**Questions Sent to Maine Regarding Trading Partner Tables**

**Questions in response to Trading Partner Tables Draft 1.2 sent 7-21-15:**

General Questions:

Q . Is what is on your website the most current version of the tables? If so then the remaining questions apply if not then you may have addressed some of these already.

A. Draft 1.2 which was sent out to the Community on July 21, 2015 is what is on our website. We in the process of drafting our Rule that will begin the process rule writing. We have updated the Draft 1.2 Tables and once the Board of Directors give their approval we will post the Draft 1.3 Trading Partner Tables. I will respond to each of the questions below and reply as to whether the issue has been already address in 1.3 or will make the necessary updates to Draft 1.3.

Q. If so will you be updating the Maine EDI Manual? I didn’t see it on the SROI page and the one on the other web page is from 2010.

We are working on the update to our Maine EDI Manual also and will post the new draft on the Maine Workers’ Compensation EDI Claim-Payments Information page. (<http://maine.gov/wcb/Departments/informationmgt/edi_payments_info.html>)

Q. Will you be accepting the new BTC codes of 220 and 221? They aren’t listed in your tables but they just became effective 10/5 I think.

A. Yes Maine will be taking BTC 220 and 221.

Q. Do you have any info on legacy reporting such as what claims you are considering legacy and generally how you will process them?

A. In the Maine EDI Manual we will have a section devoted to Legacy Claims. In a nutshell a legacy claim is defined as any claim that had indemnity benefits paid prior to the migration to EDI Payments and no Final has been filed (this would include a claim where indemnity payments are paid/suspended, Final filed, and then reopened).

We will require an MTC UR prior to any of the following MTC’s to be sent on a Legacy Claim (IP, AP, EP, CA, CB, CD, Sx, or FN. This is subject to change as we learn more from others.

Q. I noticed in the SROI ERT benefit event requirements you have the 02, AP, CA, CB, EP, ER, IP, PY, RB, S1-S9, and SD listed. You are then asking for benefit payment issue date on all these MTCs. Per the guide DN0192 can only be required on the IP, AP, PY, RB, Sx or any corresponding 02 or CO. You are also requiring this field and others on the EP and ER which is also not allowed by standard especially for 240. This may be an area you take another look at.

A. We have modified the ERT to reflect the Benefit Payment Issue Date is only required on an IP, AP PY, RB, or Sx.

Q. You have a lot of fields listed NA such as maximum medical improvement date. Are you really not needing these fields and don’t expect them? Would you prefer that they were sent if provided anyway?

A. We have reviewed the ERT and are feel confident that we are only asking for data elements that we need to satisfy our Statute and Rules. Clearly you can send this information if you would like but at this time we will not be looking or editing anything that may be in that field.

Q. At convention you said that you would be looking to test with vendors in October. Are you ready to being testing? I didn’t see any test plans documented or any official dates on the web.

A. We are not at a point to begin testing. We had to rewrite a new section of our application that has taken longer than expected. At the request of some CA’s we are also breaking up some of the changes we are making with respect to our implementation. In addition to the SROI Payment MTC’s we are also removing the use of the MTC CO on the FROI/SROI and the FROI UR. We’ve been doing this for 10 years now and we find that with auto triggers we keep getting the same errors again and again without anyone ever addressing the reason for the TE. We will implement the removal of the FROI/SROI CO first then move on to the adding the SROI MTC’s soon thereafter.

Q. What is the possibility that the FROI changes can be made prior to the SROI implementation.  Do you think this is a possibility?

A. At the request of a couple of carriers you will notice on the Event Table that we did indeed break up the FROI changes to happen on 3-14-2016 and the roll out of the SROI Payment MTC’s which will occur in via 3 groups beginning in May of 2016.

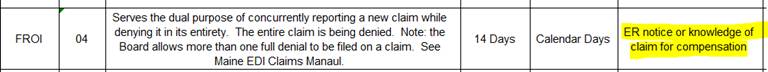
Q. Please provide the denial measurements for medical only/zero days lost time?

