDYY), e.g. XX051580 (where Date of Birth is May 15, 1980) OR Option 2: If Date of Birth is not available, use DN0031-Date of Injury (MMDDYY), e.g.			
		XX030114 (where Date of Injury is March 01, 2014)"			
FROI 02	Employee ID Assigned by Jurisdiction	Only one match data value can be changed in one transaction. See Match Data Table.			Only 1 match data DN can change per transaction
	FROI 02	or MTC FROI Industry Code FROI 02 Employee ID Assigned by Jurisdiction Image: State of the state of th	or MTC Industry Code If required on MTC, then must be 6 characters and valid NAICS Code (2012 or 2017 NAICS Code) FROI 02 Employee ID Assigned by Jurisdiction ID should be composed as follows: Employee ID Assigned by Jurisdiction (DN0154). Employee ID Assigned by Jurisdiction (DN0154). If DN0270-Employee ID Type Qualifier is = to A: Leaacy Claims: o Employee SSN (DN0042) was reported to OKWCC on paper: Populate with either the last 4 or 5 digits of Employee SSN (DN0042). o Employee SSN (DN0042) was not reported to OKWCC on the paper filing: Populate with the default value of '9999'. Non-Leaacy Claims: o Populate with the last 5 digits of Employee SSN (DN0042). Employee SSN (DN0042) Not Available for Leaacy and Non-Leaacy Claims: o Populate with the last 5 digits of the Employee SSN (DN0042). Employee Crean Card (DN0152) Employee Passport Number (DN0153) - Employee Passport Number (DN0156) If DN0042, DN0152, DN0153, DN0156 are not available then OKWCC will accept the following: - Employee Passport Number (DN0156) If DN0042, DN0152, DN0153, DN0156 are not available then OKWCC will accept the following: - Employee Last Name followed by DN0052-Employee Date of Birth (MMDDYY), e.g. XX030114 (where Date of Birth is not available, use DN0031-Date of Injury (MMDDYY), e.g. XX030114 (where Date of Birth is not available, use Ch0031-Date of Injury (MMDDYY), e.g. XX03114 (where Date of Birth is not available, use Ch0031-Date of Injury (MMDDYY), e.g. XX030114 (where Date of Birth is not available, can be changed in o	or MTC Message FROI Industry Code If required on MTC, then must be 6 characters and valid NAICS Code (2012 or 2017 NAICS Code) 111 FROI 2 Employee ID Assigned by Jurisdiction Employee ID Assigned by Jurisdiction ID should be composed as follows: 111 FROI 2 Employee ID Assigned by Jurisdiction (DN0154). If DN0270-Employee ID Assigned by Jurisdiction (DN0154). If DN0270-Employee SSN (DN0042) was reported to OKWCC on paper. Populate with either the last4 or 5 digits of Employee SSN (DN0042). 0 Employee SSN (DN0042) was not reported to OKWCC on the paper filing: Populate with the default value of '9999'. 111 Non-Legacy Claims: 0 Populate with the last5 digits of Employee SSN (DN0042). Employee SSN (DN0042) was not reported to OKWCC on the paper filing: Populate with the default value of '9999'. 111 Non-Legacy Claims: 0 Populate with the last5 digits of the Employee SSN (DN0042). Employee SSN (DN0042) Not Available for Legacy and Non-Legacy Claims: 111 111 If the last four (4) or five (5) digits of the Employee SSN (DN0042). Employee Crean Card (DN0153) 0 Femployee Crean Card (DN0153) 111 UNWOUND Explore Employee DAssigned by Jurisdiction for Employee First Name followed by First Character of DN0042 Employee Last Name followed by DN052-Employee Date of Birth (MMDDYY), e.g. XX051580 (where Date of Birth is May 15, 1980) 0R 1111 When establishing a claim must be: Option 1: First Character of DN00	or MTC Message Numbia Message Numbia FROI Industry Code If required on MTC, then must be 6 characters and valid NAICS Code (2012 or 2017 NAICS Code) 111 Must be valid content FROI 2 Employee ID Assigned by Jurisdiction Employee ID Assigned by Jurisdiction (D should be composed as follows: 111 Must be valid content EROI 02 Employee ID Assigned by Jurisdiction (D No154), If DN0270-Employee ID Type Qualifier is = to A 111 Must be valid content Ledacy Claims: Employee SIN (DN042) was reported to OKWCC on paper. Populate with either the last 4 or 5 digits of Employee SIN (DN042), o Employee SIN (DN042), o Employee SIN (DN042), o Employee SIN (DN042), in the default value of '9999'. Mont-leaacr/Claims: o Populate with the last 5 digits of Employee SIN (DN042), employee SIN (DN042) Not Available for Leaacr and Non-Leaacr/Claims. If the last four (4) or five (5) digits of the Employee SIN (DN0042) are not available, then OKWCC will accept the following: Employee Employment Visa (DN0152) Employee Passport Number (DN0156) If DN0042, DN0152, DN0153, DN0156 are not available then OKWCC will accept the following: When establishing a claim must be: Option 1: First Character of DN0044 Employee First Name followed by First Character of DN0043 Employee Last Name followed by DN0052-Employee Date of Birth (MMDDYY), e, X0051580 (where Date of Birth is Nay 15, 1980) OR

