

**COMMONWEALTH OF VIRGINIA
WORKERS' COMPENSATION
COMMISSION**



**ELECTRONIC DATA INTERCHANGE
(EDI)
IMPLEMENTATION GUIDE
VERSION 5.0.9
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Virginia Workers' Compensation Commission

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VIRGINIA EDI REPORTING
SECTION 1
INTRODUCTION



Preface

This Implementation Guide is designed to assist Insurers, Self Insurers, and Claim Administrators with the transition from paper filing to electronic filing of first and subsequent reports of injury. The Guide will also serve as a tool during the EDI set up process for reporting first reports of injury and subsequent reports of injury to the Virginia Workers' Compensation Commission.

If there are any questions about any of the information provided in this guide, please direct all inquiries to: edi.support@workcomp.virginia.gov

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Background

In Virginia an employer with more than two employees must provide workers' compensation insurance coverage for its employees. In exchange, an employee who suffers a workplace injury or disease is precluded from bringing a civil action against his or her employer for damages caused by the injury or disease. Benefits available under the insurance policy in question are outlined in the Virginia Workers' Compensation Act.

The Virginia Workers' Compensation Commission administers the Act, and adjudicates disputes relating to coverage. The Commission also monitors insurance policies to prevent, as much as possible, employers having lapses in coverage. The Commission certifies employers who seek to self-insure their workers' compensation liability. The Virginia State Corporation Commission, Bureau of Insurance, on the other hand, certifies insurers to offer workers' compensation coverage, and sets premium rates for this coverage. The two agencies—the Workers' Compensation Commission and the State Corporation Commission—are governed independently from each other.

Under the Workers' Compensation Act, employers are required to file accident reports with the Commission. The Act spells out certain data that must be included, but authorizes the Commission to collect additional information that it deems necessary. The Act also charges the Commission with oversight of compensation payments made under the Act, as well as adjudicating disputes with respect to compensation and other benefits.

The Commission's paper forms are as old as the Commission. Over the years, efforts at comprehensively updating forms have been replaced with simply adding fields here and there to existing forms, sometimes in non-intuitive ways. New forms have been created to help resolve operational challenges. Forms have been modified to reflect changing laws, or changing interpretations of existing laws. There have also been efforts at electronically collecting some of the data that is collected on forms, but the results of these efforts has been mixed in terms of external customers, and somewhat ineffective in terms of internal operations.

In 2006 the Commission began an effort to examine its processes, as well as those of its customers, and design a solution to leverage available best practices and technologies to improve its customer-service mission. A key decision from this analysis involved utilizing data sharing standards available within the industry. In the summer of 2007 the Commission issued a Request for Proposals for a comprehensive process engineering engagement, to be driven primarily by the need to improve customer service through industry data standards, and specifically the standards established by the International Association of Industrial Accident Boards and Commissions, or the "IAIABC." Through a competitive bidding process the Commission awarded a contract to CapTech Ventures, Inc., to deliver the solution, with Ingenix formerly Red Oak E-Commerce Solutions, Inc. supporting the data delivery objectives. Work on the Commission's "Technology Alignment Program," or "TAP" formally began in September 2007.

Many changes have occurred since going live with our EDI Mandate in 2009. In 2012, the Commission implemented an All Accident Mandate which required EDI for all active pre 10/1/2008 injuries. The VWC Implementation Guide has been updated to ensure all of our requirements are within the IAIABC standard and to ensure we are getting all of the data necessary to continue the required day-to-day functions. In addition, through a competitive bidding process in 2013, the Commission awarded a contract to Insurance Services Office, Inc. (ISO) to provide standardized EDI services between the VWC and their EDI Trading Partners.

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Electronic Data Interchange

A fundamental component to TAP is the "data-driven workflow." In other words, the Commission is re-engineering its work processes such that they are driven by the data supplied by trading partners. In this way, the Commission seeks to avoid retrofitting existing workflows, but instead is focused on meeting its mission-critical objectives, and designing workflows that use available data to help accomplish this.

Electronic data interchange, or "EDI," is an excellent and well-proven method of efficiently and accurately collecting data. Through EDI, submitters and receivers of data quickly gain knowledge of critical information that is being conveyed, as well as proof that the data was delivered. In an automated, predictable, and accurate manner, both a receiver's and sender's respective business objectives relevant to critical data are assisted through EDI.

The Commission has decided to interact with its trading partners via the IAIABC Claims Reporting Standard. The Commission has a strong commitment to the IAIABC, and believes that its interests are well aligned with those across the industry, both commercial and jurisdictional, as represented within the IAIABC. The Commission is committed to focusing its EDI collection efforts on data that adds value to its mission, and is aligned with its trading partners' core work processes. The Commission firmly believes that the IAIABC Claims Reporting Standard accomplishes these objectives.

Other Considerations

The Commission recognizes that some of its small-volume trading partners do not have the capital necessary to accomplish a return on a robust EDI investment in a reasonable time. Fortunately, there are competent specialists to provide assistance in this area. Additionally, the Commission will be accepting the reports required by this Guide via the internet. Because this is difficult for the Commission to support in large volumes, this will be limited to small-volume filers.

An exciting component of TAP, which is not covered in this Guide, is how information collected by the Commission pursuant to this effort will be shared back with our customers. This will serve to provide added value to you in the dispute resolution and claims handling processes, as you will have managed access to the data relevant, from the Commission's perspective, in processing your claims.

Conclusion

Thank you for doing business in Virginia. We want you here, and we want you to enjoy doing business here and continue doing business here. Accurate and timely information is vital to how the Commission serves its workers' compensation customers. We sincerely appreciate your investment, and pledge to return value to you in two essential ways: (1) collect only that data from our trading partners that is essential to fulfilling our mission; and (2) extend that effort back out to our customers, which include you, our trading partners, in the form of information sharing that helps your organization fulfill its business mission.

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Resources

Acronyms

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

AKC	Release 3 Acknowledgment Report
CA	Claim Administrator
DN	Data Element Number
EDI	Electronic Data Interchange
FEIN	Federal Employer Identification Number
FROI	First Report of Injury
SROI	Subsequent Report of Injury
FTP	File Transfer Protocol
IAIABC	International Association of Industrial Accident Boards and Commissions
JCN	Jurisdiction Claim Number
MTC	Maintenance Type Code
SROI	Subsequent Report of Injury
TA	Transaction Accepted
TR	Transaction Rejected
VWC	Virginia Workers' Compensation Commission

Websites

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

Commonwealth of Virginia Worker's Compensation Commission

Website: <http://www.workcomp.virginia.gov/content/edi-quality-assurance-department-edi>

This link will bring you directly to the VWC's EDI Quality Assurance Department's page of the Commission's website.

For general inquiries regarding the TAP Program contact us at edi.support@workcomp.virginia.gov.

IAIABC Website: https://www.iaiabc.org/iaiabc/EDI_Claims.asp

This link goes directly to the IAIABC web page where you can locate the IAIABC's Implementation Guides.

**VIRGINIA EDI REPORTING
SECTION 2
REPORTING RULES**



Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Electronic Data Interchange Rules

Virginia Workers' Compensation Act, Va. Code sections 65.2-201, 65.2-701, and 65.2-900, the Commission's Rules, and the Commission's regulations at 16 VAC 30-91 concerning electronic claims report filing, posted December 24, 2007, in the Virginia Register of Regulations and currently in publication.

Electronic Data Reporting Format

The Virginia Workers' Compensation Commission uses IAIABC Claims Release 3.0 standards for all EDI submissions. The IAIABC Implementation Guide can be found on the IAIABC website. Data format must be in compliance with the standard data format described in the Systems Rules in Section 2 of the Release 3 Implementation guide.

Maintenance Type Codes Required

An MTC (Maintenance Type Code) is a code indicating the transaction to submit to comply with VWC EDI reporting requirements. The following MTC's are required to be submitted by the Commonwealth of Virginia VWC. Refer to the Event Table for report timeliness. Virginia Workers' Compensation Commission does not accept changes or updates to SROI's (02).

	<u>MTC</u>	<u>Description</u>
FROI	00	Original
	01	Cancel
	02	Change/Update
	04	Denial
	AQ	Acquired
	AU	Acquired/Unallocated
	UR	Upon Request
SROI	04	Denial
	AP	Acquired/Payment
	CB	Change in Benefit Type
	EP	Employer Paid
	ER	Employer Reinstatement
	IP	Initial Payment
	P1	Partial Suspension, Returned to Work or Medically Determined/Qualified to Return to Work
	P2	Partial Suspension, Medical Non-Compliance
	P3	Partial Suspension, Administrative Non-Compliance
	P5	Partial Suspension, Incarceration
	PJ	Partially Suspended Pending Appeal or Judicial Review
	PY	Payment Report
	RB	Reinstatement of Benefits
	S1	Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work
	S2	Suspension, Medical Non-Compliance
	S3	Suspension, Administrative Non-Compliance
	S4	Suspension, Claimant Death
	S5	Suspension, Incarceration
	S6	Suspension, Claimant's Whereabouts Unknown
	S7	Suspension, Benefits Exhausted
	S8	Suspension, Jurisdiction Change
	SD	Suspension, Directed by Jurisdiction
	SJ	Suspended Pending Appeal or Judicial Review
	UR	Upon Request
QT	Quarterly	

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VWC Forms Required

The Virginia Workers' Compensation Commission will focus on the electronic submission of FROI's and SROI's. Some conditions require the submission of additional paper forms. These requirements are defined in VWC's Event Table. The VWC Event table can be found at <http://vwcedi.info/guide>.