A. 30 days from notice/knowledge (receipt of the med bill).

Q. For indemnity claims what is the Denial measurement for timeliness? Which DN’s are being used to measure the 14804 timeliness? Is it the same DN from current to proposed?

**14804:** Looks like two different measurements proposed??

**New:**



**Current:**

cid:image007.png@01D0F544.88951FC0

A. In both the new and current the measurement is still the same. We look at DN0281 (Dte ER Had Knowledge of Date of Disability) against the date we received the accepted transaction

**The following question was asked after an earlier version of the Tables and we have since changed the answers to that question:**

Q. Suspension due to jurisdiction change. 21 days’ notice required per Act §205(9)(B)(1).

Q1. Do we have to wait for the 21 days to occur before we file the A49Sx?

No, this answer has been changed so that CA’s can send the transaction when the paperwork is sent.

Q2. Can we pay the 21 days in advance with a ‘future dated’ BTC End Date and file the A49Sx immediately?

Yes

Q3. Suspension Effective Date – what date – the future 21st date?

Date should reflect the date when the suspension is effective.

**Previous Questions sent in response to Trading Partner Tables Draft 1.1 sent 5-27-15:**

General Questions:

Q. Can we file the 148AU rather than the 148AQ followed by the 148AU if rejected? Seems that your sequence rules allow this.

A. Yes the only sequencing edit we have on the FROI Acquisition MTC is on the AQ. Because we require very few elements on the AQ MTC a FROI 00 or 04 would have had to been filed by the previous CA and the JCN is mandatory. The AU has no such requirements.

Q. If the claimant and/or employer has an SSN but will not provide the SSN – what do we use in place of it? Will Maine provide an EE ID?

A. Yes, contact your representative in our Claims Unit and an Employee ID Assigned By Jurisdiction will be provided. If you do not know who your Claim Unit Representative is you can contact Debbie Morton, the Claims Supervisor, at 207-287-7053.

Q. Legacy claim reporting – I see the SROI UR listed on the Event Table but not on the Element Requirement table –when will the edits be published?

A. We are waiting until the IAIABC IRR 749 UR Legacy process to be completed and will be creating comprehensive Migration and Testing documents.

Q. Will Maine return completed PDF forms on the Acknowledgement Reports? What form/s will Maine populate and return back to the claim administrators for mailing to the claimant? Will these be sent concurrently with the returned Acknowledgement Reports like NY does?

A. Maine is looking at this process and will be testing with Denials that are currently sent to the WCB today. We anticipate an August 1, 2015 date to start sending Denial forms back to the CA but the entire process will be fleshed out during the test period. Initially we will have the forms back to the CA after each of our 3 processing times (6am, 10am, and 2pm EST) but this may change depending on volume once we begin sending back all payment related forms.

We are also looking at what forms we currently require the CA to send to the ER and EE to see what can be eliminated with the use of a EOB (Explanation of Benefits) but that also needs to be fleshed our further.

Q. What is Jurisdiction Code UL (population restrictions shows this)?

A. The Jurisdiction Code UL is for Federal Long Shore & Harbor Workers’ Compensation Act. We have a self-insured employer that has workers that can file under Maine’s WC Act or the Federal Long Shoremans’ Act and because of this we take both codes.

Q. What will be the process for reporting legacy claims to Maine?

We are currently working on a Legacy Claims Migration document and estimate its completion my mid to late August.

Q. What is Maine’s time frame for testing and mandatory submission for payment EDI?

Currently we are working on changes to our internal application. A second draft of Me’s Trading Partner Tables has been distributed and can be found at: <http://maine.gov/wcb/Departments/informationmgt/edi_payments_info.html>

**Event Table**:

Q. If we have a Med Only/Notification Only claim and dispute a medical bill that requires the FROI filing – does that FROI ‘count’ as file to satisfy Act §303 and Rule 3.1? ME FROI Event Table MTC 00 Trigger – “When any employee has reported to an employer any injury arising out of and in the course of the employee's employment that has caused the employee to lose a day's work, or when the employer has knowledge of any such injury. See Act §303 and Rule 3.1. Medical Only and Notification Only FROIs may be sent, but there is no requirement to do so nor will it satisfy a reporting obligation under Act §303.”