Oklahoma Accident Site County List

N	Report or MTC	Data Element Name	Population Restriction	Error Message	Error Message Text	Element Error Text (DN0291)
	-	ন	· · · · · · · · · · · · · · · · · · ·	Numbe -		-
18	FROI	Accident Site County/Parish	Must be valid per the OKWCC Accident Site County List (Note: The valid list is included on worksheet labeled 'OKWCC Accident Site County List' in the Edit Matrix).	111	Must be valid content	Not found in the list of OK counties
			"Unknown", "Out of state", "Out-of-state" allowed per notes below. Notes: If ACCIDENT SITE STATE CODE – DN0123 is present and = 'OK' then "Out of state", "Out-of-state" is invalid.			
			'Unknown' should only be sent when unknown, and should not be sent as a default.			

OKWCC Ac See Popula DN0118 A	tion Res	triction I	Edit:	rror: 1	11 Mu:	st be va	alid co	ontent			
Adair											
Alfalfa											
Atoka											
Beaver											
Beckham											
-1.											

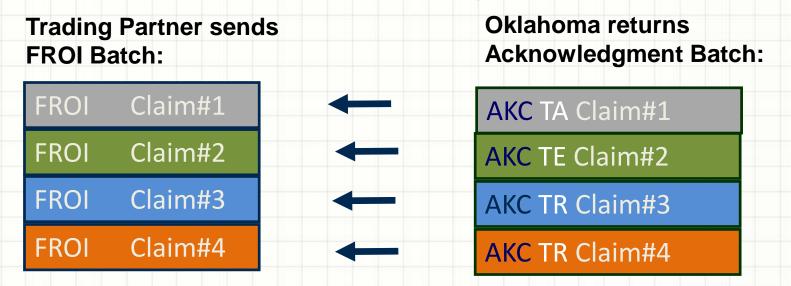
Sequencing Table

Oklahoma's transaction sequence edits are defined on the Sequencing table.

If the Apply Seq Edit is = Y, this indicates that the MTC is accepted and the sequencing edit will be applied. Error text indicates why the report was rejected.

Apply	Incoming	MTC NAME	Element	Suggested Error	Incoming	MINIMUM SEQUENCING REQUIREMENTS
Seq	Maintenance		Error	Tezt (DN0291)	Maintenance	
Edit?	Type Code		Number	limited to 50 bytes	Type Code	
Y, N,			(DN0116)			
	Event Group 1. E	stablish Claim or New (Claim Admini	strator		
	1a. Determinatio	n not made			•	
Y	UI - FROI	Under Investigation FROI	063	Invalid Event Sequence	UI-FROI	None (refer to FROI Match Data/Duplicate Transactions <i>TRANSACTION PROCESSING</i> GUIDELINES in Section 2)
	1b. Report of Inj	ury				
Y	00	Original	063	Invalid Event Sequence	00	None (refer to FROI Match Data/Duplicate Transactions <i>TRANSACTION PROCESSING GUIDELINES</i> in Section 2) OKWCC Note: If FROI 04 is filed then a FROI 00 can follow to let OKWCC know that the claim is not denied. OKWCC Note: If FROI 04 is filed and payments are made then a SROI IP can be filed
	1c. Denial					
Y	04 - FROI	Full Denial FROI	063	Invalid Event Sequence	04 - FROI	None (refer to FROI Match Data/Duplicate Transactions <i>TRANSACTION PROCESSING GUIDELINES</i> in Section 2) OKWCC Note: If you first file FROI 00, a FROI 04 can follow. OKWCC Note: If FROI 04 is filed and payments are made then a SROI IP can be filed.

How does Oklahoma communicate the status of EDI reports?



Oklahoma returns an EDI Acknowledgment Record (AKC) for each FROI and SROI report received. The AKC communicates the status of the EDI FROI or SROI report. The status can be a TA or TR:

•Status TA: Indicates that the EDI report was accepted
•Status TE: Indicates that the EDI report was accepted with error
•Status TR: Indicates that the EDI report was rejected. Review the reason to determine if the same FROI or SROI needs to be adjusted and resent.

