Table of Contents

The Worker’s Compensation Database
Introduction to Electronic Data Interchange
Getting Started
Implementing EDI
EDI Trading Partner Agreement
EDI Third Party Administrator Attachment
DLI/ERD Trading Partner Profile
Trading Partner Profile
First Report of Injury (FROI) IAIABC Release #1 MCO Table
Subsequent Report of Injury (SROI) IAIABC Release #1 MCO Table
Detailed Acknowledgement - IAIABC Release #1
Header and Trailer - IAIABC Release #1
Montana Report Submission Table
Montana Subsequent Report Codes
EDI Test Policy and Process
Selecting a Transmission Type
EDI Overview
Montana Law 39-71-225, Link
Montana Administrative Rules, Link
Glossary

The Workers Compensation Database

In the late 1980s and early 1990s, Montana's workers' compensation system seemed to be out of control. Premiums were rising at an alarming rate, medical costs were soaring, and the courts appeared to be changing the rules on what benefits injured workers were entitled to receive. The unfunded liability at State Fund grew from tens of millions of dollars to hundreds of millions and private insurers were leaving the Montana marketplace.

Montana needed to gain better control of a program that paid out over $200 million in benefits. In order to increase control, Montana needed improved management information to focus and monitor reform efforts.

During the 1993 legislative session, Representative Chase Hibbard introduced legislation that created the workers' compensation database. The bill gave Montana its first opportunity to collect and analyze data pertaining to many areas of workers compensation.

The law mandated data collection from insurers, employers, medical providers, claimants, adjusters, rehabilitation providers and the legal profession. The data provides management information to the legislative and executive branches for the purpose of making policy and management decisions, including:

- performance information to identify quality and cost control issues and control abuse;
- trend information on medical, indemnity and rehabilitation costs and usage;
- litigation and attorney involved data to identify trends, problems and costs of legal involvement.

The database was designed with the input and approval of a task force comprised of adjusters, insurers, employers, legislators, State Fund, Montana Health Care Authority, the Legislative Auditor and rehabilitation providers. The task force adopted International Association of Industrial Accident Boards and Commissions (IAIABC) standards. They accepted forms-based reporting, guided rule development and approved data elements to be collected and aided in the development of both the First Report of Injury (FROI) and Subsequent Report of Injury (SROI) forms used for reporting injury and benefit information to the Department of Labor and Industry (DLI) Employment Relations Division (ERD).

Initial development of the database was completed on April 17, 1995. The database now provides information from the FROI, SROI, independent contractors, Uninsured Employer’s Fund, policy coverage, attorney fee agreements, and settlements.
The Workers Compensation Database

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Introduction To The Electronic Data Interchange

Electronic Data Interchange (EDI) is the computer-to-computer exchange of standard business data using telecommunications. EDI affords insurers and the Department of Labor and Industry a method of exchanging workers compensation information electronically. Many insurers nationwide use EDI routinely and ERD has worked hard to make this service available for Montana's workers' compensation system.

At this time, the Employment Relations Division (ERD) receives First Report of Injury (FROI) and Subsequent Report of Injury (SROI) information from insurers and we send electronic acknowledgments each time data is received. At this time, plans are to implement policy reporting through EDI Proof of Coverage in the near future. All interested parties have been notified. The ERD business contact is David Elenbaas daelenbaas@mt.gov if you would like more information.

Insurers who send 50 or more FROIs in the preceding calendar year are mandated by Montana Rules to report electronically. ERD also has voluntary trading partners. Regardless, insurers and third party administrators are required to sign a trading partner agreement with the Department of Labor and Industry. The agreement places them into test status. Trading Partners agree to maintain their EDI reporting percentage at 95% and successfully resubmit.
Getting Started

The following is a Claims Administrators Guide for how to start using EDI for reporting Montana’s Workers Compensation First Reports of Injury and Subsequent Reports of Injury. The members of the IAIABC EDI Committee developed the guide for claim administrators and the Montana Department of Labor and Industry (DLI) Employment Relations Division (ERD) has modified this guide for Montana’s Workers Compensation System and its needs.