The requirement to file a FROI is governed by the Act [(§ 303)](http://legislature.maine.gov/statutes/39-A/title39-Asec303.html) and Board rules ([Ch. 3 §§1 and 5](http://www.maine.gov/sos/cec/rules/90/90/351/351c003.doc)). The requirement for filing the FROI is based loss of employees’ wages.

Confusion sets in when a FROI is filed for a Med/Notification Only. Maine will accept that submission but it **does not** satisfy the requirement to notify the WCB when the Employee begins losing time. You cannot send another FROI 00, you need to send a FROI 02 with the all the necessary data elements necessary to fulfill the Notice to the Board requirement once the employee has missed a day’s wages.

If you’ve filed a FROI 04 to dispute medical payments on a Med Only claim in the past this **does not** satisfy the requirement to notify the WCB when the Employee begins losing time. Again a FROI 02 needs to be sent with the information regarding the Initial Disability Date in accordance with the Law and Rule identified above.

Q. Based on the A49PY description in the Event Table it looks like only Indemnity Settlements are referenced? Does Maine allow Medical Settlements? I noticed Maine accepts the 501 Benefit Type Code (DN85) but just wanted to confirm.

Yes, Lump Sum Settlement Codes “SF” of “SP” are for both or either Indemnity or Medical Settlements.

Q. Just need to confirm that the SROI-FN (Final) will stop the SROI-SA (Sub-Annual) Periodic Report from needing to be triggered every 180 days in the future, correct? What MTC reports other than the SROI- RB will re-institute the SROI-SA requirement of every 180 days?

Yes that is correct, an MTC FN (Final) ends the requirement to send Periodic Reports every 180 days. If the claimant begins collecting indemnity again an MTC RB (Reinstatement of Benefits) or ER (Employer Reinstatement) should be sent and the SA Periodic requirement begins again. If however a medical bill is paid and the CA does not expect any further payments another FN should be sent with the updated payment totals.

Q.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SROI | PY | Lump Sum **Indemnity** **Payment** as agreed upon by the parties | When the Lump Sum Payment/Settlement Code (DN293) is "AS".  Claim administrator **must file Form WCB-4A** (see Rule 8.18).  See Maine EDI Claims Manual. | Date WCB-4A is signed by the parties |

\*\*(following 3 questions pertain to the PY information above)\*\*

Q1. Is the normal sequence flow in Maine to get the WCB-4A signed by all parties **before** the claim administrator issues the Lump sum payment?

**Yes, that is best practice. Any compensation due per the 4-A must be paid within 10 calendar days after being signed by all parties. If the CA pays prior to signing, what is the assurance that the form will be signed by the employee? Also, it is best practice for the ER/IR to sign after the employee has signed.**

Q2. Can the claim administrator issue the Lump Sum payment before the signed 4A and file the PY report?

Again this is not best practice when payments are being made. The Agreement is not binding until signed by all parties.

Q3. Will Maine be comparing the data entered on the paper 4A form to the EDI data? If so – what data fields?

We will compare some information, primarily payment data but the Agreement covers all types of issues (establishing AWW, medical, indemnity, protection of the Act, etc) which cannot be compared with an EDI transmission.

Q. Suspension due to jurisdiction change. 21 days’ notice required per Act §205(9)(B)(1).

Q1. Do we have to wait for the 21 days to occur before we file the A49Sx?

No this answer has been changed so that CA’s can send the transaction when the paperwork is changed.

Q2. Can we pay the 21 days in advance with a ‘future dated’ BTC End Date and file the A49Sx immediately?

Yes

Q3. Suspension Effective Date – what date – the future 21st date?

Date should reflect the date when the suspension is effective.

Q. Can we file the MTC SA every six months from the DOI?

A. The SA is required to be sent every 180 days until an MTC "FN" is filed. If the carrier community feels that it is easier to program every six months we are more than happy to use that parameter.

**Element Requirement Table**

Q. DN0016-Employer FEIN is marked MC across all SROI but the condition isn’t applicable to all SROI

A. The ER FEIN is Mandatory for all MTC’s with the exception of the FROI 04 and SROI 04 if DN198 (Full Denial Reason Code is 3D or 3E. The changes to reflect this will be made to the Element Requirement Table.

