

EDI Guidelines

AWCC uses the standards established by the International Association of Industrial Accident Boards and Commissions (IAIABC). The format of data elements will conform to the IAIABC data dictionary for Release 1 and, we accept original FROIs only.

During the testing phase, the Reporter will be required to file paper forms in addition to the electronic transmission of records. Once the testing requirements are met, the Reporter will no longer be required to file paper forms. If the Reporter's customers are required to file a paper copy of FROI, the AWCC agrees to waive the requirement for all reports made to the AWCC by the Reporter on behalf of its customers.

The testing process will determine whether the transmission mechanism is acceptable. Acceptance will occur when the parties agree that 90 percent of all electronic reports (a) meet or pass all technical requirements; and (b) match or are more accurate than the paper forms filed for 2 separate EDI transmissions. The AWCC reserves the right to extend the testing period as necessary to ensure accuracy of FROI's. Once the Trading Partner Agreement has been completed, you will be notified when you are set up to begin testing with AWCC.

The data elements for FROI and their priority are found on the trading partner table and Arkansas Workers' Compensation requirements attached to the Trading Partner Agreement.

Errors in transmission will be identified and returned to the filing partner when all submitted records in the batch have been entered or resolved.

Transmission will be accomplished via EBIX, ISO, Mitchell or other approved vendor. All transmission costs shall be paid by the Reporter for all reports being sent to the AWCC and all reports transmitted to the Reporter.

Please Note: We are using Release 1 and accept original FROI's only.

You will be notified when you are set up to begin testing with the AWCC. During the testing phase please remember any actual claims must also be faxed to 1-501-682-2777, or otherwise filed via paper forms.

When test records are submitted you will need to notify both Cynthia Henn at Cynthia.Henn@arkansas.gov and Jason Hogue at Jason.Hogue@arkansas.gov. Please include the names and social security numbers (or claim numbers) of the records submitted. Please use a test/production flag of 'P' on all test claims.

All test claims will be rejected as using one of the following codes:

057 Duplicate record

061 No Arkansas location for employer

If these claims have no other errors - then they are considered to be a successful test.

Attachment 1

ELEM	LOC	LEN	GROUPING	FIELD NAME	STAT
1	1-3	3	Transaction	Transaction Set ID	M
2	4-5	2		Transaction Set Purpose Code	M
3	6-13	8		Transaction Set Date	M
4	14-15	2	Jurisdiction	Jurisdiction	M
5	16-40	25		Agency Claim Number	C
6	41-49	9	Insurer	Claim Administrator Code	M
7	50-79	30		Claim Administrator Name	M
8	80-88	9		Independent Adjuster Code	C
9	89-118	30		Independent Adjuster Name	C
10	119-148	30		Claim Administrator Address Line 1	O
11	149-178	30		Claim Administrator Address Line 2	O
12	179-193	15		Claim Administrator City	O
13	194-195	2		Claim Administrator State	O
14	196-204	9		Claim Administrator Postal Code	O
15	205-229	25		Claim Administrator Claim Number	M
16	230-238	9	Insured	Employer Code	M
17	239-268	30		Insured Name	M
18	269-298	30		Employer Name	M
19	299-328	30		Employer Address Line 1	M
20	329-358	30		Employer Address Line 2	O
21	359-373	15		Employer City	M
22	374-375	2		Employer State	M
23	376-384	9		Employer Postal Code	M
24	385-385	1		Self Insured Indicator	C
25	386-391	6		SIC Code	O
26	392-401	10		Insured Report Number	O
27	402-416	15		Insured Location Number	O
28	417-446	30	Policy	Policy Number - Required if Not SelfInsured	C
29	447-454	8		Policy Effective Date	C