Information and Data Reported

Each piece of information for electronic reports is defined as a data element. Please refer to the Section 6 of the IAIABC Claims Release 3 EDI Implementation Guide for definitions of each data element.

Calculations:

- The average weekly wage shall be calculated by dividing the total earnings by the number of weeks worked during the 52 weeks preceding the date of accident.
- The compensation rate for Temporary Total, Permanent Partial, or Permanent Total disability must be 66 2/3% of the Average Weekly Wage (AWW)
- The compensation rate awarded to the claimant cannot be less than 25% or more than 100% of the average weekly wage of the Commonwealth
- The compensation rate for Temporary Partial must be 66 2/3% of the difference between the pre-injury and post-injury AWW

Average Weekly Wage of the Commonwealth and Cost of Living Adjustment (COLA) percentages can be found at:

<http://www.workcomp.virginia.gov/content/claims-services-department-csd>

ClaimAdministratorClaimNumber:

When changing the Claim Administrator Claim Number (DN0015) prior to a subsequent report (SROI), the new value should be reported on the FROI 02 (Change) transaction. The new value must be populated on both the 148 and its related R21 record so VWC can detect record relationships within the batch of transactions.

VWC recognizes that when a claim is acquired (AQ, AU), both the Claim Administrator FEIN (DN0187) and the Claim Administrator Claim Number (DN0015) may change at the same time.

DateofInjury(DN0031):

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

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EmployeeID:

Social Security Number (DN0042) is preferred, if known. If Social Security is not known, the following identification types will be accepted, in order of preference:

- Employee Employment Visa (DN0152)
- Employee Green Card (DN0153)
- Employee Passport Number (DN0156)

If none of the above valid IDs are known, the Assigned by Jurisdiction ID should be composed as follows:

- Employee ID Assigned by Jurisdiction (DN0154).
Format: VA/Date of Injury (mmddyy)/Last Name/First Name/padded with zeros (0).
example: VA010108Winterh or VA010108KimDan0
Assigned Employee ID should be padded with zeros to the right, if necessary, so that the ID results in 15 bytes.

LongshoreClaims:

An addendum will follow that outlines how to submit information relating to Longshoreman claims.

MatchData:

Match Data elements are used to identify a transaction as a new claim to create, or match to an existing claim for duplicate checking, updating and processing. On a specific claim, a primary "match" data element value may change and prevent a match. When there is no match on one of the primary "match" data elements, secondary "match" data elements are used to match a claim. Refer to the Edit Matrix Match Data table for the application of primary and secondary Match Data elements.

Changes to Match Data elements must be reported on a FROI 02 (Change) transaction before further reporting for the claim will be accepted. All match data elements must be present on a 02 transaction excluding changes being made to a 04 filed because of No Coverage. Match data elements that can be changed on an 02 (Change) transaction are indicated with lower case requirement codes on the FROI Element Requirement Table. For example, if the Employer FEIN (DN0187) is not provided when a claim is denied for lack of coverage, a FROI 02 (Change) transaction must be filed to report the valid Employer FEIN before any other transactions for the claim will be accepted.

When changing from one Employee ID type to another, Employee ID Type Qualifier (DN0270) must be changed as well. For example, if a valid Employee Social Security Number is available after a claim is submitted with an Employee Assigned by Jurisdiction (DN0154), the 02 (Change) transaction should be populated with the new Employee ID Type Qualifier Of "S" (SSN) as well as the employee's Social Security Number.

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VWC Reporting Requirements

Reporting requirements are described on the matrices indicated.

Event Table

- Describes conditions that "trigger" electronic reports required by VWC
- Describes when the report is due
- Describes Report Due dates based on VWC legislative mandate

The VWC Event table can be found at <http://vwcedi.info/guide>. This table relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information

Element Requirement Table

Describes the data elements that are required for each FROI/SROI report indicated on the VWC's Event Table. Business rules that apply to specific data elements are also described when the data element on the table contains the second indicator of "MC" or Mandatory Conditional. "MC" data elements are mandatory data fields if the condition exists in the transaction.

The VWC Element Requirement table can be found at <http://vwcedi.info/guide>. This table lists the individual data element requirements defined for each report type and MTC as well as the specific conditions in which data elements are reported.

EditMatrix

Describes editing that will be applied by VWC to incoming transactions

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

The VWC Element Requirement table can be found at <http://vwcedi.info/guide>. This table lists the individual data element requirements defined for each report type and MTC as well as the specific conditions in which data elements are reported.

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Forms to EDI Crosswalk

In order to better understand how the paper reporting data is represented and reported using EDI, the Commission has taken the paper forms that are utilized to report data to the VWC and documented each field's EDI equivalent data element number. The documentation provided in this section creates a "forms to EDI crosswalk" visual showing how the previous paper processes relates to EDI.

On each of the forms a DN (data element number) has been placed in the field on the form when an EDI equivalent exists. If an EDI equivalent does not exist, an "NA" has been placed in the field. For example, on The Employer's Accident Report (Form 3), the field "Reason for Filing" contains DN0002. The Element Requirement Table defines DN0002 as the Maintenance Type Code (reason for filing).

This section contains the forms that map to EDI transactions as defined by Virginia's Element Requirement Tables and provides Trading Partners with valuable data mapping information to ease the transition to EDI.

Employer's Accident Report
 (formerly: Employer's First Report of Accident)
 Virginia Workers' Compensation Commission
 1000 DMV Drive Richmond VA 23220

See instructions on the reverse of this form

The boxes to the right are for the use of the insurer	Reason for filing	VWC file number
	Insurer code or PEO Ref. No.	Insurer location
	Insurer claim number	

Employer					
1. Name of employer (trading as or doing business as, if applicable)		2. Federal Tax Identification Number		3. Employer's Case No. (if applicable)	
4. Mailing address		5. Location (if different from mailing address)			
6. Parent corporation /Policy Named Insured (if applicable) or PEO name		7. Nature of business (NAICS code, if applicable)			
8. Name and Address of Insurer or self-insurer for this claim		9. Policy number		10. Effective date	
Time and Place of Accident					
11. City or county where accident occurred		12. Date of injury	13. Hour of injury DN0032 a.m. p.m.	14. Date of incapacity	15. Hour of incapacity
			13a. Time began work NA a.m. p.m.		
16. Was employee paid in full for day of injury <input type="checkbox"/> Yes <input type="checkbox"/> No NA		17. Was employee paid in full for day incapacity began? <input type="checkbox"/> Yes <input type="checkbox"/> No NA			
18. Date injury or illness reported	19. Person to whom reported	20. Name of other witness		21. If fatal, give date of death	
Employee					
22. Name of employee (Last, First, Middle)		23. Phone number		24. Sex DN0053 <input type="checkbox"/> Male <input type="checkbox"/> Female	
25. Address		26. Date of birth		27. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Divorced DN0054 <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
28. Social security number DN's		29. Occupation at time of injury or illness (SOC code, if applicable)		30. Is worker covered by PEO policy? <input type="checkbox"/> Yes <input type="checkbox"/> No NA	
31. Number of dependent children DN 0 0 5 5		32. How long in current job?		33. Date of Hire	
34. Was employee paid on a piece work or hourly basis? NA <input type="checkbox"/> Piece work <input type="checkbox"/> Hourly		35. Hours worked per day NA		36. Days worked per week NA	
37. Value of perquisites per week Food/meals Lodging Tips Other \$ NA \$ NA \$ NA \$ NA		38. Wages per hour \$ NA \$		39. Earnings per week (inc. overtime) NA	
Nature and Cause of Accident					
40. Machine, tool, or object causing injury or illness			41. Specify part of machine, etc.		
42. Describe fully how injury or illness occurred					
43. Describe nature of injury or illness, including parts of body affected				43a. Overnight inpatient hospitalization? <input type="checkbox"/> Yes NA <input type="checkbox"/> No 43b. Treated in Emergency Room? <input type="checkbox"/> Yes <input type="checkbox"/> No	
44. Physician (name and address)			45. Hospital or Clinic (name and address)		
46. Probable length of disability		47. Has employee returned NA to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes	48. At what wage?	49. On what date?
50. EMPLOYER: prepared by (name, signature, title)			51. Date		52. Phone number
53. INSURER: (name of processor)			54. Date		55. Phone number
56. THIRD PARTY ADMINISTRATOR (if applicable)		57. Address		58. Phone number	

FILING INSTRUCTIONS
(Instructions Updated 09/01/07)

Employer's Accident Report
VWC Form No. 3

This form must be completed by the employer, the employer's representative or the insurer and filed within 10 days after the notice of a work-related injury, occupational illness/disease or if the occurrence resulted in death to the worker. If the employer or its representative completed the form, the form should be submitted to the insurer who provided insurance coverage on the date of the occurrence, and the insurer will immediately file the original and one copy of the completed form with the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220. The additional copy of the Employer's Accident Report (VWC Form No. 3) will be furnished to the Virginia Department of Labor and Industry. The filing of this form with the Commission is a requirement under §65.2-900 of the Act.

Employer

1. As the employer, you are responsible for accurately completing all sections of this form when one of your employees is injured. It should be typed or legibly printed, signed, and dated by the preparer. Your insurance carrier, claims servicing agency, self-insured employer's representative or third-party administrator should complete the information in the top right corner.
2. The "trading as" or "doing business" as name should appear in Block 1 and the Parent Corporation (policy named insured) should be reflected in Block 6.
3. Provide the insurance information (name, address, policy number, and effective date of the policy), that covers the date that the work-related accident or occupational illness or disease occurred, in Blocks 8, 9 and 10.
4. As the employer, if you are subject to OSHA record-keeping requirements, a copy of this completed form may be retained as a supplementary record of an occupational illness or disease. Use Block 3 (Employer's Case No.) to cross-reference any master-log of work-related accidents, illnesses, diseases and death claims.
5. Send the original beige form to your insurance carrier, claims servicing agency, or third-party administrator for processing.