Q. DN0055-Employee Number of Dependents – Are you using this to calculate rates? If so, I’m not sure why you’d need this on a PY or EP?

Compensation rate is based on the number of dependents depending on the date of injury. This is mandatory conditional and we have need to make sure the injured EE is being compensated accurately. While this may not be needed in most cases on the MTC EP, there may be instances where the Claim Administrator is paying a portion of the indemnity payment.

Q. DN0056-Initial Date Disability Began – Just confirming you want this on PPD and Settlement only cases (mandatory when Claim type = I)?

Yes we have updated the Element Req Table for DN0056 to Mandatory Conditional so that we have that date when the PY is sent.

Q. DN0057-Employee Date of Death, and DN0068 and 0072 – Initial and Latest RTW Dates - can you update the condition to “if present” instead of > 0, since the fields being compared aren’t numeric?

The Element Req Table has been updated to reflect these suggested changes.

Q. DN0092-Benefit Adjustment Code – Condition is incorrect – Redistribution does not offset the Net, you’d want to look at DN0126-Benefit Credit Code?

The Element Req Table has been updated to reflect that this DN is mandatory when the Net is less than the Gross and the is no Benefit Redistribution.

Q. DN0130-Benefit Redistribution Code – this edit should be on DN0126-Benefit Credit Code instead

The language on the Conditions Tab talks about when a portion of the indemnity payment is being sent to another entity then this DN is mandatory. We do not take the Benefit Credit Code here in Maine.

Q. DN0202-Reduced Benefit Amount Code – be sure you also look at Voids to explain the number/value of benefits going down ?

We have added the word “voided” to the Business Description.

Q. DN0158-Emplyee Tax Filing Status code – do you really need this for particular DOI’s on the EP and PY?

A. Even though the employer may be continuing salary continuation there may be the need due for the CA to pay an additional amount due to the AWW calculation.

Q. I think I need some clarification on DN0204 (Work Week Type Code) and DN0205 (Work Days Schedule Code). When I look at the ME Element Requirements table I noticed DN0204 is “IA” on the FROI-00 and 04 and “NA on all the SROI MTC’s. DN0205 is “MC” on the FROI-00, “IA” on the FROI- 04 and NA on all the SROI MTC’s.

There are multiple DN0204/DN0205 combinations. I think it would be helpful to know what the State of Maine requirements would be for each scenario.

**For Example**:

DN0204 = Blank. Will this reject from a State edit on MTC’s that are “IA”?

DN0204/DN205 = Blank. Will this get rejected by a State edit when the MTC is “IA”?

DN0204 = S. Do we need to send DN0205?

DN0204 = V. Do we need to send DN0205?

If DN64 (Number or Days Worked Per Week) is a value other than 5 and DN204 is “S or F” with this get rejected by a state edit?

If DN64 (Number of Days Worked Per Week) is = 0 and DN0204 is “S or F” with this get rejected by a state edit?

We have modified the DN Error Message tab in the Edit Matrix Table to remove any editing of the IA field.

**Edit Matrix Table:**

**Sequencing**

Q. Looking at the Sequencing table to see if Maine requires a Suspension prior to PY (it does not appear so), but ended up with another question.  Does the reference to “lump sum payments” in the Sequencing document include both lump sum **Settlements** and lump sum **Indemnity Payments** referenced on the Event Table? You will allow a PY following a SROI UR, correct?

A. Yes that reference to “lump sum” is for both Settlements and one-time Indemnity payments. The question regarding a PY following a UR is interesting. We are using the UR to set where in the sequencing lifecycle the claim is at by the next Event MTC. The PY however does not tell us where the claim is at with regards to sequencing. My initial thought is that when a UR is sent we look at the next Event MTC to set sequencing rules but if that first Event MTC is a PY to just take it and wait until the next Event MTC to set sequencing rules.

If indemnity payments were ongoing and are now being settled with a DN0293 (Lump Sum Settlement Code) of SF or SP a MTC Sx must still be sent.

