

Florida Division of Workers' Compensation

R3 CLAIMS EDI MIGRATION STRATEGIES

1. Converting from Paper and EDI Release 1 (R1) to EDI Release 3 (R3):

Florida will establish a two week “Transition Window” for migrating from paper DWC Forms and R1 EDI filings to R3 EDI filings, i.e., **after the claim administrator has been approved for production status for R3 EDI filings, the Division will determine a specific date by which the claim administrator’s paper DWC Forms and R1 EDI filings will end, and a second date approximately two weeks later by which the claim administrator may send claims filings via EDI R3 only (“go live” date.)** The migration process will be phased in by trading partner, in accordance with the three “Test to Production Periods” for both Primary and Secondary Implementation Schedules identified in Rule 69L-56.300(a) and (b), F.S.

- The claim administrator will be required to cease sending paper DWC Forms and R1 EDI filings to the Division for all electronic form equivalents tested and approved during the First and Secondary Implementation periods, for a two (2) week period after the claim administrator is approved for production status. Once the claim administrator is authorized to send R3 Electronic First Reports of Injury or Illness, Electronic Claim Cost Reports, Electronic Notices of Denial (and rescissions), and Electronic Notices of Action or Changes per the Primary and Secondary Implementation Schedule requirements, the claim administrator shall not send either paper or EDI filings for the electronic form equivalents tested/approved, until a specified business day to be determined by the Division, approximately two weeks after the date the Division approves the claim administrator for production status. This will enable the Division to input outstanding paper forms in order to minimize potential sequencing errors/rejections of the claim administrator’s R3 EDI filings.
- Any penalties that would have been assessed for late filings of First Reports of Injury or Illness will be excused by the Division as long as the Electronic First Report of Injury or Illness receives a TA within 30 days after the Claim Administrator’s actual production implementation date, i.e., “go live” date. Payments to injured workers must always be timely. The EDI migration will have no impact on timely payment requirements/penalties [See Rule 69L-24.0231(1)(d)].
- The initial R3 transmission sent by the claim administrator shall only contain filings for which the Jurisdiction Claim Number (JCN) is not required (EDI DWC-1’s) and filings for which the claim administrator already has the JCN.
- Jurisdiction Claim Numbers (JCN) will be conveyed to the trading partner prior to the beginning of the claim administrator’s transition window, in accordance with the process described in (2) below.
- R1 filings that resulted in the assignment of a Transaction Acknowledgement Code of TR should be reconciled prior to migration – otherwise, all corrections and resubmissions of R1 filings not achieved prior to the date R1 filings were suspended must be re-sent using the R3 formats and processing rules.

- If errors on the following MTC's for claims filings sent via R1 are not resolved prior to the date the claim administrator is approved for production status for R3 submissions, the R1 error should be corrected with the R3 MTC as indicated below:

Error on MTC AN	Correct with MTC SA
Error on MTC 4P	Correct with MTC PD
Error on MTC FS	Correct with MTC EP
Error on MTC IP with P/A 500	Correct with MTC PY

Although R3 EDI DWC-1's sent to report new or acquired First Reports of Injury or Illness will not have a JCN to include on the EDI filing, all subsequent 'standalone' SROI MTC's required by the Primary and Secondary Implementation Schedules (e.g., MTC 02, MTC SA, MTC S1, etc.) will require the reporting of the **Jurisdiction Claim Number (JCN)**. The JCN is assigned by the Division to uniquely identify a claim in the Division's database, and will be returned on the R3 acknowledgement transaction (AKC) after the Division has processed the EDI DWC-1 and established the initial claim record in its database. For R1 EDI filings, the Division has been providing this information on the acknowledgement for EDI DWC-1's under the R1 Data Element name, 'Agency Claim Number'. But if the trading partner has not been already been populating its system with this information, it will need to obtain the JCN's for those claims in the same manner as addressed below for claims initially reported via paper.