Insurance Companies, Self-Insurers, Servicing Companies, Authorized Representatives, Third-Party Administrators (TPA's), Group Self-Insurance Associations, and Professional Employer Organizations (PEO's):

1. The insurer should provide the information at the top right of the form. Use a numerical code (1-7) to indicate the reason for filing the form for accidents meeting one of the filing criteria's*. When using a code reason (7) provide the VWC file number. Note that the insurer code refers to the five-digit numeric code assigned by the National Council on Compensation Insurance (NCCI). The Virginia Workers' Compensation Commission assigns self-insured employers a similar five-digit code number. Professional Employer Organizations (PEO's) must use the VWC reference number.
2. If the work-related accident or occupational illness or disease does not meet one of the filing criteria*, a Report of Minor Injuries (VWC Form 45-A) should be completed for the occurrence and timely filed with the Virginia Workers' Compensation Commission.
3. Verify the insurance information that was provided by the employer (name, address, policy number, and effective date of the policy) as it appears on this form and ensure that it covers the date that the accident or occupational illness or disease occurred (Blocks 8, 9 and 10).
4. Provide the applicable information requested in Blocks 50 through 58 as it applies.

Forms: Additional copies of this form are available without cost by writing to the Commission. Address your inquiries to "Forms" at the listed Virginia Workers' Compensation Commission address. This form is also available on the Commission's website, at www.vwc.state.va.us. **Note:** color-coding of the forms greatly increases the Commission's efficiency in processing claims, and that any alternative versions of the form you develop yourself require prior approval by the Commission. The original copy of the Employer's Accident Report (VWC Form No. 3) should be on beige paper.

Electronic Filing: The Employer's Accident Report (VWC Form No. 3) can be filed electronically through the Commission's Website, at www.vwc.state.va.us. For questions or assistance regarding the electronic filing process, please contact our "Information Systems Department" at (804) 367-2084 or in writing. Also, provide a brief description of your current data processing and communication capabilities.

For questions or assistance with completing the form, please contact the First Report's Unit at (804) 367-0072 or the Commission's Toll-free number at (1-877) 664-2566.

*The criteria's for filing are (1) lost time exceeds seven days, (2) medical expenses exceed \$1,000, (3) compensability is denied, (4) issues are disputed, (5) accident resulted in death, (6) permanent disability or disfigurement may be involved, and (7) a specific request is made by the Virginia Workers' Compensation Commission.

Report of Minor Injuries

Submit to: Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220

45 - A

See instructions on the reverse of this form.

Insurer			
Name of insurer or self-insurer DN0188		Period covered From <u>NA / NA / NA</u> To <u>NA / NA / NA</u>	
Address DNs 0010, 0011, 0012, 0013, 0014, 0136, + 0200		Insurer code DN0006	Insurer location NA
		Date filed DN0003	
		Contact Person NA	Phone number NA

Payments

NOTE: If this accident has been previously reported on Form 45A, place an "X" in the box by the entry.

<input type="checkbox"/>	Name of employee DNs 0043, 0044, 0045	Social Security Number DNs 0270,0042,0152,0153,0154,0156	Date of accident DN0031
	Address of employee DNs 0046, 0047, 0048, 0049, 0050, 0155	Name and address of employer DNs 0018, 0165, 0166, 0167, 0168, 0169, 0170	
		Employer Tax Identification Number DN0016	Monthly medical cost NA
<input type="checkbox"/>	Name of employee	Social Security Number	Date of accident
	Address of employee	Name and address of employer	
		Employer Tax Identification Number	Monthly medical cost
<input type="checkbox"/>	Name of employee	Social Security Number	Date of accident
	Address of employee	Name and address of employer	
		Employer Tax Identification Number	Monthly medical cost
<input type="checkbox"/>	Name of employee	Social Security Number	Date of accident
	Address of employee	Name and address of employer	
		Employer Tax Identification Number	Monthly medical cost
<input type="checkbox"/>	Name of employee	Social Security Number	Date of accident
	Address of employee	Name and address of employer	
		Employer Tax Identification Number	Monthly medical cost
<input type="checkbox"/>	Name of employee	Social Security Number	Date of accident
	Address of employee	Name and address of employer	
		Employer Tax Identification Number	Monthly medical cost

FILING INSTRUCTIONS
(Instructions Updated 09/01/07)

Report of Minor Injuries
VWC Form No. 45A

1. This form is used to report minor injuries which do not: a) result in lost time of more than seven days; b) involve more than \$1,000 in medical costs; or c) involve a fatality, permanent disability, or disfigurement.* The information you provide is used both to report on medical costs and provides proper notification to injured employees of their rights under the Virginia Workers' Compensation Act.
2. The insurer should provide the information at the top of the form and the Report of Minor Injuries (VWC Form No. 45A) should be submitted to the Commission on a monthly basis.
3. Type or legibly print all information on the form for each employee including, the social security number, accident date and the federal tax identification number for all employers.
4. Place a check in the box to the left of the employee's name whenever the accident has been previously reported to the Commission as a Minor Injury Claim and additional medical costs were incurred, but the total medical costs have not exceeded \$1,000.
5. If this is the initial reporting of a claim, and there has been no medical cost, place a zero (\$0) in the box for monthly medical costs. It is not necessary to report zero (\$0) medical costs each month after the initial reporting of the injury.
6. **Forms:** Additional copies of this form are available without cost by writing to the Commission. Address your inquiry to "Forms" at the listed Virginia Workers' Compensation Commission address. Please note that any alternate versions of the form you develop yourself require prior approval by the Commission.
7. **Electronic Filing:** The Report of Minor Injuries (VWC Form No. 45A) can be filed electronically through the Commission's website, www.vwc.state.va.us and selecting "Electronic Filing Services". If you are interested in the batch processing method, please contact our "Information Systems Department" at (804) 367-2084 or in writing. Please provide a brief description of your current data processing and communication capabilities.
8. For questions or assistance with completing this form, please contact the First Reports Unit at (804) 367-0072 or the Commission's toll free number (1-877) 664-2566.

*More specifically, the seven situations in which you should NOT use this form, and should instead file an Employer's Accident Report are when (1) lost time exceeds seven days, (2) medical expenses exceed \$1,000, (3) compensability is denied, (4) issues are disputed, (5) the accident resulted in death, (6) permanent disability or disfigurement may be involved, and (7) a specific request is made by the Virginia Workers' Compensation Commission.

Report of Medical Costs

Submit to: Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220

45 - G

See instructions on the reverse of this form.

Insurer			
Name of insurer or self-insurer DN 0188		Period covered From NA / NA / NA To NA / NA / NA	
Address DNs 0010, 0011, 0012, 0013, 0014, 0136, + 0200		Insurer code DN0006	Insurer location NA
		Date filed DN0003	
		Contact Person NA	Phone number NA
Payments			
NOTE: This report is to be filed every six months and SHOULD NOT include costs previously reported.			
1. VWC File Number DN0005			
2. Name of employee DNs 0043, 0044, 0455		3. Social Security Number 0270, 0042, 0152, 0153, 0154, 0156	4. Date of accident DN0031
5. Hospital costs DN0216 (value = 360)	6. Physician costs DN0216 (value = 350)	7. Miscellaneous costs DN0216 (value = 370)	8. Rehabilitative costs DN0216 (value = 460)
1. VWC File Number			
2. Name of employee		3. Social Security Number	4. Date of accident
5. Hospital costs	6. Physician costs	7. Miscellaneous costs	8. Rehabilitative costs
1. VWC File Number			
2. Name of employee		3. Social Security Number	4. Date of accident
5. Hospital costs	6. Physician costs	7. Miscellaneous costs	8. Rehabilitative costs
1. VWC File Number			
2. Name of employee		3. Social Security Number	4. Date of accident
5. Hospital costs	6. Physician costs	7. Miscellaneous costs	8. Rehabilitative costs
1. VWC File Number			
2. Name of employee		3. Social Security Number	4. Date of accident
5. Hospital costs	6. Physician costs	7. Miscellaneous costs	8. Rehabilitative costs
1. VWC File Number			
2. Name of employee		3. Social Security Number	4. Date of accident
5. Hospital costs	6. Physician costs	7. Miscellaneous costs	8. Rehabilitative costs
1. VWC File Number			
2. Name of employee		3. Social Security Number	4. Date of accident
5. Hospital costs	6. Physician costs	7. Miscellaneous costs	8. Rehabilitative costs

FILING INSTRUCTIONS

(Instructions Updated 09/01/07)

Report of Medical Costs VWC Form No. 45G

1. This form is to be used to report medical costs on accidents that were previously reported to the Virginia Workers' Compensation Commission on an **Employer's Accident Report (VWC Form No. 3)** because they (a) result in lost time of more than seven days; (b) involve more than \$1,000 in medical costs; or (c) involve any fatality, permanent disability, or disfigurement. This report is to be submitted every six months.*
2. The insurer or its designated representative should complete all of the information requested at the top of the form.
3. Type or legibly print all information on the form for each employee, including the VWC File Number, Social Security Number, and Date of Accident, along with a breakdown of the medical expenses incurred. *Note:* If you do not have a VWC File Number, please ensure that you have filed an Employer's Accident Report (VWC Form No. 3) with the Commission
4. Incomplete or illegible forms will be returned to the sender for proper completion.
5. If no medical costs were incurred on a particular claim during the reporting period, these claims should not be submitted to the Commission reflecting a zero (\$0) amount.
6. **Forms:** Additional copies of this form are available without cost by writing to the Commission. This form is also available on the Commission's Website, at www.vwc.state.va.us. Address your inquiries to "Forms" at the listed Virginia Workers' Compensation Commission address. Please note that any alternative versions of the form you develop require prior approval of the Commission.
7. **Electronic Filing:** The Report of Medical Costs (VWC Form No. 45G) can be filed electronically through the Commission's Website at www.vwc.state.va.us and selecting Electronic Filing Services. If you are interested in the batch processing method, please contact our "Information Systems Department" at (804) 367-2084 or in writing. Please provide a brief description of your current data processing and communication capabilities.
8. For questions or assistance with completing this form, please contact the Awards Unit using the Commission's Toll Free number at (1-877) 664-2566.