**Population Restrictions**

Q. DN222-Payment Reason Code lists codes outside of what could be found in 85.x, but you are only taking the PY for settlements (other MTC’s would only be what is in 85.x)

The OBT Codes have been removed from the Population Restriction Tab for DN0222 Payment Reason Code.

Q. DN285 and DN278 Number of Reduced Earnings and MCO’s, respectively – same question as George has on DN279

The Population Restrictions for DN0278, DN0279, and DN0285 have been removed and if these segments are sent they will just be ignored.

Q. A49SA:  Can we program six months from DOI rather than 180 days?

We can do either; we just need know which 180 days or six months that the community prefers.

Acquired Claim: Can we bypass the AQ and just sent in the 148AU instead if we want?

A. There are fewer elements required on the AQ but if you always want to send us an AU and you put the Jurisdiction Claim Number in then you can send us just AU’s but there are more edits and elements required. Is there a reason why you don’t want to use the AQ?

Q. Does this mean if we send the witness segment Maine will TR the report? If so, why not just ignore the data and not load it rather than reject the report? If our claim system has witness information then it will be present on the EDI report.

**DN     Data Element Name           Error Message Number     Error Message Text            Population Restriction                                                                               Element Error Text**

0279    Number of Witnesses         042      Not Statutorily Valid          The count of Witnesses > 0, the Witness variable segment is not accepted - Not Statutorily Valid, number > "0"

The Population Restriction has been removed.

**Previous Questions sent in response to Trading Partner Tables Draft 1.0 sent 1-9-15**:

**Event Table**

Question To CA’s – We are not planning on taking the Claim Status Code (DN0073), CA’s what is your thought on that and how do you see it impacting us if we do not? Do the CA’s use it, and how? Jurisdictions do you take this field and if so how do you use it in your claim processing?

We have decided to take Claim Status Code (DN0073) for the purpose of understanding the status of the claim when an acquisition occurs. If the acquiring CA states this as closed and we were expecting a follow-up AP due to ongoing payments which the previous CA neglected to Suspend then this will give us a heads up.

A4904: Trigger Value reads “Cancellation of a claim. Claims with subsequent reports (payments, denials, petitions, etc.) may not be cancelled.” Is this a cut and paste issue *(I hope*)? You are correct we will put in the correct language

A49CB/S1/S2/S5/S8: Trigger Value includes the “**21 days’ notice”** - How does the 21 day notice factor into EDI filing from a workflow perspective for the claims adjusters? There is no difference than the current process today. Adjustors would send us the 21-day Certificate and supporting documentation and when the event should happen, CA/CB/S1/S2/S5/S8 the transaction should be sent

A49PY: Trigger Value reads ” When the Lump Sum Payment/Settlement Code (DN293) is "AS".  Claim administrator must file Form **WCB-4A (see Rule 8.18**).  See Maine EDI Claims R3 Implementation Guide.” The claim admin has to file **both** the EDI PY and a paper WCB-4A form to Maine? Yes the form needs to be signed by all parties to confirm the agreement.

A49PY Settlements with multiple dates of injuries: I understand the PY and settlement payment is reported on the primary date of injury but how does the claim admin indicate that multiple date of injuries are included? A PY would be sent each claim included in the settlement but the $$ would be $0.00 with the exception of the primary.

A49S9: The IAIABC Definition reads “S9 Suspended Pending Settlement Approval – All payments of indemnity benefits have stopped pending settlement approval. Maine is not following the standard by applying a non-standard definition “**S9**-**Suspension, Consent Between ER/EE”** - Suspension of benefits when the parties have agreed to a discontinuance in ongoing weekly incapacity benefits.  Cannot be used when an ongoing order, award of compensation or compensation payment scheme is in effect and requires submission of a Consent Between ER and EE (WCB-4A).  See Rule 8.18.  See Maine EDI Claims R3 Implementation Guide. Once all parties have signed the Agreement the approval is given once it’s reviewed by the Claims Unit. The S9 can be sent prior to that approval and as soon as the signed document has been sent to the WCB.

**Element Requirement Table**

DN297 Initial Date of Lost Time (i.e. first day after Waiting Period (wp), except by Statute) - if the first day after the WP is a holiday or weekend – is that date still valid? Where does the Statute come into play that would change that ‘day after wp?’ today?