ELEM	LOC	LEN	GROUPING	FIELD NAME	STAT
30	455-462	8		Policy Expiration Date	C
31	463-470	8	Accident	Date of Injury	M
32	471-474	4		Time of Injury	O
33	475-483	9		Postal Code of Injury Site	M
34	484-484	1		Employer Premises Indicator	O
35	485-486	2		Nature of Injury Code	O
36	487-488	2		Part of Body Injured	M
37	489-490	2		Cause of Injury Code	O
38	491-640	150		Accident Description/Cause	M
39	641-642	2		Initial Treatment	O
40	643-650	8		Date Reported to Employer	O
41	651-658	8		Date Reported to Claim Administrator	M
42	659-667	9	Claimant	Social Security Number	M
43	668-697	30		Claimant Last Name	M
44	698-712	15		Claimant First Name	M
45	713-713	1		Claimant Middle Initial	C
46	714-743	30		Claimant Address Line 1	M
47	744-773	30		Claimant Address Line 2	O
48	774-788	15		Claimant City	M
49	789-790	2		Claimant State	M
50	791-799	9		Claimant Postal Code	M
51	800-809	10		Claimant Phone	O
52	810-817	8		Date of Birth	M
53	818-818	1		Gender Code	M
54	819-819	1		Marital Status Code	O
55	820-821	2		Number of Dependents	O
56	822-829	8		Date Disability Began	O
57	830-837	8		Date of Death	C
58	838-839	2	Employment	Employer Status Code	O
59	840-843	4		Class Code	O
60	844-873	30		Occupation Description	M
61	874-881	8		Date of Hire - required if Death	C
62	882-892	11		Wage	O
63	893-894	2		Wage Period	O
64	895-895	1		Nbr Days Worked	O
65	896-903	8		Date Last Day Worked	O
66	904-904	1		Full Wages Paid for DOI Indicator	O
67	905-905	1		Salary Continued Indicator	O
68	906-913	8		Date of Return to Work	O

Attachment 2:

Arkansas specific requirements and Error Codes

Please note: We are still using SIC Codes in our EDI Transmissions - please use the 4 digit SIC code followed by the letters **SC**. You may leave this field blank - but if you enter anything in this field it must be followed by **SC**.

In addition to the IAIABC error codes we also use the following codes.

The first 3 codes below are internal codes - after the structural edits are passed our Claims department sometimes needs to reject and return claims for the following reasons:

- 042 Claim is not compensable
- 057 Duplicate record
- 061 No Arkansas location for employer

The following are structural edit failures enforced for AWCC EDI filings.

- 501 TRANSACTION SET ID IS BLANK OR NOT CORRECT
- 502 TRANSACTION SET PURPOSE CODE IS BLANK OR NOT CORRECT
- 503 TRANSACTION SET DATE IS BLANK OR NOT CORRECT
- 504 JURISDICTION IS BLANK OR NOT = "AR"
- 506 CLAIM ADMINISTRATOR CODE IS BLANK OR NOT NUMERIC
- 507 CLAIM ADMINISTRATOR NAME IS BLANK
- 508 INDEPENDENT ADJUSTOR CODE IS BLANK BUT NO NAME IS PRESENT
- 509 CLAIM ADMINISTRATOR POSTAL CODE BLANK
- 510 CLAIM ADMINISTRATOR CLAIM NUMBER IS BLANK
- 511 EMPLOYER CODE IS BLANK OR NOT NUMERIC
- 512 INSURED NAME IS BLANK
- 513 EMPLOYER NAME IS BLANK
- 514 EMPLOYER ADDRESS IS BLANK
- 515 EMPLOYER CITY IS BLANK
- 516 EMPLOYER STATE IS BLANK
- 517 EMPLOYER POSTAL CODE IS BLANK
- 518 SELF INSURED INDICATOR IS NOT = "Y", "N", OR " "
- 519 SIC CODE IS BLANK OR NOT NUMERIC
- 520 POLICY NUMBER IS NOT CORRECT
- 521 POLICY EXPIRATION DATE IS BLANK OR NOT A VALID DATE
- 522 DATE OF INJURY IS BLANK OR NOT A VALID DATE
- 523 HOUR OF ACCIDENT TIME IS NOT NUMERIC OR BETWEEN 00 AND 24
- 524 MINUTES OF ACCIDENT TIME IS NOT NUMERIC OR BETWEEN 00 AND 59
- 525 POSTAL CODE OF INJURY SITE IS BLANK
- 526 EMPLOYER PREMISIS INDICATOR IS NOT = "Y", "N", OR " "