*If this accident has **not** been previously reported to the Commission, and does **not** meet one of the following seven criteria, you should use VWC Form No. 45A (Report of Minor Injuries) rather than this report: (1) lost time exceeds seven days, (2) medical expenses exceed \$1,000, (3) compensability is denied, (4) issues are disputed, (5) the accident resulted in death, (6) permanent disability or disfigurement may be involved, and (7) a specific request is made by the Virginia Workers' Compensation Commission.

**VIRGINIA EDI REPORTING
SECTION 3
BUSINESS SCENARIOS**



Virginia Workers' Compensation Commission Business Scenarios

Scenario	Description	Comments	Previously	Report MTC
BS001	Minor injury occurs	Injury is reported, No lost time and Medicals are less than \$1000. FROI is due within 30 days of the Date of Injury (a 00 - Original could be reported in place of the UR Upon Request report but is due within 10 days of Date of Injury) Note: Injury Severity Type Code must be set to 'M' Minor Injury	none	UR (Upon request)
BS002	Minor injury; Medical reaches \$1,000	BS001 scenario is reported within 30 days of the Date of Injury. The UR is accepted by VWC after which time the Medical payments reach \$1,000 FROI 00 is due within 10 days of Medical Payments reaching \$1,000. JCN must match UR's JCN. SROI PY due within 10 days of medical payments exceeding \$1000. Note: For all SROI MTC's, DN0229 Injury Severity Type Code must be = 'J' (Major).	UR (Upon request)	00 (Original) PY (Payment Report)
BS003	Lost time injury occurs	Injury is reported, becomes lost time FROI is due within 10 days of the Date of Injury SROI is due within 10 days of check issue date Note: For all SROI MTC's, DN0229 Injury Severity Type Code must be = 'J' (Major).	none	00 (Original) IP (Initial Payment)
BS004	Quarterly report is due (anniversary of Date Of Injury)	BS003 scenario is reported within the Virginia guidelines, subsequently medical bill payments are made FROI 00 was reported within 10 days of the Date of Injury SROI IP was reported within 10 days of check issue date Quarterly Report due within 90 days from the month of injury date reporting paid-to-date amounts on indemnity & medical payments Note: For all SROI MTC's, DN0229 Injury Severity Type Code must be = 'J' (Major).	00 (Original) IP (Initial Payment)	QT (Quarterly)

Virginia Workers' Compensation Commission
Business Scenarios

Scenario	Description	Comments	Previously	Report MTC
BS005	Intermittent Periods of disability	<p>Injury is reported, becomes lost time, injured worker returns to work (actual RTW) after 20 days at pre- injury wages then misses work two weeks later due to the same work related injury</p> <p>FROI 00 was reported within 10 days of the Date of Injury SROI IP was reported within 10 days or the check issue date SROI S1 was reported immediately when employee returned to work SROI RB must be filed within 10 days of the benefits being reinstated Note: For all SROI MTC's, DN0229 Injury Severity Type Code must be = 'J' (Major).</p>	00 (Original) IP (Initial Payment) S1 (Suspension, RTW)	RB (Reinstate Benefits)
BS006	Opinion issued awarding lump sum benefits, lump sum payment is reported	<p>Injury is reported, becomes lost time, an award is made for a lump sum payment</p> <p>FROI 00 was reported within 10 days of the Date of Injury SROI IP with indemnity payments and medical payments within 10 days of check issue date SROI PY must be filed immediately reporting the payment of lump sum benefits Note: For all SROI MTC's, DN0229 Injury Severity Type Code must be = 'J' (Major).</p>	00 (Original) IP (initial Payment)	PY (Payment Report)
BS007	Entire Claim is denied, first report	<p>Injury is reported, claim is denied due to no coverage FROI is due within 10 days of the Date of Injury</p>	none	FROI 04 (Denial)
BS008	Lost time injury occurs, employer paid benefits	<p>Injury is reported, becomes lost time and the employer agrees to pay lost wages</p> <p>FROI 00 was filed within 10 days of the Date of Injury SROI EP is due within 10 days of the check issue date Note: For all SROI MTC's, DN0229 Injury Severity Type Code must be = 'J' (Major).</p>	00 (Original)	EP (Employer Paid)

Virginia Workers' Compensation Commission
Business Scenarios

Scenario	Description	Comments	Previously	Report MTC
BS009	Entire claim is denied after First Report	<p>Lost time injury is reported. Claim is denied after further investigation.</p> <p>FROI 00 was filed within 10 days of the Date of Injury SROI 04 Denial is due immediately Note: For all SROI MTC's, DN0229 Injury Severity Type Code must be = 'J' (Major).</p>	00 (Original)	SROI 04 (Denial)
BS010	Benefits are suspended	<p>Lost time injury is reported, injured worker returns to work (actual RTW) after 20 days at pre-injury wages.</p> <p>FROI 00 was reported within 10 days of the Date of Injury SROI IP was reported within 10 days of the Check Issue Date SROI S1 is due immediately when employee returned to work Note: SROI Sx is used to report the suspension of all benefits where x = reason for suspending. This scenario could be used for any suspension reason. Note: For all SROI MTC's, DN0229 Injury Severity Type Code must be = 'J' (Major).</p>	00 (Original) IP (Initial Payment)	S1 (Suspension, RTW)
BS011	Partial suspension of benefits	<p>Lost time injury is reported, injured worker is paid temporary partial and permanent partial indemnity benefits concurrently. Temporary partial benefits are suspended because the injured employee returned to full-duty work; permanent benefits continue.</p> <p>FROI 00 was reported within 10 days of the Date of Injury SROI IP was reported within 10 days of the Check Issue Date SROI P1 is due immediately when temporary partial benefits are suspended Note: SROI Px is used to report the suspension of concurrent temporary partial benefits where x = reason for suspending. This scenario could be used for any partial suspension reason.</p> <p>Note: For all SROI MTC's, DN0229 Injury Severity Type Code must be = 'J' (Major).</p>	00 (Original) IP (Initial Payment)	P1 (Partial Suspension, RTW, or Medically Determined/Qualified RTW)

Virginia Workers' Compensation Commission Business Scenarios

Scenario	Description	Comments	Previously reported	Report MTC
BS012	Acquired claim	Claim is acquired by new Claim Administrator. Claim Administrator reports the acquisition of the claim. FROI AQ is due 10 days from the date of acquisition.	none (new claim administrator)	AQ (Acquired claim)
BS013	Acquired claim, rejected AQ	Claim is acquired by new Claim Administrator. Claim Administrator reports the acquisition of the claim. Claim administrator submits an AQ report to VWC. VWC has no record of the claim so the AQ is rejected because the AQ report doesn't have enough data to establish the claim on the VWC database; an AU report is due. FROI AU is due 10 days from the date the AQ was rejected.	AQ (rejected)	AU (Acquired Unallocated)
BS014	Acquired claim, first payment	Claim is acquired by new Claim Administrator. Claim Administrator reports the acquisition of the claim. The first check for indemnity benefits was issued. FROI AU was filed within 10 days of the date the AQ was rejected. AP is due within 10 days of check issue date.	AU (Acquired Unallocated)	AP (Acquired Payment)
BS015	Claim is cancelled	Injury is reported, becomes lost time. Claim administrator discovers that a duplicate JCN exists; Claim administrator had paid and filed the required reports to VWC in error. FROI 00 was filed within 10 days of the Date of Injury SROI IP was filed within 10 days of check issue date. Note: For all SROI MTC's, DN0229 Injury Severity Type Code must be = 'J' (Major). 01 is due immediately.	00 (Original) IP (Initial Payment)	01 (Cancel)

VIRGINIA EDI REPORTING
SECTION 4
DELIVERY



Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Secure FTP (File Transfer Protocol)

Trading Partners will connect to a standard SFTP (Secure File Transfer Protocol) server hosted by the Commonwealth of Virginia.

When the Commonwealth of Virginia returns the necessary information per the implementation guide to grant access to the server, the Trading Partner will be contacted with their appropriate login information.

Once access is granted and the necessary information exchanged, Trading Partners may log into the SFTP server using whatever software or scripting system they have at their disposal, on whichever platform the Trading Partner is running.

Trading Partners will drop their FROI/SROI files into the "froi_sroi" directory on the server. The Commonwealth of Virginia will pick up these files and delete them from the "froi_sroi" directory as they are processed.