What are the Options for EDI Submissions?



- Direct Reporting (Secure FTP)
 - Trading Partners and IAIABC Members with knowledge of the standards reporting EDI Claims Releases in other states
- EDI Vendor
 - List of vendors that have a variety of services to meet your EDI needs are listed on Oklahoma's website.
 Oklahoma does not endorse, nor recommend any one vendor over another.
- Oklahoma ISO wcPrism Web Entry
 - This web system is provided, for low volume Trading Partners, by Oklahoma's EDI Claims Vendor ISO

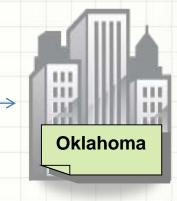
What are the Options for EDI Submissions?



Trading Partners Report the FROI SROI data based on the following options:

Trading Partner

- 1) Report via a Direct Connection using SFTP from your own claims system (no cost)
- 2) Log in to Oklahoma ISO wcPrism Web Entry Portal (provided for low claim volume), enter and submit each report
- 3) Use a EDI Vendor (vendor charges may apply)



Oklahoma receives the FROI SROI data and returns Acknowledgment Files

Summary of Steps to Implement EDI Claims Release 3.1 with Oklahoma

Summary of Steps for Implementation

Summary of Steps

• Obtain the IAIABC R3.1 Implementation Guide • Obtain Workers' Compensation Commission Implementation and Requirements Information Determine

how you will

handle your

EDI reporting

Summary of Steps

Summary of Steps for Implementation

summary of Steps

Register: Complete the Trading Partner Profile Registration online, and sign and return the TP Agreement. Test: Prepare to send and receive EDI data and Begin the Testing Process Move to

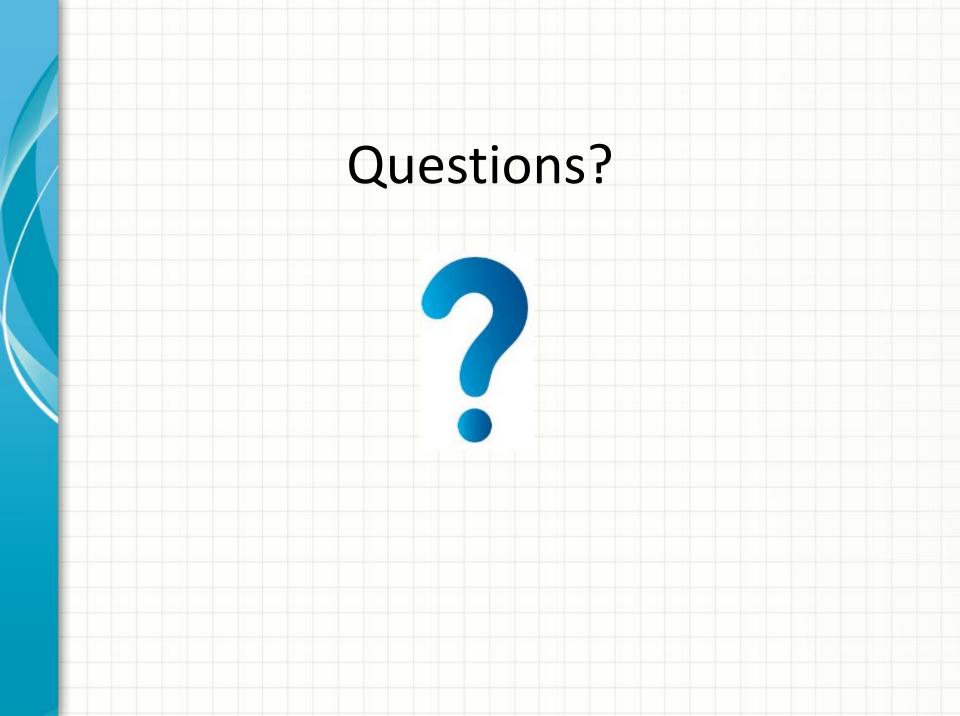
Production

Summary of Steps

How do I get help for OK EDI?

All questions related to the Trading Partner Registration Process and/or General EDI Support, please contact the Oklahoma EDI Support Team via email at <u>okwccedi@iso.com</u>.









THANK YOU FOR ATTENDING THE OKLAHOMA WORKERS' COMPENSATION COMMISSION (OK WCC) EDI CLAIMS RELEASE 3.1 INFORMATION WEBINAR

For Claim Administrators, Insurance Companies, Third Party Administrators, Self-Insured Employers & EDI Service Providers.