By Statute firefighters do not have a waiting period and most recently there has been legislation to include first responders. Regardless when day 8 occurs, weekend/holiday, the date is the date that is reported.

**Event Benefits Segment Req** – these legacy benefits are most likely coded with the same payment code in the carriers claim systems so there’s no way for the carrier to ‘split’ these between 021 and 030 – Maine is going to have to choose one code to bucket these....

|  |  |
| --- | --- |
| Permanent Total Supplemental (pre 10-17-91 PI and pre 1993 disfigurement/occ dis) | 021 |
| Permanent Partial Scheduled (on or after 10-17-91 PI and post 1993 specific loss/occ dis) | 030 |

Just send what you have, we can determine it on our side if necessary.

**DN228: Return to Work with Same Employer Indicator:** listed as ‘MC’ for only the CA/CB but the SROI condition reads “Mandatory whenever an initial return to work date or current return to work date is sent on the transaction.” So...is this condition only applicable to the CA/CB or all the SROI reports? Yes because the EE could return to work and still receive indemnity benefits. It is Mandatory on the S1 because that suspension is specifically ending indemnity benefits because they’ve returned to work. Do you see it needed on other SROI MTC’s?

**Benefit A/C/R End Date:** The condition reads ”Mandatory when a benefit adjustment commences, is being paid, or is ending.”  The ‘Commences’ needs to be removed – if the A/C/R is ongoing there’s no End Date required until which time the A/C/R is actually ending. Should read “Mandatory when a benefit adjustment is being paid, or is ending.”  We have modified the business condition for the End dates to read “Mandatory when benefit adjustment is ending?”

**DN:62 Wage:** Currently the Wage is NA or IA for the R3 FROI MTCs. However the SROI requirements this is being changed to Mandatory for the 14800, 14804 and 148AU. With FROI reporting due with one day or more of lost time this leaves no time to obtain a wage statement..etc to complete this filing. I also see no reason why a Wage is needed on a full claim denial – if were not accepting the claim the Wage has no relevance other than delay the filing – ditto on the 14800/148AU.  These should revert back to the current NA/IA until Maine wants ‘defaulted’ Wage information to satisfy the edits. We will change the FROI back to IA.

**BTC 501 – Medical Settlements:** Its grayed out on the Value Table – so does Maine want medical settlements included in the 500 code or excluded from all reporting? Hmmm on my version BTC 501 is not greyed out. 520 is so not sure what you are talking about.

**DN198: Full Denial Reason Code:** The condition reads “Denial was sent but includes data elements that are relegated to Full Denials. You can't have both Full Denial and a Partial Denial elements” and “Denials cannot have Full and Partial denials data elements.”  I do not understand what’s being conveyed here – pls explain. The wording has been modified but basically the edit checks to make sure that we do not receive specific Full Denial data elements on a PD and vice-versa.

SROI ERT shows the RB as all NA's, but this MTC has not been greyed out in Edit Matrix Valid Values Table.  Which source is accurate?  RB is also not included in the Population Restriction edit (line 2)  RB happened to be in there twice, deleted one column where all DN’s were NA

SROI ERT shows the AN as all NA's, but this MTC has not been greyed out in Edit Matrix Valid Values Table.  Which source is accurate? We are not taking Annuals so it is now greyed out on the Edit Matrix

SROI ERT does not contain the SROI-UR, but in Edit Matrix Valid Values Table and Population Restrictions tab show this MTC as valid.  Which source is accurate? Is there a separate spreadsheet for this MTC still to come? We are taking the SROI UR for syncing legacy claims, more detail will follow on that whole piece as it’s flushed out. Any words of wisdom would be appreciated for a smooth transition for the CA’s

**FROI Conditional Req Tab**

DN56-Initial DDB – You have its mandatory based on Claim Type so you expect DDB for PPD only or Death on DOI and Settle-only claims and such?  You have this on SROI too – on SROI you can look at benefits to determine if DDB should be there. We do not take BTC 090 and if there are any indemnity payments the Claim Type Code DN 74 needs to be I/L and requires the Initial DDB DN 56 to be present.