The benefits to reporting EDI are:
- Reduction of paperwork
- One time data entry
- Reduced errors, improved error detection
- On-line data storage
- Faster management reporting
- Automatic reconciliation
- Reduced clerical workload and telephone calls/communication
- High productivity without increasing staff

More timely communications
- Rapid exchange of business data
- Elimination of mail charges, courier services
- Improved production cycle

Uniform communications with all trading partners
- Following a national standard
- Allows for inter-state comparison of data

Cost of using EDI
Your costs may vary depending on software, telecommunications, and IAIABC fees. (IAIABC has a copyright on the flat file format for EDI. Their steering committee, comprised of Insurers and Jurisdictions voted to allow a yearly fee to those using this format to cover the cost of maintenance of this national standard).
Implementing EDI

Preliminary Questions
Be prepared to answer the following types of questions, which are often asked by DLI/ERD.

- Do you report to multiple states?
- Do you perform your own claims administration or do you use a third party?
- Who currently submits FROI and SROI reports to the jurisdictions?
- Do you support denials, corrections?
- Do you currently have access to a value added network or FTP transmission?
- Do you have an in-house computer system? If not, who provides your system support?
- Are you willing to commit resources to the EDI project? If not now, when?
- Do you have the EDI facilities?
- Are you transmitting EDI for any workers compensation function?
- Do you support either ANSI X12n or Flat File format?
- What telephone communications are available?

Preparation and Business Processes
- Examine and evaluate your business processes and how EDI will affect them.
- Conduct an in-depth review of all data elements using the DLI/ERD Element Table.
  - Review the definition of each element.
  - Note the difference between these definitions and those of your firm.
  - Note those elements not statutorily valid on the Edit Matrix.
  - Note those elements not captured by your database that you wish to add as enhancements.
  - Determine if changes to hard copy forms are needed to be in alignment with the national standards.
- Identify reporting requirements for each data element.
- Conduct an in-depth review of the Maintenance Type codes (MTCs).
  - Apply the MTCs to reporting requirements.
  - Determine which MTCs are valid for DLI/ERD and which are not.
  - Once you have an understanding of the MTCs you can complete the Claim Event Table.
- Review test scenarios.
  - Determine those scenarios that are valid for DLI/ERD.
  - Determine the Data Elements and MTCs that are required for each scenario.
  - Draft hard copies of the scenarios using DLI/ERDs forms for test validation.
- Claim Administrator trading partner(s) should begin storing live claim data as soon as they are capable for later testing.
- Return to Element Requirement Table.
Determine which data elements should be utilized as primary and secondary match data elements; match elements will generally be mandatory on the element requirement table.

Complete Match Data Table.

Review each data element by MTC, decide which elements are Mandatory (M), Conditional (C), and which are Optional (O) for each MTC.

Complete Element Requirement Table.

There should be no indicators for those elements that are not valid for DLI/ERD but they should remain on the table.

Return to complete the Edit Matrix Table.

Remove other indicators for those data elements that are not statutorily valid for DLI/ERD.

Indicate those elements that are mandatory anywhere on the Element Requirement Table.

Review all data elements by Error Message. In other words, review all the data elements for the, 001-mandatory field not present error message, then continue through the next error messages.

It is imperative that the tables be reviewed and completed as soon as possible in the implementation process, although time consuming.

Review criteria for moving from test status to production status. Our test standard is 90% acceptance on 3 consecutive batches. Each batch must contain at least 10 unique transactions.

Technology Solutions

Examine and evaluate hardware and software requirements and options.

Acquire Third Party Software to perform workers' compensation data extraction and transmission of reports over a network or

Develop in-house written software to perform the above or

Use third party services to convert your paper reports to electronically transmit the information to DLI/ERD. IAIABC can provide a list of vendors certified by the IAIABC or you can search the Internet to find vendors. Remember, not all vendors are experienced in this technology. DLI/ERD or IAIABC takes no responsibility for information found on the Internet.

Choice of format: ANSI or Flat Format (Montana prefers using the Flat File format)

Choice or transmission options: VAN, FTP, or Third Party Administrator.

Completion of Trading Partner Agreement

Obtain a copy of Montana DLI/ERD Trading Partner Agreement.

Obtain authorization from legal bureau for use of Trading Partner Agreement.

Master Trading Partner Profile.

Complete Transmission Specifications.

Review Montana Report Submission Table.

Review element requirements.