527 NATURE OF INJURY CODE IS NOT NUMERIC OR NOT A VALID CODE
528 PART OF BODY INJURED IS NOT NUMERIC OR NOT A VALID CODE
529 CAUSE OF INJURY CODE IS NOT NUMERIC OR NOT A VALID CODE
530 ACCIDENT DESCRIPTION IS BLANK
531 INITIAL TREATMENT IS NOT NUMERIC OR NOT A VALID CODE
532 DATE REPORTED TO EMPLOYER IS NOT NUMERIC OR NOT A VALID DATE
533 DATE REPORTED TO CLAIM ADMINISTRATOR IS NOT NUMERIC OR VALID
534 SOCIAL SECURITY NUMBER IS BLANK
535 CLAIMANT LAST NAME IS BLANK
536 CLAIMANT FIRST NAME IS BLANK
537 CLAIMANT ADDRESS IS BLANK
538 CLAIMANT CITY IS BLANK
539 CLAIMANT STATE IS BLANK
540 CLAIMANT POSTAL CODE IS BLANK
541 CLAIMANT PHONE NUMBER IS NOT NUMERIC OR IS BLANK
542 DATE OF BIRTH IS NOT NUMERIC OR NOT A VALID DATE
543 GENDER CODE IS NOT = "M", "F", OR "U"
544 MARITAL STATUS IS NOT = "K", "M", "S", OR "U"
545 NUMBER OF DEPENDENTS IS NOT NUMERIC
546 DATE DISABILITY BEGAN IS NOT NUMERIC OR NOT A VALID DATE
547 DATE OF DEATH IS NOT NUMERIC OR NOT A VALID DATE
548 EMPLOYMENT STATUS CODE IS NOT VALID
549 CLASS CODE IS NOT NUMERIC
550 OCCUPATION DESCRIPTION IS BLANK
551 DATE OF HIRE IS NOT NUMERIC OR NOT A VALID DATE
552 WAGE IS NOT NUMERIC
553 WAGE PERIOD IS NOT NUMERIC OR = 6, 1, 2, OR 4
554 NUMBER OF DAYS WORKED IS NOT NUMERIC OR BETWEEN 0 AND 7
555 DATE LAST WORKED IS NOT NUMERIC OR NOT A VALID DATE
556 FULL WAGES FOR DOI IS NOT " ", "Y", OR "N"
557 SALARY CONTINUED IS NOT " ", "Y", OR "N"
558 DATE OF RETURN TO WORK IS NOT NUMERIC OR NOT A VALID DATE
559 POLICY EFFECTIVE DATE IS NOT NUMERIC OR NOT A VALID DATE
560 DATE OF DEATH IS GREATER THAN TRANSACTION SET DATE
561 DATE OF DEATH IS LESS THAN DATE OF INJURY
562 POLICY EXPIRATION IS LESS THAN POLICY EFFECTIVE DATE
564 DATE DISABILITY BEGAN IS GREATER THAN DATE OF RETURN TO WORK
565 DATE DISABILITY BEGAN IS GREATER THAN TRANSACTION SET DATE
566 DATE DISABILITY BEGAN IS GREATER THAN DATE OF DEATH
567 DATE LAST DAY WORKED IS GREATER THAN TRANSACTION SET DATE
569 DATE LAST DAY WORKED IS GREATER THAN DATE OF DEATH
570 DATE LAST DAY WORKED IS GREATER THAN DATE OF RETURN TO WORK
571 DATE REPORTED TO CLAIM ADMINISTRATOR > TRANSACTION SET DATE