Trading Partners are required to check the "acks" directory for any waiting acknowledgements to pull. The Trading Partner is required to delete files from the "acks" directory as soon as they have verified that they have been successfully received. It is important that the Trading Partner delete the files or they will be processed multiple times.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Inbound File Naming Convention

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

<version><t or p>_<date>_<time>.txt

<version> - The IAIABC release version (R3)

<t or p> - Test or Production Indicator

<date> - current date of the submission, format CCYYMMDD

<time> - the current time of the submission, in the military format HHMMSS

.txt - default text file extension

Example for First Report of Injury File

R3P_20130218_234501.txt

					Text file extension
					11:45:01 AM EST
					Feb 18th, 2013
					Production File
					IAIABC Release 3

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Reporting Timelines:

Please refer to the VWC Processing Schedule at <https://vwcedi.info/impl-info>

Acknowledgment Reports:

There are two types of Acknowledgments that are sent back to trading partners when First Reports of Injury or Subsequent Reports of Injury batches are processed. One is a batch level AKC and the other is the transaction level AKC.

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

The second type of AKC record occurs when a batch is not rejected. The transactions within the batch are processed and detailed level (transaction level) data is provided indicating whether the transaction has been accepted (TA) or rejected (TR). If the transaction represents the first filing (FROI 00/UR) and is accepted, VWC will return the Jurisdiction Claim Number (JCN) on the AKC. The JCN should be captured and recorded for later use for subsequent filings. If a transaction is rejected detailed error information is provided. It is the trading partner's responsibility to use this error information for correction purposes.

VWC will generate a "sequence number" which will be returned for each transaction on the acknowledgment. The sequence number reflects the order in which the transaction was received from the trading partner within the batch.

It is important to note that any rejections (batch or transaction) should be corrected and resent by the trading partner. TA transactions are not to be resent. Resending TA transactions will result in a duplicate rejection (TR). It is important to note that rejections (TR) for duplicate batch/transaction should not be resent.

Acknowledgment reports will be available in your "OUT" directory by 7:00 AM EST the following business day for those transactions sent prior to the VWC cut off for transmissions.

**VIRGINIA EDI REPORTING
SECTION 5
TESTING REQUIREMENTS**



Testing Procedures for Virginia Trading Partners

Test Plan Development

All Virginia trading partners are placed in the tiered Virginia Test Schedule and required to complete the full test program with the following exceptions:

1. Trading Partners who are in production status with another IAIABC **Claims Release 3** jurisdiction are not required to participate in the complete Virginia Test Schedule. These trading partners will be required to participate in a limited connectivity and validation test. If the limited connectivity and validation test is successful, then no further testing for the Virginia implementation is required.
2. Trading Partners who volunteer to participate in the Virginia beta testing will not be required to participate in the Virginia Test Schedule. These trading partners will be put into production upon successful beta completion.

All other Virginia EDI Trading Partners are required to complete the Test Plan during their assigned Test Plan Schedule.

Two weeks prior to the first day of the scheduled test period, the trading partner or vendor must complete and submit the Trading Partner Agreement and the Sender Trading Partner Profile to the Virginia EDI Quality Assurance Department. You may contact Virginia Test Coordinator in either of the following manners:

Via email at: edi.support@workcomp.virginia.gov

You must contact the Virginia EDI Quality Assurance Department prior to sending any Test transaction(s):

- If you have any questions about the test,
- To confirm your testing readiness, or
- If you have not heard from the Virginia EDI Quality Assurance Department the week prior to your scheduled test period begins.

Test documentation required before the test begins is the completed and signed Trading Partner Agreement and the Trading Partner Profile.

Though not required, every Trading Partner may benefit by a pretest review of the Virginia edits for each data element.

Having a "test plan" does not mean or require that a formal, testing document be exchanged between the participants. Rather, a discussion of a test plan is

intended to take place and result in an understanding of the procedures and the processes involved.

Test Plan Procedures

Different testing procedures apply depending upon the transmission mode you will be using to send data to Virginia, see description below for Web Users and FTP Users.

Trading Partners must continue to submit reports on paper until they have successfully moved into production with EDI reporting. Reporters who move into production after the October 1, 2008 mandate date must be prepared to submit electronic records for all claims whose injury date falls on or after this mandate date. Therefore, all testing, regardless of the transmission mode you choose, must be completed prior to the tier's production start date for you to be in compliance with the Virginia Workers' Compensation Act, Va. Code sections 65.2-201 and 65.2-900, and the Commission's regulations at 16 VAC 30-91 concerning electronic claims report filing, posted December 24, 2007, in the Virginia Register of Regulations and currently in publication.

Test Overview for WEB Users

Test procedures for using the Virginia Web Site to submit and manage claims via the internet will be provided as a separate addendum to this implementation guide.

Test Overview for FTP Users

During the testing process and until notified otherwise by Virginia's EDI Quality Assurance Department, the Claim Administrators and their employer clients must continue to provide the Virginia Workers' Compensation Commission the appropriate paper First and Subsequent reports:

First Reports:

- Employer's Accident Report (Form 3)
- Report of Minor Injuries (Form 45-A)

Subsequent Reports

- Initial Claim for Workers' Compensation Benefits (Form 5)
- Employer's Application for Hearing (Form 5A)
- Agreement to Pay Benefits (Form 4)
- Report of Medical Costs (Form 45G)
- Termination of Wage Loss Award (Form 46)
- Wage Chart (Form 7A)
- Supplementary Report (Form 3A)
- Supplementary Report for Fatal Accidents (Form 3B)
- Memorandum of Agreement for Payment of Compensation in a Fatal Case (Form 35)
- Physicians Report (Form 6)
- Amputation Chart (Form 7)
- Lump Sum Agreement (Form 12A)
- Supplemental Agreement to Pay Benefits (Form 4A)
- Supplemental Agreement to Pay Varying Temporary Partial Benefits (Form 4A)

Paper reporting process should not be discontinued until the Claim Administrator has received written approval to specifically discontinue the paper-reporting processes that EDI replaces.

There are five steps in the Virginia testing process:

1. Administrative Requirements
2. Technical Test (of FTP capability and file formats)
3. Business Test File (First Reports of Injury)
4. Business Test File (Subsequent Reports of Injury)
5. Virginia Test Completion (Production Status Granted)

Testing will continue until the Claim Administrator meets Virginia's data quality requirements as detailed in Step 3 and Step 4. Continuing the testing process may require additional test documents from those described below. Extra testing steps may be required should the tester not pass a given level of testing.

Step 1: Administrative Requirements

Each Test submitter is required to consult the Virginia's Test Schedule to determine the assigned test period. Once the test time frame is established, each Claim Administrator must prepare and submit a Trading Partner Profile and Trading Partner Agreement. These forms and instructions for completing them can be found in Section 7 of the implementation guide.

As part of the Trading Partner Profile and Trading Partner Agreement, VWC requires the establishment of email box/address for formal notifications and other documents from VWC to TPA that will be sent outside of EDI.

Once the Virginia EDI Quality Assurance Department has received and acknowledged the Trading Partner Profile and Trading Partner Agreement, Virginia's EDI Vendor will contact you to review testing guidelines, address any questions you may have, and confirm the scheduled time frames in which each Claim Administrator will submit Test files. Test transactions are required to be submitted on actual or "real" Virginia open or closed workers compensation claims, chosen by the Claim Administrator.

Step 2: Technical Test File

The first test process is the technical test. Once received, Virginia will process and acknowledge the test file (the claim administrator's technical capability). During this phase of the test procedure, the sender transmits a file of one Original First Reports of Injury to Virginia. The test file must consist of the following transactions:

- Header record (with the Test/Production indicator (DN 104) set to "T"),
- One "00," Original First Report of Injury transaction,
- Trailer Record.

Five business days are allowed for the test. On the first day of the scheduled test period, the Claim Administrator sends the Technical Capability Test File. Once the file is sent, the Claim Administrator must notify Virginia EDI Quality Assurance Department that the file has been sent via e-mail at edi.support@workcomp.virginia.gov. The following information should be contained in the technical notification email:

- Date and time the test file was sent
- Sender FTP Mailbox that sent the file
- Contact phone number & email address

In response to the Claim Administrator's technical notification email, Virginia will process the test file through the Virginia EDI System's edit processes and will return an Acknowledgement to the Claim Administrator. The acknowledgement to a Technical Test File will contain a "T" in the Test/Production Indicator in the Header record.

If the file is technically acceptable, the business test begins. If, there are data content edits found in the technical test of the First Report of Injury, there will be no further action taken from an EDI perspective. The technical test is designed to test:

- Connectivity
- File structure
- File technical content (Fatal Errors)

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Follow Up Procedures

Responses to test files are automatically created. Therefore:

- If the Claim Administrator does not receive a return acknowledgment file within three days of sending the test file, contact the Virginia EDI Quality Assurance Department the E-mail at edi.support@workcomp.virginia.gov

When Step 2 (Technical Test) has been completed, the Virginia EDI Quality Assurance Department will advise the Claim Administrator to proceed to Step 3 below.

Step 3: Business Test File (First Report of Injury)

After Virginia's acknowledgement that the Technical Test File has been received and the Virginia EDI Quality Assurance Department has approved the capability portion of the test, the Claim Administrator will forward the first of two business content test files of First Reports of Injury to Virginia. Virginia requires that the two business content test files be sent in two separate file transmissions sent on two different dates during the claim administrator's assigned test period. Note, keep in mind that the first report of injury transactions will be used for Step 4 to complete the SROI Business Test File.

Each Business Test File's First Report of Injury transaction must meet the following conditions:

- Must be sent from the Claim Administrator's EDI system.
- Must contain data from "actual claims" handled by the Claim Administrator, which may either be open or closed claim files.
- Must reflect the full spectrum of required FROI reports.