Review MCO Tables.
**Programming**
- Develop an interface to load EDI information into your database.
- Develop edits on EDI information.
- Contact software vendors.
- Develop method of extracting the proper transactions to send per the rules and triggers in the trading partner table.

**Implementation Scheduling**
- Contact DLI/ERD and request EDI information such as triggers, rules, etc.
- Trading partner
  - Education
  - Begin Trading Partner Agreement
- Test status
  - Send test FROI
  - Review test data
  - Provide feedback
  - Repeat until 90% accurate
  - Send test SROI
  - Review test data
  - Provide feedback
  - Repeat until 90% accurate

Trading Partners must achieve at minimum a 90% acceptance rate on electronic reports on 3 batches containing at least 10 unique transactions.

**Production status**
- Receive letter from DLI/ERD granting production status.
- Discontinue sending hard copy FROI s and SROI s and begin electronic transmission on the date agreed upon.
EDI Trading Partner Agreement

State of Montana
Department of Labor & Industry
Brian Schweitzer, Governor

Employment Relations Division  WC Claims Assistance Bureau  Data Management Unit

ELECTRONIC DATA INTERCHANGE (EDI) TRADING PARTNER AGREEMENT

Objective: To initiate, implement and maintain First Reports of Injury (FROI) and Subsequent Reports (SROI) through electronic filing.

We, the undersigned, as representatives of our respective organizations, corporations or governmental entity, do hereby agree to the following:

1. The Montana Department of Labor and Industry, Employment Relations Division ("the Division") is the regulatory agency for workers' compensation and occupational disease laws in Montana. ________________ is an insurer providing workers' compensation insurance in Montana or the third party administrator for an insurer. The Division, the receiver, and _________________, the sender, agree that the sender will report workers’ compensation information to the receiver via the national standards for Electronic Data Interchange (EDI) developed by the International Association of Industrial Accident Boards and Commission’s (IAIABC) EDI Project.

2. You are a mandatory/voluntary Trading Partner. This agreement will commence upon the approval of the Division’s Claims Assistance Bureau, Data Management Unit Supervisor, as demonstrated by his/her signature on this document.

3. The Trading Partners agree to use the IAIABC Claims Release 1 Flat File format.

4. The Trading Partners will perform a test of the reporting system to determine whether the transmission mechanism is acceptable. Trading Partners must meet all technical requirements as outlined in the State of Montana, EDI Implementation Guide. The term of the test is sixty days from the commencement of this agreement unless the Division approves an extension.
5. Once the testing requirements are met and production status granted the sender is no longer required to file paper forms.

6. Once production status is granted, the sender is required to achieve and maintain a 95% acceptance rate.

7. The format of data elements and definitions will conform to the IAIABC data dictionary, including future amendments, unless otherwise agreed between the Trading Partners. The Division will provide the sender with a minimum of thirty days notice prior to implementing amendments.

8. Technical requirements, data elements, and codes specific to Montana are found in the State of Montana EDI Implementation Guide.

9. Any error in transmission will be timely identified by the Division, and sent to the sender via the acknowledgment record. The sender will correct the identified errors and resubmit the record within 14 days of receiving the acknowledgment record.

10. The sender will pay any and all EDI transmission costs.

11. This agreement may not be modified or terminated except by the written agreement of the Trading Partners, with either party giving at least thirty days written notice to the other party.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as dated below:

Trading Partner

Name and Title

Address

City, State Zip Code

Phone

Fax

e-mail

David Elenbaas, Supervisor, Data Management
Montana Department of Labor and Industry
Employment Relations Division
1805 Prospect
Helena, MT 59601
Ph: (406) 444-6527
Fax: (406) 444-4140
Email: daelenbaas@mt.gov

Signature

Date

Signature

Date
Third party administrators often send reports to DLI/ERD for several insurers. Please complete the following for each insurer Federal Employer Identification Number (FEIN).