DN68-IRTW Date – you can change that to when 189 is present – it’s easier and you should want/get it if Release RTW, or if RTW with different employer.  You have this on SROI too. We will modify the wording on the Condition tab.

**SROI Conditional Req Tab**

DN72-Current RTW (Latest RTW Status Date) – this can’t be mandatory based on 189 and 228 – there may only be one RTW Changed requirement to IA

DN83-PI Body Part - The condition is confusing.  I think you need to break that out.  Also, are you wanting 0% when after 1987 because you aren’t comparing to the Benefits, just saying it is mandatory/conditional on specific Not sure what you mean here.  We want the whole body code (99) for injuries on or after 11/20/87 where the percentage has been agreed to by the parties or determined by the Board.  There may or may not be a payment associated with the agreement/determination.

DN84-PI Percent – Is there a reason you don’t want this any time you get a body part? Depending on DOI we only want % when it’s whole body

DN92-Benefit Adjustment Code and DN 130-Benefit Redistribution Code  – a Redistribution Code does not change the Net – Only adjustments and Credits do. Agree, changed technical condition language

DN212 – Non-consecutive period Code – the technical condition is incorrect.  No good way to measure technical condition, must be present when there is a non consecutive period.

DN228-RTW with Same Employer – this can’t be mandatory when DN189-RTW Type Code = R Added verbiage for Actual RTW

DN256-Wage Effective Date – I just don’t think I like your condition In Maine the wage effective date is the date of injury, therefore making the need for this data element mute (N/A). The need for reporting this element comes into play when the benefit amount changes due a change in fringe benefits thus the requirement to send us a Wage Effective Date. What would you suggest?

A49UR- Present on the Event table as TBD but not in the SROI Element Requirement table. Maine planning to require A49UR to report open legacy claims prior to the ‘first’ go forward R3 SROI report with editing in place to require the new R3 data capture on legacy paper SROI claims? The UR will have some edits relaxed and used to align sequencing. Would be interested in any suggestions to make the process easier based on migrations in other jurisdictions.

DN75- Agreement to Compensate Code: Mandatory on the IP/RB. What’s the legal significance with the selection of With Liability vs. Without Liability? Does this requirement exist today with the paper form IP/RB? If the IP comes in With Liability does the claim admin ‘own’ the claim? Yes that is current in the paper form, With or Without Prejudice, has the same legal weight and means the same thing.

DN202- Reduced Benefit Amount Code:  Its “NA” for all SROIs – What happens when benefits previously paid are reclassified resulting in a ‘less than previously reported’ condition for a given BTC? We will be taking this DN, thanks

Consider rewording the Technical conditions for some of the SROI Conditionals in the ERT to be more universally used terminology for fields that contain date requirements.

Example:

DN0228 Return to Work with Same Employer Indicator

**Technical condition**: "Mandatory when DN0068 (Initial Return to Work Date) or DN0072 (Current Return to Work Date) > 0"

Consider changing to "Mandatory when DN0068 (Initial Return to Work Date) or DN0072 (Current Return to Work Date) "is sent" or "is populated" or "provided"

For fields where a numeric value is to be sent, stating "value > 0" is the normal verbiage, but for fields where other values are being evaluated (such as the presence of data) to be more consistent with other state's documentation, it would be helpful to use similar verbiage.

Fields where this was observed:

0057       Employee Date of Death

0146       Death Result of Injury Code

0189       Return to Work Type Code

0215       Other Benefit Type Amount

0216       Other Benefit Type Code

0224       Physical Restrictions Indicator

0225       Recovery Amount

0228       Return to Work with Same Employer Indicator

We looked at some other jurisdictions technical wording on the Conditions Tab and did not see any semblance of consistency on wording. We think there is less ambiguity when using symbols lik < or > than wording. If this is a big problem we can make the changes but again it seems simpler to us. Let us know if this is problematic for others?