The business test file must contain the following transactions, in the proper sequence:

- Header Record (with DN 104, Test/Production Indicator, set to "T")
- Ten First Reports of Injury ("UR" – Original Minor, "00" – Original Major, "04" – Denial and "AQ" – Acquired) up to 15 transactions
- Trailer Record

A second or follow up Business Test file cannot be sent until you have received the acknowledgements from the previous file of First Reports of Injury. The second test file should be sent immediately after receiving the acknowledgement from the first test file. The second test file must contain no more than 10 transactions and must include the transactions with the following MTCs:

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- "02" transactions for transactions previously sent with a change to one data element (can be a "made up" change) of a previously sent 00 transaction.
- "00" transaction of a previously sent UR when the minor claim becomes a major
- "01" transaction canceling a transaction previously sent.
- "AU" for a AQ rejection "TR"
- All outstanding "TRs" from the prior batch must be resubmitted in accordance with the error message received.

If the Claim Administrator has not received an acknowledgement to the Business Test File within three business days following the date it sent the file, contact the Virginia EDI Quality Assurance Department by e-mail at edi.support@workcomp.virginia.gov.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Data Quality Requirements for Business Test Files

Upon receipt of a Business Test File, Virginia will process the file through the Virginia EDI system's edit process and will return the detailed Acknowledgements. The Claim Administrator must review the detailed acknowledgements and implement corrective claims handling and solutions for any errors on transactions assigned TR status.

- TR status will be assigned to a transaction rejected for not passing requirements.

The testing and evaluation process continues until the two consecutive Business Test Files are processed and acknowledged and the Claim Administrator has met the Virginia data quality requirements. Virginia Business Test Files data quality requirements for FROI are:

First FROI File requirements

- A minimum of **80%** are accepted with a TA status
- No more than **20%** are rejected with a TR status

Second FROI File requirements

- A minimum of **90%** are accepted with a TA status
- No more than **10%** are rejected with a TR status

Step 4: Business Test File (Subsequent Reports of Injury)

When the Claim Administrator has completed testing of First Reports of Injury they will begin testing of Subsequent Reports of Injury. It is important to complete both the First Report of Injury testing and the Subsequent Report of Injury testing during your scheduled test period.

Order of Maintenance Type Codes (MTC) for Subsequent Report of Injury Testing

The Claim Administrator is to send Subsequent Report test transactions that match the claims contained within the First Report of Injury business test files previously sent. (Otherwise, the Subsequent Report test transaction(s) will fail the edit that requires a FROI to be present on the Virginia database prior to the SROI acceptance).

Virginia accepts the: "IP", "PY", "AP", "EP", "04", "Sx", "Px", "RB", "ER", "QT", and "UR" SROI "MTCs." Any SROI MTCs other than those accepted by Virginia will be rejected as not jurisdictionally valid.

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SROI MTC Data Element requirements, which include the mandatory data elements and the Jurisdiction Claim Number (assigned on the First Report of Injury during the FROI test cycle), are outlined in the preceding section for each Subsequent Report type (MTC). Refer to the SROI Element Requirement Table. **All SROI test file submissions require the following:**

- Each SROI test file transaction must match to a previously transmitted FROI.
- SROI Business Test File transactions within a transmission are required to be in the logical MTC sequence
- Three SROI tests will be required. Do not send the next file of SROI test transactions until the acknowledgements from the previous SROI test have been received.

SROI Test File Batch #1

Limit the combination of Subsequent Report MTCs (either on the same or a different FROI) in the first file of SROI Business Content Test Files to SROI MTCs of Initial Payments (IP), Denial (04), AP (Acquired Payment), EP (Employer Paid), or PY (Payment).

The first file must contain:

- Header (with the Test/Production indicator [DN 104] set to T)
- Minimum of ten SROI transactions but no more than 15), MTCs as detailed above
- Trailer

When received by Virginia, the SROI test file will be processed through the Virginia EDI system, edits applied, and the Acknowledgement returned.

NOTE: If you have not received the Acknowledgement within three business days, contact the Virginia EDI Quality Assurance Department by e-mail at edi.support@workcomp.virginia.gov.

SROI Test File #2

Once the first SROI Business Test File has been acknowledged and the test transactions have been assigned either a TR or TA status, send a second Business Test File with a minimum of 5 transactions to:

- Re-file any TR status response codes from previous test file
- "Sx"
- "Px"
- "QT"

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Do not send more than **10** transactions in the second SROI test file

When received by Virginia, the SROI test file will be processed through the Virginia EDI system, edits applied, and the Acknowledgement returned.

NOTE: If you have not received the Acknowledgement within three business days, contact the Virginia EDI Quality Assurance Department by e-mail at edi.support@workcomp.virginia.gov.

SROI Test File #3

- Re-file any TR status response codes from previous test files
- "RB" Reinstatement of Benefits on a previously submitted (and accepted "TA") "Sx" or "Px" suspension SROI
- "ER" Reinstatement of Employer Benefits on a previously submitted (and accepted "TA") "Sx" or "Px" suspension.

Do not send more than 10 transactions in the third SROI test file

When received by Virginia, the SROI test file will be processed through the Virginia EDI system, edits applied, and the Acknowledgement returned.

NOTE: If you have not received the Acknowledgement within three business days, contact the Virginia EDI Quality Assurance Department by e-mail at edi.support@workcomp.virginia.gov to determine the test file status.

Data Quality Requirements for SROI Business Test Files

Upon receipt of a Business Test File, Virginia will process the file through the Virginia EDI system's edit process and will return the detailed Acknowledgements. The Claim Administrator must review the detailed acknowledgements and implement corrective claims handling and solutions for any errors on transactions assigned TR status.

- TR status will be assigned to a transaction rejected for not passing requirements.

The testing and evaluation process continues until the three consecutive Business Test Files are processed and acknowledged and on the Claim Administrator has met the Virginia data quality requirements. Virginia Business Test Files data quality requirements for SROI are:

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Average of the three SROI test files required:

- A minimum of 85% are accepted with a TA status
- No more than 15% are rejected with a TR status

When Step 4 testing is completed, the Virginia Test Coordinator will notify the Claim Administrator that Testing is complete.

Step 5: Virginia Test Completion

The Claim Administrator has successfully completed both First Report of Injury and Subsequent Report of Injury testing with Virginia as advised by the Virginia Test Coordinator. Full Production Status has been achieved and you are ready to move into production status. Congratulations!

The Virginia EDI Quality Assurance Department will notify the business and technical contacts that the company is approved for "production" for all Injuries with a date of injury on or after October 1, 2008.

Important Reminders for Moving into Production:

1. Remember to change the Test/Production indicator in the header record to "P" for Production before sending production files.
2. All Subsequent reports require that a First Report on the same claim be sent previously and acknowledged with a "TA". The SROI must also have the Jurisdiction Claim Number assigned to the claim via the FROI acknowledgment. Do not send an EDI SROI report on a claim where the First Report of Injury was sent on paper unless you have first sent a FROI for that claim.
3. Continue with the "P" indicator unless informed by Virginia that the data quality of First Reports or Subsequent Reports of Injury no longer meets Virginia's requirements; see Data Quality Requirements for Business Test Files for a review of these requirements.

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Ongoing Monitoring of Production Status

Virginia will continue to monitor EDI data quality for every Claim Administrator throughout the Trading Partner relationship. If the Claim Administrator's data quality falls below the Virginia data quality requirements for five (5) consecutive transmissions, Virginia requires the Claim Administrator to submit according to the following:

- Paper reports will not be resumed and the Employer/Sender may be out of compliance with the Virginia EDI mandate.
- Increasingly higher Data Quality requirements may be imposed to correct problems and to avoid excessive submissions and the continuing review of the Administrator's written responses.
- The Claim Administrator is required by Virginia to submit a written report to the Virginia EDI Coordinator. The written report is to include the cause and corrective action taken by the Employer/Sender for each error noted on the Acknowledgment file for the last five transmission files (those that fell below the quality threshold).

**VIRGINIA EDI REPORTING
SECTION 6
BECOMING AN
EDI PARTNER**



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Requirements for Becoming an EDI Trading Partner

There are four requirements for becoming an EDI Trading Partner:

1. Complete the Electronic Trading Partnering Agreement Form
2. Complete the Trading Partner and Transmission Profiles
3. Complete the Claim Administrator Address List
4. Complete Testing Requirements outlined in Section 5

All four forms can be downloaded from the VWC website at:
<http://www.workcomp.virginia.gov/content/edi-quality-assurance-department-edi>
Please complete the forms and e-mail them to
edi.support@workcomp.virginia.gov

1. Electronic Partnering Agreement

VWC requires the completion of an Electronic Trading Partnering Agreement Form to use Electronic Data Interchange (EDI) technologies and techniques to meet VWC Workers' Compensation reporting requirements.

2. Trading Partner and Transmission Profiles

VWC requires each entity, including those who plan to use a service provider, to complete the Electronic Trading Partner Profile and Transmission Profile. The TPP provides pertinent information about the receiver, sender and transmission protocol.

The Electronic Transmission Profile is a two-part document. The first part of the document contains information pertaining to the sender's electronic transmission profile. This document indicates how the trading partner will send data to the VWC. If a claim administrator is sending data for more than one location, then a separate sender's profile is required for each location.

The second part of the Electronic Transmission Profile contains the VWC's information. This part of the form contains information needed in order to address and forward your electronic transmissions to the Virginia Workers' Compensation Commission.