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<thead>
<tr>
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<tr>
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<td>____________</td>
</tr>
<tr>
<td>________________________</td>
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</tbody>
</table>
DLI/ERD Trading Partner Profile

Trading Partner Type: Jurisdiction
Master Trading Partner Name: State of Montana, Employment Relations Division
Master FEIN: 81-0302402

Physical Address: 1805 Prospect
City: Helena
State: Montana (MT)
Postal Code: 59601

Mailing Address: P.O. Box 8011
City: Helena
State: Montana
Postal Code: 59604-8011

Contact Information:
EDI Business Contact: David Elenbaas
Phone: (406) 444-6527
FAX: (406) 444-4140
E-mail: daelenbaas@mt.gov

Technical Contact: Ed Williams
Phone: (406) 444-0561
FAX: (406) 444-4140
E-mail: ewilliams2@mt.gov

Transmission Profile - DLI/ERD Receiver Specifications

Receiver Name: State of Montana, Employment Relations Division
Master FEIN: 81-0302402
Postal Code: 59604-8011

Transaction Information: Transactions 148, A49, and AK1 - Flat File Release
Flat File Record Delimiter: Carriage return line feed.

Acknowledgement Information: Response period 24 Hours, Monday through Friday

Transmission Frequencies: May transmit Monday through Friday.

Electronic Mailbox(s) for this Profile:

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<th>User ID</th>
<th>Type</th>
<th>Account ID</th>
<th>User ID</th>
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</tbody>
</table>
Trading Partner Profile

Trading Partner Type:
☐ Carrier  ☐ Third Party Administrator  ☐ Employer  ☐ Service Bureau

Sender Name: ______  Sender’s FEIN: ______  Sender’s Postal Code: ______

(Must have 9 digits)

Physical Address: ______

City: ______  State: ______  Postal Code: ______

Mailing Address: ______

City: ______  State: ______  Postal Code: ______

Contact Information:  Business Contact: ______  Technical Contact: ______

Name: ______  Title: ______  Phone: ______  Fax: ______  E-mail: ______

Transmission Profile - Sender’s Response

Receiver Name: State of Montana, Employment Relations Division
Master FEIN: 81-0302402  Postal Code: 59604-8011

Transaction Information: Transactions 148, A49, AK1 - Flat File Release (IAIABC Claims Release 1)

Transmission Frequencies: May transmit Sunday - Saturday. Acknowledgments processed Monday - Friday.

Select one:
Electronic Mailbox(s) for this Profile:

☐ ClaimHarbor/Claimport
☐ IVANS/Advantis
☐ Mitchell Regulatory Reporting Solutions
☐ Health Tech
☐ Direct Reporting sFTP
☐ ISO wcPrism Solutions
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¹ Although Third Party Administrator FEIN, Employee Date of Birth, Gender Code and Accident Description/Case are listed as Optional fields, we respectfully request these fields to be sent with valid values. The fields aid us in workers’ compensation studies and data quality endeavors.