- To obtain the JCN for a claim previously reported to and established in the Division's database from paper DWC Form filings, the claim administrator must first send all properly completed Claims EDI Trading Partner Profile documents to claims.edi@fldfs.com (i.e., Form DFS-F5-DWC-EDI-1, and Form DFS-F5-DWC-EDI-2, and DFS-F5-DWC-EDI-2A, and DFS-F5-DWC-1-EDI-3), after which the Division will establish an Trading Partner Account and assign a Trading Partner ID (TP ID). The TP ID will be used in the trading partner's file name if submitting via SSL/FTP, as well as for logging into the Claims EDI Data Warehouse on the Division's web site, where the claim administrator will log in and download the file. R1 trading partners will use its existing Trading Partner ID, User ID and Password for the Data Warehouse to access this file.
- This "JCN Listing" will be created in a .txt file format, and will be posted to the production region of the Claims EDI Data Warehouse, and will be accessible by the claim administrator via a secured account, with a unique Trading Partner ID, and User ID and Password for each user account created by the trading partner's Data Warehouse Account Administrator.
- The file will comprise a listing of claims (by Insurer Code #) from the Division's database for all open cases, and cases closed on or after 11/30/06, and will include the following information:
 1. Insurer Code #
 2. Claim Administrator Claim #,
 3. SSN or Division-assigned #,
 4. Date of Injury,
 5. Employee Name (First, Middle, Last, Suffix),
 6. Jurisdiction Claim Number (JCN),

7. Insurer FEIN,
 8. Claim Administrator FEIN,
 9. Last DWC Form (DWC-1, 4, 12, 13) processed by the Division (based on the date the form was received by the Division), and
 10. Date Prepared associated with the last DWC Form (DWC-1, 4, 12, 13) processed by the Division.
 11. Last Suspension Code received (S1-8), Suspension Effective Date, and if applicable, the Reinstatement Effective Date.
 12. Indication of Full or Partial Denial, and if applicable, Denial Rescission Date.
- The file will include claims for all companies in the claim administrator's profile relationship (i.e., subsidiary insurer and/or TPA entities), based on the insurer and TPA information filed by the trading partner in its EDI-2 profile document.
 - The file will be updated weekly and will contain a cumulative listing of claims and their JCN's (Note: Only the last 3 JCN listings generated will be maintained in the warehouse – earlier listings will be purged.)
 - If a case was closed prior to 11/30/06 and therefore not included in the JCN list, but is re-opened after the trading partner's R3 production approval date, the trading partner will need to manually retrieve the JCN via the Division's on-line "Claims Database" on the Division's web site at <https://apps.fldfs.com/claimsweb/logon.aspx> (or see "Databases" link on DWC Home page).

2. Converting from Paper/EDI R1 to R3 for Electronic Claim Cost Reports

Rule 69L-56.3013, F.A.C., eliminates the requirement of the claim administrator to file Annual Claim Cost Reports with the Division, i.e., a paper Form DWC-13 – Annual, or EDI SROI MTC AN), and instead requires the claim administrator to send an electronic Sub-Annual transaction (MTC SA) twice a year (in addition to sending MTC FN to report the closing financial information).

After the claim administrator has been approved by the Division for production status for R3, if the claim administrator's last paper Form DWC-13 or EDI periodic Claim Cost Report on file with the Division is an "Initial" or "Annual" report, and more than 6 months but less than one year has passed since the last Claim Cost Report was filed, the Claim Administrator should file the next SROI MTC SA (Sub-Annual) at the next 6 month interval in accordance with 69L-56.3013, F.A.C.

3. Migration Sequencing:

For Legacy Claims (i.e., claims that were previously reported to the DWC prior to the date the Claim Admin actually implemented EDI R3 in production status in FL):

- If DOI < 1-1-02, the DWC-1 (paper or EDI) does not have to be "on file" prior to processing the current EDI R3 transaction.

- However, if DOI >= 1-1-02, the DWC-1 (paper or EDI) must be "on file" before the current EDI R3 transaction can be processed/accepted.
- If the Claim Administrator's Knowledge of Injury (original date) was prior to the Claim Administrator's EDI R3 actual production implementation (go live) date, previously accepted paper equivalents and/or EDI R1 filings already "on file" will be used when applying any sequencing rules per the Edit Matrix Sequencing tab.

Note: For legacy cases, the claim administrator should trigger the next transaction due based on the next claim event that occurs in their system, and not based solely on the information provided by the Division in its listing of existing claims.

Many sequencing edits have been relaxed for the initial SROI's on legacy claims, as documented in FL's Edit Matrix Sequencing tab.

For New Claims (i.e., claims that are reported to the Division on or after the date the Claim Admin actually implements EDI R3 in production status in FL):

- If Claim Administrator's Knowledge of Injury (original date) is on or after the Claim Administrator's EDI R3 implementation date, sequencing rules will be applied in accordance with the Edit Matrix Sequencing tab.