3. Claim Administrator Address List

VWC may need a phone number to contact the office that administers the claim in the event that there is a question on the claim or an error in the FROI filing. In order for the VWC to collect this information, it is necessary for claim administrators to fill out a Claim Administrator Address List. The form must include the FEIN, legal name and postal code of the sender on the top part of the form. In the spaces provided, please provide:

- the FEIN and legal name of the Claim Administrator that will be administering VWC claims
- Name of Claim Representative contact person that could answer questions or could direct VWC to the appropriate adjuster for the claim
- Phone number of the Claim Representative contact person that could answer questions or could direct VWC to the appropriate adjuster for the claim
- physical street address, city, state and nine-digit postal code related to the Alternate Postal Code that will be sent in the First Report of Injury transaction (FROI) for each Claim Administrator. Please be sure that the four-digit extension on the postal code relates to the physical address, not the mailing address.

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After completing the Address list, save the file using the following file naming convention: <Sender FEIN>CA_Address_List_<Date>.xls
Example: **999999999_CA_Address_List_20080218.xls**

4. Complete Testing requirements outlined in Section 5.

**VIRGINIA EDI REPORTING
SECTION 7
OTHER INFORMATION**



Virginia Workers' Compensation Commission

Workers' Compensation Electronic Reporting

Glossary of Terms

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

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

Accident Date – The day, month and year that the work-related accident occurred.

Accident Report – Generally, any documentation that a work-related accident occurred, including the facts surrounding the accident. This term may also be used in reference to the old Commission Form 3, Employer's Accident Report.

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

Acquired Claim: A claim previously administered by a different claim administrator

Agreement(s) – Generally, an understanding between the parties with respect to each party's legal rights and obligations. Specifically, this term is often used to refer to one of the several Commission forms used to document agreements between the parties. These include the Agreement to Pay Benefits (Form 4); Supplemental Agreement to Pay Benefits (Form 4A); Termination of Wage Loss Award (Form 46); Memorandum of Agreement to Pay Compensation in a Fatal Case (Form 35); Lump-Sum Agreement (Form 12A); and Petition and Order compromise settlements (see "P&O").

Application – An employer's/insurance carrier's written request, submitted to the Commission to suspend or terminate benefits the Commission has ordered paid to a claimant. An application may be based on, for example, the authorized treating physician's release of the claimant to return to work, the claimant's failure to perform the offered modified/restricted employment, the claimant's failure to cooperate with vocational rehabilitation, the claimant's performance of work with another employer, etc.

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

Attorneys' Fees – Compensation paid to an attorney for legal services rendered on behalf of a client.

Authorized Treating Physician – The physician responsible for managing an injured employee's medical treatment for compensable (see "Compensable")

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injuries or diseases. AT the time of the accident, the employer is required to offers a panel of physicians and the claimant selects a doctor, who becomes the authorized treating physician. Generally, if the employer denies the claim or fails to present a panel, the injured worker may select his own physician.

Average Weekly Wage – The gross earnings of the injured employee in the employment in which he/she was working at the time of the injury during the period of 52 weeks immediately preceding the date of the injury, divided by 52.

Award – The grant or denial of benefits or other relief to a claimant by the Commission under the Virginia Workers' Compensation Act or any rule adopted pursuant to the Act. An award may be set forth in an opinion, order, or stipulation approved by the Commission.

Award Order – An official document issued by the Commission memorializing an Award based on agreement forms filed by the parties.

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

Benefits – All compensation, medical or rehabilitative services provided to an injured employee by the insurance carrier pursuant to the Workers' Compensation Act. Benefits are either ordered by the Commission to be provided by the carrier, or provided voluntarily by the carrier. If provided voluntarily, the claimant has no assurance of continuing or future benefits without the entry of an award.

Carrier - See "Insurance Carrier."

Claim Administrator Claim Number – An internal tracking or filing number assigned by the Claim Administrator to the file of a particular injured employee. This number is different from the Commission's JCN.

Claimant – An injured employee who claims benefits pursuant to the Virginia Workers' Compensation Act.

Claim – An employee's written request, submitted to the Commission, for wage an/or medical benefits as a result of an alleged work injury. If an employee files a claim prior to an EDI submission, this will cause the Commission to create a JCN to be used moving forward, this process is called Claim Shell.

Communication Date – The date on which a claimant is informed by his/her physician that a disease from which he/she suffers is work-related. This date is important in determining when the claimant became entitled to benefits under the Act and becomes the "date of accident/injury."

Compensable – A term used to describe an injury or disease which has been deemed by the Commission to have occurred as a result of and while in the course of a claimant's employment. The insurance carrier is generally ordered to pay for medical treatment for a compensable injury or disease for as long as necessary, which may include the lifetime of the claimant.

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

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Compensation Rate – The weekly amount of compensation to which the injured employee is entitled by Commission award. For temporary total, permanent total and permanent partial disability benefits, the compensation rate is calculated by multiplying the employee's pre-injury gross average weekly wage by .66667. When the employee is working, but earning less than the pre-injury average weekly wage, the temporary partial compensation rate is calculated by taking the difference between the employee's pre-injury average weekly wage and the current weekly wage, and multiplying this amount by .66667.

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

Cost of Living Adjustment (COLA) – Generally, an annual adjustment in wages to offset a change (usually a loss) in purchasing power over time also known as inflation. In the workers' compensation context, injured employees are entitled to an annual COLA adjustment to their compensation benefits if they are under an open award (see "Open Award") for temporary total disability benefits as of July 1, the year when COLA adjustments are made on October.

d/b/a – An abbreviation meaning "doing business as." Usually refers to an individual who is not incorporated conducting business under a corporate name, e.g. Susan Jones d/b/a Susan's Snacks, Inc.

Diagnosis Date – The date on which a physician identifies a medical condition or occupational disease and advises the claimant of the diagnosis.

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

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

Employee – Every person, including aliens and minors, in the service of another for pay under any contract of hire or apprenticeship, written or implied, whether lawfully or unlawfully employed, except (1) one whose employment is not in the usual course of the trade, business, occupation or profession of the employer or (2) as otherwise provided in the definition in the Virginia Workers' Compensation Act, §65.2-101, Subdivision 2..

Employer – (1) Any person, the Commonwealth, or any political subdivision of the Commonwealth and any individual, firm, association or corporation, or the receiver or trustee of same, or the legal representative of a deceased employer, using the service of another for pay, and (2) any volunteer fire company or volunteer lifesaving or rescue squad electing to be included and maintaining coverage as an employer under the Virginia Workers' Compensation Act. If the employer is insured, "employer" includes the insurer as well.

FIPS Number – The three-digit Federal Information and Processing Standards (FIPS) numbers assigned to each area of the country by state, county, and county subdivision. The Commission uses numbers to assign case files to the appropriate hearing venues.

Format: The technical method used to exchange information.

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

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IAIABC: International Association of Industrial Accident Boards and Commissions is a group comprised of jurisdictions, insurance carriers, and vendors who are involved in workers' compensation.

Indemnity – Reimbursement/compensation for loss.

Injury/Accident - Bodily harm or in specific instances mental distress arising during and while performing.

Insurer - In Virginia, workers' compensation insurance policies are provided by private insurance carriers (Insurers). Employers with three or more employees must purchase policies of insurance from an insurance carrier (Insurer) licensed to do business in Virginia. Employers who qualify may also insure their liability by becoming self-insured as either an individual entity or as part of a group self-insurance program.

Liability - The condition of being actually or potentially subject to an obligation; an insurance carrier's responsibility or accountability for benefits for a compensable workers' compensation claim. In Virginia, employers with three or more employees must insure their liability for workers' compensation claims.

Lost Time - An employee's period of time away from work attributable to a workers' compensation accident. Some employees use "lost time claim" to distinguish a claim for wage loss indemnity benefits from a minor injury claim (See "Minor Injury Claim").

Maximum Medical Improvement - When an authorized treating physician states, in writing, that a claimant's injury is permanent but that no further medical treatment would be helpful other than possible pain management, the claimant is said to have reached maximum medical improvement.

Medical Provider - Any entity providing medical services or treatment to a workers' compensation claimant, including hospitals, physicians, medical technicians, physical therapists, and others.

Minimum/Maximum Compensation Rate - Each year, both maximum and minimum compensation rates are established for the Commonwealth of Virginia. The Virginia Employment Commission provides to the Virginia Workers' Compensation Commission information compiled from reports made by employers throughout the Commonwealth indicating the appropriate maximum and minimum average weekly wage. This information is available to Commission employees who need maximum and minimum rates for any year through the Commission's database under the calculation menu.

Minor Injury Claim - The Commission deems any injury by accident during and while performing employment a minor injury if the claimant misses fewer than seven days from work and if the sum of medical expenses is \$1,000.00 or less. Employers provide monthly reports of minor injuries on the Minor Injury Claim Form (VWC Form 45A) to account to the Commission for medical benefits paid. Occasionally a Minor Injury Claim Form is used to determine whether a claim has been filed and may be used in connection with certain judicial determinations regarding the statute of limitations, i.e. whether a claim was timely filed.

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

NCCI - The acronym for National Council of Compensation Insurance. This organization is the official agent of the Commission to collect insurance information from employers and insurance carriers in the Commonwealth of

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Virginia regarding insurance coverage required by Va. Code Ann. § 65.2-804. Commission employees in the Insurance and First Report units have access to coverage information provided online by NCCI.

Occupational Disease – A disease arising out of and in the course of employment, but not an ordinary disease of life to which the general public is exposed outside of the employment. See Va. Code Ann. §65.2-400 for a lengthy definition.

Open Award – A Commission-ordered award of wage benefits from the employer and/or insurance carrier to the claimant that is for an ongoing, "open" period of time. When the ending date of the award is agreed upon by the parties, a "Termination of Wage Loss Award" agreement may be signed by the parties and submitted to the Commission. In the alternative, the Commission may order that the period of wage loss be terminated based on an application to suspend/terminate benefits filed by the employer/carrier.