² If you send Industry Code, please only send NAICS. If you do not know the NAICS code, please leave it blank. (Effective 4-1-09).
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<thead>
<tr>
<th>DATA NUMBER</th>
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</thead>
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<tr>
<td>0026</td>
<td>Insured Report Number</td>
<td>O</td>
</tr>
<tr>
<td>0031</td>
<td>Date of Injury</td>
<td>M</td>
</tr>
<tr>
<td>0042</td>
<td>Social Security Number</td>
<td>M</td>
</tr>
<tr>
<td>0055</td>
<td>Number of Dependents</td>
<td>Conditional with 57, 82, 97 C</td>
</tr>
<tr>
<td>0056</td>
<td>Date Disability Began</td>
<td>M</td>
</tr>
<tr>
<td>0057</td>
<td>Employee Date of Death</td>
<td>Conditional with 55, 82, 97 C</td>
</tr>
<tr>
<td>0062</td>
<td>Wage</td>
<td>M</td>
</tr>
<tr>
<td>0063</td>
<td>Wage Period</td>
<td>M</td>
</tr>
<tr>
<td>0064</td>
<td>Number of Days Worked</td>
<td>O</td>
</tr>
<tr>
<td>0067</td>
<td>Salary Continued Indicator</td>
<td>O</td>
</tr>
<tr>
<td>0069</td>
<td>Pre-existing Disability</td>
<td>O</td>
</tr>
<tr>
<td>0070</td>
<td>Date of Maximum Medical Improvement</td>
<td>C</td>
</tr>
<tr>
<td>0071</td>
<td>Return to Work Qualifier</td>
<td>Conditional with 72 C</td>
</tr>
<tr>
<td>0072</td>
<td>Date of Return/Release to Work</td>
<td>Conditional with 71 C</td>
</tr>
<tr>
<td>0073</td>
<td>Claim Status</td>
<td>M</td>
</tr>
<tr>
<td>0074</td>
<td>Claim Type</td>
<td>M</td>
</tr>
<tr>
<td>0075</td>
<td>Agreement to Compensate Code</td>
<td>M</td>
</tr>
<tr>
<td>0076</td>
<td>Date of Representation</td>
<td>O</td>
</tr>
<tr>
<td>0077</td>
<td>Late Reason Code</td>
<td>O</td>
</tr>
<tr>
<td>0078</td>
<td>Number of Permanent Impairments</td>
<td>O</td>
</tr>
<tr>
<td>0079</td>
<td>Number of Payment/Adjustments</td>
<td>Conditional with 85 if &gt;0 C</td>
</tr>
<tr>
<td>0080</td>
<td>Number of Benefit Reductions</td>
<td>Conditional with 92 if &gt;0 C</td>
</tr>
<tr>
<td>0081</td>
<td>Number of Paid to Date/Reduced Earnings/Recoveries</td>
<td>Conditional with 95 if &gt;0 C</td>
</tr>
<tr>
<td>0082</td>
<td>Number of Death Dependent/Payee Relationships</td>
<td>Conditional with 55, 57, 97 C</td>
</tr>
<tr>
<td>0083</td>
<td>Permanent Impairment Body Part Code</td>
<td>Conditional with 84 C</td>
</tr>
<tr>
<td>0084</td>
<td>Permanent Impairment Percent</td>
<td>Conditional with 83 C</td>
</tr>
<tr>
<td>0085</td>
<td>Payment/Adjustment Code</td>
<td>See below C</td>
</tr>
<tr>
<td>0086</td>
<td>Payment/Adjustment Paid to Date</td>
<td>See below C</td>
</tr>
<tr>
<td>0087</td>
<td>Payment/Adjustment Weekly Amount</td>
<td>See below C</td>
</tr>
</tbody>
</table>
0088  Payment/Adjustment Start Date  See below  C  
0089  Payment/Adjustment End Date  See below  C  
0090  Payment/Adjustment Weeks Paid  See below  C  
0091  Payment/Adjustment Days Paid  See below  C  
0092  Benefit Adjustment Code  See below  C  
0093  Benefit Adjustment Weekly Amount  Conditional with 92,94  C  
0094  Benefit Adjustment Start Date  Conditional with 92,93  C  
0095  Paid to Date/Reduced Earnings/Recoveries Code  See below  C  
0096  Paid to Date/Reduced Earnings/Recoveries Amount  See Below  C  
0097  Dependent/Payee Relationship  Conditional with 55 & 57  C  

M - Mandatory  C - Conditional  O - Optional

Explanation of Conditionals:
If Employee Date of Death DN57 has data, then DN55, DN82, and DN97 must have data and vice versa.
If Return to Work Qualifier DN71 has data, then DN72 must have data and vice versa.
If Permanent Impairment Body Part Code DN83 has data, then DN84 must have data and vice versa.

For Payment Adjustment Codes 010 (Fatality):
If a fatality has occurred due to injury/OD, report the occurrence in DN85 as code 010 or 510.
If Payment/Adjustment Code DN85 has data, then DN57 must have data.

For Payment Adjustment Codes 070 (TPD)
If Payment/Adjustment Code DN85 is 070, the following Payment/Adjustment fields must be sent with valid data: Paid to Date DN86, Start Date DN80, End Date DN89, Weeks Paid DN90 and Days Paid DN91. Weeks Paid DN90 is a 4N and Days Paid is a 1N field – 4 and 1 character (spaces), respectively in Number format. Number Format: Unsigned, right justified, zero fill.

For Payment Adjustment Codes 010, 020, 030 (pre 7-1-87 Date of Injury), 040, 050, 090, 240, and 410:
If Number of Payment/Adjustments DN79 (the counter) is greater than 0, then DN85 through DN89 must have valid data. Weeks Paid DN90 is a 4N and Days Paid is a 1N field – 4 and 1 character (spaces), respectively in Number format. Number Format: Unsigned, right justified, zero fill.
If Payment/Adjustment Code DN85 has data, then DN79 (the counter) must be greater than 0.
If any data element 0085 through 0089 has data, then all data elements 0085 through 0091 must have data.