573 DATE REPORTED TO EMPLOYER IS GREATER THAN TRANS SET DATE
575 DATE OF RETURN TO WORK IS GREATER THAN TRANSACTION SET DATE
577 DATE OF INJURY IS GREATER THAN TRANSACTION SET DATE
578 DATE OF INJURY IS GREATER THAN DATE DISABILITY BEGAN
579 DATE OF INJURY IS GREATER THAN POLICY EXPIRATION
580 DATE OF INJURY IS GREATER THAN DATE OF DEATH
581 DATE OF INJURY IS GREATER THAN DATE REPORTED CLAIM ADMIN.
582 DATE OF INJURY IS GREATER THAN DATE LAST DAY WORKED
583 DATE OF INJURY IS GREATER THAN DATE RETURNED TO WORK
584 DATE OF HIRE IS GREATER THAN TRANSACTION SET DATE
585 DATE OF HIRE IS GREATER THAN DATE OF INJURY
586 POLICY EFFECTIVE IS GREATER THAN DATE OF DEATH
587 POLICY EFFECTIVE IS GREATER THAN TRANSACTION SET DATE
588 POLICY EFFECTIVE IS GREATER THAN DATE DISABILITY BEGAN
589 POLICY EFFECTIVE IS GREATER THAN DATE LAST WORKED
590 POLICY EFFECTIVE IS GREATER THAN DATE REPORTED CLAIM ADM.
591 POLICY EFFECTIVE IS GREATER THAN DATE REPORTED EMPLOYER
592 POLICY EFFECTIVE IS GREATER THAN DATE OF RETURN TO WORK
593 POLICY EFFECTIVE IS GREATER THAN DATE OF INJURY
594 POLICY EFFECTIVE IS GREATER THAN POLICY EXPIRATION
595 DATE OF BIRTH IS GREATER THAN TRANSACTION SET DATE
596 DATE OF BIRTH IS GREATER THAN DATE OF INJURY
597 DATE OF BIRTH IS GREATER THAN POLICY EXPIRATION
598 DATE OF BIRTH IS GREATER THAN DATE OF DEATH
599 POLICY EXPIRATION IS LESS THAN DATE OF HIRE
600 DATE OF DEATH IS LESS THAN DATE OF HIRE
601 DATE DISABILITY BEGAN IS LESS THAN DATE OF HIRE
602 DATE LAST WORKED IS LESS THAN DATE OF HIRE
603 DATE REPORTED TO CLAIM ADMIN LESS THAN DATE OF HIRE
604 DATE REPORTED TO EMPLOYER LESS THAN DATE OF HIRE
605 DATE OF RETURN TO WORK LESS THAN DATE OF HIRE
606 DATE OF BIRTH IS GREATER THAN DATE DISAB BEGIN
607 DATE OF BIRTH IS GREATER THAN DATE LAST WORKED
608 DOB IS GREATER THAN DATE REPORTED CLAIM ADM
609 DOB IS GREATER THAN DATE REPORTED TO EMPLOYER
610 DOB IS GREATER THAN DATE OF RETURN TO WORK
611 DATE OF BIRTH IS GREATER THAN DATE OF HIRE
612 TRANSACTION DATE IS LESS THAN LAST ACCEPTANCE DATE
613 DATE REPORTED TO EMPLOYER IS LESS THAN DATE OF INJURY
614 DATE REPORTED TO CLAIM ADM IS LESS THAN DATE OF INJURY
615 DATE DISABILITY BEGAN IS LESS THAN DATE OF INJURY
616 DATE OF DEATH IS LESS THAN DATE OF INJURY
617 DATE LAST DAY WORKED IS LESS THAN DATE OF INJURY

618 DATE OF RETURN TO WORK IS LESS THAN DATE OF INJURY
619 DATE OF RETURN TO WORK IS LESS THAN DATE DISABILITY
620 SSN IS NOT CORRECT - ZEROES OR OTHER INVALID PATTERN
621 ADDRESS IS ENTERED AS UNKNOWN