**TECHNICAL** condition for the below fields have been omitted. These should not be left up to the users’ discretion.  Suggest making as edit that is something the effect of "DN0093 is required if DN0092 Benefit Adjustment Code has been populated"

0093       Benefit Adjustment Weekly Amount

0094       Benefit Adjustment Start Date

0125       Benefit Adjustment End Date

Same for the three redistribution fields.

0131       Benefit Redistribution Start Date

0132       Benefit Redistribution End Date

0133       Benefit Redistribution Weekly Amount

Yeah just drawing a blank on how to state it, thanks for the suggestion we’ve added verbiage

**Event Benefit Segment**

Consider adding the 5xx codes that Maine accepts to the Event Benefits Segment Req tab of ERT for clarity. Added 5xx code requirments

**Edit Matrix Table**

**DN-Error Message Table**

You indicate you are currently, and want to continue running DN68-Initial RTW cannot be prior to DN56-Initial DDB.  Just consider whether or not you want to take it that way (RTW prior to DDB) when lost time is not immediate.  No RTW if there is no lost time, DN 74 must be I/L.

DN0126 Benefit Credit Code (line 105) has not been colored red, like all the other fields that are not accepted on the Value Table tab of same spreadsheet.

Same situation for 0202 Reduced Benefit Amount Code

Same situation for 0203 Employer Paid Salary Prior To Acquisition Code

Consider removing the L's for all fields/rows there is an "N" in the "Jurisdiction will apply edits?" column (column D) of spreadsheet to make actual applied edits stand out more effectively. It is our understanding that any edit that is identified as a recommendation from Systems is to leave the “L” and grey it out, we will check but think that is the System’s Team preference

**On Population restrictions**

DN 0004- Jurisdiction Code it says you’ll take code UL in addition to ME.  When would you take jurisdiction UL? CA’s like Bath Iron Works submit claims to let us know that an injury occurred but EE is seeking benefits under longshoremen’s act. We still add the claim to our system for monitoring purposes. There have been a few times when the EE reverted back to seek benefits under Maine WC law.

DN 0043-Employee Last Name – are you doing that match by SSN? Yes we do but it does not reject the transaction but puts it into a queue for a manual check/phone call to the CA. We have an error code that we send back to the CA on the Acknowledgement Record. That is why I wanted a TM designation added a few years ago to let the CA know that while we did not reject the transaction (TM there are issues that needed to be discussed which would involve manual interaction.

DN 0198-Full Denial Reason Code – your Restriction reads oddly, I think it should be “A Partial Denial was sent…”  And will you be doing the same check on DN294 if full denial information is received? We’ve reworded the comment on the Population Restriction tab to reflect that the edit makes sure that there are either just Full or Partial Denial data elements and not both in the same transaction.

0216-OBT Codes – are these codes you just don’t want, or are they illegal in Maine, or do you want them under another code? We will be taking all OBT codes.

On your errors for the segment counters – how do you plan to return that when count is 00 but they are there?  Does your code recognize them?  Wouldn’t the length of the R22 just be wrong?  Unless someone is manually reviewing them I don’t know how you’d know “what” was wrong. Agree, we are pulling all the Error Code 64 edits and replacing them with a generic edit for the length of the record being too long.

DN0293-Lump Sum Payment Code – include “or on the 02 following the PY” (if you go forward with 02) Understand but not sure what we are going to do with the MTC 02 at this point. IT DOES NOT WORK!!!!!

**Valid Values tab**

DN0085 Benefit Type Code shows 240 and 242 as valid, but these two codes are not listed as valid in the Population Restrictions tab. Added them to Valid Values

DN0198 Full Denial Reason Code shows 1I as greyed out, but Population Restrictions tab says 1F.  Which source is correct?  Rest of codes between the two sheets are in synch. You are correct it was a typo and should be 1I

DN0222 Payment Reason Code shows 240 242 310 311 321 420 421 422 as accepted but these codes are not listed as valid in the Population Restrictions tab. Which source is correct?  Rest of codes between the two sheets are in synch. Have added them to the Population Restrictions

Also, just a reminder, depending upon which tab is to be corrected in the above observations, do not forget to make the same changes to the "Quick Code Reference List" document as well.  I did not compare the Population Restriction vs Valid Values discrepancies against that file. Will do, thanks.