Florida Claims EDI R3 Test Process

Section 69L-56.320, F.A.C., in the EDI rule addresses the requirements the claim administrator must meet in order to move from 'Test' to 'Production' status.

A claim administrator using a vendor to send Claims EDI filings on its behalf is required to comply with the Division's testing requirements to be approved for production status even if the vendor has been previously approved for production status for one or more clients.

R3 test files being sent to the Division should report the electronic equivalent of information on the DWC-1 (paper), DWC-4, DWC-12 and DWC-13 (paper) for actual claims. Please note that an R3 test filing that represents an Electronic First Report of Injury or Illness for an actual claim may be rejected as a duplicate if the DWC-1 is already on file. Avoid testing First Reports with claims that were already filed and processed with the Division.

If the claim administrator is unable to send the required test EDI filings/MTCs for actual claims, "mock" paper and electronic filings may be created instead and sent for testing purposes. Mock filings must still contain valid data and must **not** be identical to IAIABC or Florida Business Scenarios. Please note that when creating "mock" data, ensure that the **first** Electronic Claim Cost Report (MTC SA) is not sent too early (i.e., less than 6 months from the DOI) or it will be rejected as a premature filing.

First Report Requirements

The following minimum number of test EDI filings (MTCs) are required to be sent and accepted for each category of filings specified in 69L-56.320(8)(a)-(f):

(a) Ten (10) Initial Payment or equivalent <u>Electronic First Report of Injury or Illness</u> filings with at least two (2) of each of the following FROI/SROI combinations:

- 00/IP
- 00/EP and
- 00/PY

   Note: MTCs 00/CD, 00/VE and AU/AP are optional for testing.

At least one (1) MTC 00/IP filing must be sent with Claim Type "I" and at least one (1) MTC 00/IP filing must be sent with Claim Type "L".

(b) Five (5) Denied <u>Electronic First Report of Injury or Illness</u> filings with at least one (1) of each of the following:

- FROI MTC 04 (Full Denial) and
- MTC 00/PD (Partial Denial)

Subsequent Report Requirements

Before testing the remaining categories (consisting of SROI MTCs), a First Report of Injury or Illness must have been previously accepted (during the test process). Please note that the Jurisdiction Claim Number (JCN) is required for these filings.

(c) Ten (10) <u>Electronic Periodic Claim Cost</u> filings with at least two (2) of each of the following:

- MTC SA (Sub-Annual) and
- MTC FN (Final)

(d) Five (5) <u>Electronic Notice of Denial</u> filings with at least one (1) of each of the following:

- SROI MTC 04 (Full Denial) and
- SROI MTC PD (Partial Denial)

(e) Five (5) <u>Electronic Notice of Action or Change</u> filings using the following MTCs:

- FROI MTC 02 (Change) or
- SROI MTC 02 (Change)

(f) Six (6) <u>Electronic Notice of Action or Changes, Suspension, Reinstatement of Indemnity Benefits</u> filings required using at least one (1) of each of the following:

- SROI MTC 02 reporting a change in Average Wage with no change in the Net Weekly Amount and
- SROI MTC 02 reporting a Benefit Redistribution

AND …

At least one (1) of each of the following MTCs:

- S1-S8 (Suspension)
- RB (Reinstatement)
- CA (Change in Amount)
- CB (Change in Benefit Type)

The claim administrator must achieve a 90% acceptance rate (TA) for the minimum number of filings for each category of EDI filings specified in Rule 69L-56.320(8)(a)-(f) prior to being considered for production status.

A claim administrator may test all of the various categories of EDI filings at the same time or separately. If the claim administrator prefers to phase in its testing of the various categories of EDI filings, the claim administrator may send one category at a time until the required 90% acceptance rate for that category is achieved. For example, the claim administrator may choose to initially test MTCs that equate to the category of Electronic First Reports of Injury or Illness before testing the category of Electronic Claim Cost Reports. However, all MTCs required **must** be tested and concluded before the Division will authorize the claim administrator for production status. The Division will **not** authorize the claim administrator for production status at different times for each of the separate categories of EDI filings.

The 90% acceptance rate will be determined on the basis of filings received for one day's transmission/Division Received Date. If more than one transmission is sent in a single day prior to 9:00p.m. EST, the transmissions will be combined and assigned one Division Received Date. If the minimum number of filings per category is not sent in one day's transmission/Division Received Date, the transmission/Division Received Date cannot be used to determine if the acceptance rate has been achieved.

For example, if the claim administrator sends one transmission containing a total of ten (10) Electronic First Reports of Injury (initial payment or equivalent EDI DWC-1s) as required in 69L-56.320(8)(a) and only three (3) of the Electronic First Reports of Injury or Illness pass edits and receive a Transaction Acknowledgement (TA) Code, the acceptance rate yielded would only be 33%. Therefore, the claim administrator would need to send another transmission containing at least ten (10) Electronic First Report of Injury filings in which nine (9) must receive a 'TA' to yield the required 90% acceptance rate for that transmission/Division Received Date. The claim administrator's second file attempt should include filings for the seven (7) that were previously rejected. If a 90% acceptance rate with the minimum number of forms is achieved with the second attempt, the claim administrator will be considered for production status for that category **only** and will continue the testing process either separately or simultaneously for the remaining categories. If a 90% acceptance rate is not achieved with the second transmission/Division Received Date, a third attempt will be necessary and must contain the minimum number of filings for that category(s). Test EDI DWC-1 filings that were previously accepted (TA) should **not** be resent because they will be rejected as a duplicate filing.

Once a claim administrator has achieved the 90% compliance rate for each category of EDI filings, random accepted (TA) filings will be inspected for accuracy of key data elements (e.g., Benefit Payment Issue Date, Benefit Type(s), Initial Date of Lost Time, etc.). If test filings also pass the accuracy test, the claim administrator will be approved for production status.

Procedure for Requesting Approval (Production Status)

When the claim administrator is ready to seek approval for production status for one or more categories (a through f) delineated in this document, the R3 Claims EDI Data Warehouse (test region) should be accessed. Select 'Report Cards & Statistical Reports' from the Main Menu then select 'Generate Claims EDI Report Card' to generate percentages for each category of EDI filings. Be sure to populate the 'Division Received Date' with the date corresponding to the transmission containing the necessary number of accepted filings (TA) per category. Filings that are assigned 'TA-FL' errors count as accepted transactions but will appear in a separate column in the report card and will be added to the 'TA' counts.

If it is determined that the necessary number of transactions have been met for one or more categories, please send an email to the Claims EDI Team at: claims.edi@myfloridacfo.com to request confirmation. Br sure to specify each category for which approval is being sought in order to suspend further testing of associated MTCs. Although the "Florida Claims EDI R3 Test Process" document indicates each category must be evaluated on the basis of one transmission/Division Received Date, credit for filings submitted in multiple transmissions/Division Received Dates may be requested if a claim administrator is unable to generate sufficient test filings in a single transmission. If this occurs, please provide the Claim Administrator Claim Number(s) associated with the Division Received Date(s) that you would like to have evaluated for each category. A sample format to submit requests involving multiple Division Received Dates per category is listed below:

Category A

Employee Name	Claim #	Division Received Date	MTC(s)	App Ack Code