Opinion - A judicial officer of the Commission issues a written opinion (decision) in a case following a hearing (evidentiary or on-the-record) and a review of the file. These opinions are stored in the Commission's database and are a matter of public record. Every opinion by a deputy commissioner is subject to review by the full Commission if one or both parties appeal. The opinions of the Commission are published on the website, are stored in the Commission's database, and are available through ISYS and PREMISE. Opinions of the full Commission are subject to review by the Virginia Court of Appeals.

Parties to a Claim - In workers' compensation cases, the typical parties are the claimant, the employer, and the insurance carrier. If the employer was uninsured at the time of the alleged accident, the Uninsured Employer's Fund is added as a party. In certain circumstances, there are multiple parties when statutory employers (See "Statutory Employers") and their insurance carriers are noted. The Commission has allowed medical care providers to be parties to claims by allowing medical care providers to file claims when they have not been paid for services rendered in a compensable workers' compensation case.

Penalty - Va. Code Ann. § 65.2-524 provides that an employer or insurance carrier that fails to pay benefits within 14 days after an award is issued may be subject to the assessment of a penalty for such failure. The penalty provision is not self-executing; therefore, the claimant must apply for a penalty. After a deputy commissioner enters an award or signs a settlement document indicating that the claimant will receive benefits, no penalty will be assessed until 34 days after the document is issued. The 34 days are calculated by adding to the 14 days (referenced in § 65.2-524) an additional 20 days during which the parties are allowed to petition for review pursuant to Va. Code Ann. § 65.2-704. If a request for a penalty is asserted after an award made by the full Commission, the parties have 44 days in which to pay pursuant to the award because of the 30-day review period enunciated in Va. Code Ann. § 65.2-705.

Period of Disability - A claimant who has sustained a compensable injury by accident during and while performing employment is eligible to receive benefits during the time that person is either totally or partially unable to work, as determined by the authorized treating physician.

Permanency Rating - When a claimant applies for permanent partial or permanent total disability benefits (see "Permanent Partial" and "Permanent Total" below), the claimant must first receive from a physician a rating of the percentage of loss or loss of use of the injured body part(s) and a statement that the claimant has reached maximum medical improvement. Generally, physicians use the AMA Guides to the Evaluation of Permanent Impairment, 5th Ed.

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The Commission is guided by the AMAGuides to the Evaluation of Permanent Impairment, 5th Ed., but does not absolutely require its use by physicians giving a permanency rating. Ratings involving disfigurements are determined by the Commission.

Permanent Partial - Permanent partial disability benefits are awarded to a person who has sustained the loss or loss of use of a specific body part enumerated in Va. Code Ann. § 65.2-503. This award is made without regard to the ability to work, and is given for a loss of "human capital." Before a person is eligible for an award for permanent partial disability, the person must provide proof of maximum medical improvement (the injury is permanent and the claimant requires no further medical treatment) and must have received a rating from a physician in regard to the percentage of loss or loss of use.

Permanent Total - Va. Code Ann. § 65.2-503 provides that a claimant may receive permanent total disability benefits at the conclusion of a 500-week award for temporary total disability benefits. The requirements for receiving such an award are stringent, and the criteria are strictly applied: (1) loss of or loss of use in gainful employment both hands, both arms, both feet, both legs, both eyes, or any two thereof in the same accident; (2) total paralysis; or (3) injury to the brain which is so severe as to render the employee permanently unemployable.

Pre-Injury Gross Average Weekly Wage - (See "Average Weekly Wage") In calculating the average weekly wage, some parties are confused as to whether the figures to be used in calculation are the claimant's gross earnings or the net earnings after adjustments for taxes and other reductions. The claimant's gross earnings are used to calculate benefits.

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

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

R22: SROI companion record. A record sent to the jurisdiction to complete the VWC's SROI reporting requirements. The SROI companion record is identified by a Transaction Set ID of "R22" and has a specific record layout. Population of the record is dependent on VWC's Element Requirement Table.

Selective Employment – Also called "light duty," this term refers to the restricted employment offered to a claimant that does not exceed the claimant's residual (remaining) work capacity. Residual work capacity is determined by the claimant's authorized treating physician at the time the physician returns the claimant to modified/restricted employment after a compensable injury. For example, if the treating physician restricts the claimant from lifting over ten pounds, the selective employment would not require the claimant to lift over ten pounds at any time, even though the claimant's pre-injury work may have had that requirement.

Self-Insured Employer - Va. Code Ann. § 65.2-801 provides that the Commission has the authority to approve self-insured status for qualifying business entities. The criteria that the Commission uses are (1) 50 employees in Virginia or 250 employees in U.S. jurisdictions; (2) no more than one net loss in the last three years; (3) three years of operation under the current corporate identity; (4) positive tangible net worth; (5) current ratio of 1.00 or better; and (6) debt/equity ratio of 2.2 or less.

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Temporary Partial - A category of awards, temporary partial disability benefits are those awarded to a claimant who is able to engage in selective (restricted) employment or light-duty work after a compensable accident. Temporary partial disability benefits are calculated by subtracting the amount the claimant can currently earn from the amount of the pre-injury average weekly wage. The claimant is then awarded .66667 of the difference between the pre-injury wage and the post-injury average weekly wage.

Temporary Total - A category of awards, temporary total disability benefits are those awarded to a claimant who is unable to engage in employment of any kind after a compensable injury by accident. Temporary total disability benefits are calculated by multiplying the claimant's pre-injury average weekly wage by .66667; this amount becomes the compensation rate for temporary total disability benefits, subject to maximum and minimum rates.

Termination of Benefits - When a claimant is no longer entitled to receive benefits pursuant to an award, the Commission has the authority to close the award and thus terminate or conclude the period during which the claimant will receive benefits. An employer may not unilaterally terminate or suspend benefits. In order to bring an award to its conclusion, an employer may either submit an appropriately executed Agreement to Terminate Benefits or the employer may submit to the Commission an appropriately substantiated and documented Employer's Application for Hearing (See "Application"). Acceptance of the Employer's Application for Hearing will result in a suspension of the claimant's benefits pending a hearing on the substantive issue(s) submitted by the employer.

Third-Party Administrator (TPA) - Some insurance carriers hire outside businesses to conduct administrative functions in handling claims. The insurance carrier remains responsible pursuant to statute, but may delegate certain administrative activities to the TPA. The arrangement becomes important at the Commission in order to communicate with responsible parties and with parties charged with the authority to make decisions. If the Commission does not receive notification of the correct identity of a third-party administrator, the Commission has difficulty communicating with the insurance carrier.

Trading Partner: An entity that has entered into an agreement with another entity to exchange data electronically. For EDI purposes, this is the Claim Administrator.

Trading Partner Agreement: An agreement that describes the expectations between two entities exchanging data electronically. These expectations include, but are not limited to, what transactions to send, what format to use, what data elements to include, when and where data elements are to be sent, and testing to be performed.

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

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

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

Variance - When an award is terminated, the Commission's Claims Processing System calculates the amount of benefits that should have been paid and compares that amount to the amount actually paid, as reported by the Claim Administrator.

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If there is an underpayment, the Commission notifies the parties of the Commission's determination. It is the responsibility of the parties to take any additional action deemed necessary in response to the Commission's notification.

VWC Database - The Virginia Workers' Compensation Commission maintains as a part of its computerized information system a database of relevant claim information regarding persons who have filed a claim with the agency after 1989. The database includes, but is not limited to, the claimant's name, the employer's name, the addresses of both the claimant and the employer, all insurance carrier information including, but not limited to, the name of the carrier, the name of the third-party administrator, the name of a claims representative, addresses, and phone numbers of insurance company representatives; claims activity information such as referrals to the docket, judicial determinations, and compromise settlements; and award information, including dates of temporary total and temporary partial awards and the amounts thereof.

Waiting Period - Under Va. Code Ann. § 65.2-509, a person who sustains a workers' compensation injury will not be awarded benefits for the first seven calendar days of time off from work unless the person misses 21 or more days of work. The first seven days subsequent to the injury are called "the waiting period." If a person is paid his or her wage on the day of the injury, the waiting period begins with the day after the injury; if a person is not paid his or her wage on the day of the injury, the waiting period begins on the day of the injury.

Witness - A person who appears at a hearing to give testimony, under oath, regarding his or her knowledge about a workers' compensation claim. The person who gives testimony may do so on behalf of either the claimant or the defendants. Although this person may have actually witnessed the accident, a witness may also be a person who has knowledge about the claimant's medical condition or about any relevant aspect of the employer's place of work. In order to assure attendance at a hearing, either an attorney or the Commission may issue a witness subpoena, requiring attendance at a specific date, time and place.

Workers' Compensation Insurance - Employers in Virginia who employ three or more persons must insure their liability for workers' compensation claims in one of three ways: (1) an employer may buy a policy of insurance from a licensed insurance carrier, which is the most typical way for employers to insure liability; (2) an employer may apply to the Virginia Workers' Compensation Commission for approval of self-insured status, which is granted only if employers meet specific and rigidly-enforced criteria; (3) an employer may purchase group self-insurance. The State Corporation Commission approves entities that apply for group self-insured status; or, (4) by becoming a client of a Professional Employer Organization (PEO) so long as the PEO can obtain coverage in the voluntary market.

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EDI Documentation Change Log

The VWC Change Log table or 'Track Changes Document' can be found at <http://vwcedi.info/guide>. This table presents the changes that are made to the VWC Requirement Tables.