For Payment Adjustment Codes 500 through 570 (Lump Sums):
If Number of Payment/Adjustments DN79 (the counter) is greater than 0, then Payment/Adjustment Code DN85, the amount paid to date DN86, end date DN89, and days paid DN91 must have data. Enter 1 for one lump sum, a 2 for two lump sums etc. in Payment/Adjustment Days Paid DN91.
If DN85 has data, then DN79 (the counter) must be greater than 0.
If any data element 0085 through 0091 has data, then data elements 0085, 0086, 0089, and 0091 must have data.
If Number of Benefit Adjustments DN80 (the counter) is greater than 0, then DN92 through DN94 must have data. Payment/Adjustment Code DN85 must have data.

If Benefit Adjustment Code DN92 has data, then DN80 (the counter) must be greater than 0.
If any data element 0092 through 0094 has data, then 0092 through 0094 and DN85 must have data.

If Number of Paid to Date/Reduced Earnings/Recoveries DN81 (the counter) is greater than 0, then the code DN95 and the amount DN96 must have data.
If Paid to Date/Reduced Earnings/Recoveries Code DN95 has data, then DN81 (the counter) must be greater than 0.
If the code DN95 has data, then the amount DN96 must have data and vice versa.

Explanations of Mandatory Field Maintenance Type Code DN0002:
If Maintenance Type Code DN02 is SA, then DN73 must be either O (open), R (reopen), X (reopen/closed), or C (closed) depending on the status of the claim.
If Maintenance Type Code DN02 is FN, then 0073 must be X (reopen/closed) or C (closed).

Lij/ Nov 2009

**Detail Acknowledgement - Release 1**

<table>
<thead>
<tr>
<th>DATA NUMBER</th>
<th>ELEMENTS</th>
<th>REQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>Transaction Set ID</td>
<td>M</td>
</tr>
<tr>
<td>0107</td>
<td>Record Sequence Number</td>
<td>M</td>
</tr>
<tr>
<td>0108</td>
<td>Date Processed</td>
<td>M</td>
</tr>
<tr>
<td>0109</td>
<td>Time Processed</td>
<td>M</td>
</tr>
<tr>
<td>0006</td>
<td>Insurer FEIN</td>
<td>C</td>
</tr>
<tr>
<td>0014</td>
<td>Claim Administrator Postal Code</td>
<td>C</td>
</tr>
<tr>
<td>0008</td>
<td>Third Party Administrator FEIN</td>
<td>C</td>
</tr>
<tr>
<td>0110</td>
<td>Acknowledgement Transaction Set ID</td>
<td>M</td>
</tr>
<tr>
<td>0111</td>
<td>Application Acknowledgement Code</td>
<td>M</td>
</tr>
<tr>
<td>0026</td>
<td>Insured Report Number</td>
<td>C</td>
</tr>
<tr>
<td>0015</td>
<td>Claim Administrator Claim Number</td>
<td>C</td>
</tr>
<tr>
<td>0005</td>
<td>Agency Claim Number</td>
<td>O</td>
</tr>
<tr>
<td>0002</td>
<td>Maintenance Type Code (from original transaction)</td>
<td>C</td>
</tr>
<tr>
<td>0003</td>
<td>Maintenance Type Date (from original transaction)</td>
<td>C</td>
</tr>
<tr>
<td>0112</td>
<td>Request Code (purpose)</td>
<td>O</td>
</tr>
<tr>
<td>0113</td>
<td>Free form text</td>
<td>O</td>
</tr>
<tr>
<td>0114</td>
<td>Number of Errors</td>
<td>M</td>
</tr>
<tr>
<td>0115</td>
<td>Element Number</td>
<td>M</td>
</tr>
<tr>
<td>0116</td>
<td>Element Error Number</td>
<td>M</td>
</tr>
<tr>
<td>0117</td>
<td>Variable Segment Number</td>
<td>M</td>
</tr>
</tbody>
</table>
Header and Trailer - Release 1

<table>
<thead>
<tr>
<th>DATA NUMBER</th>
<th>ELEMENTS</th>
<th>REQ</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Header:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0001</td>
<td>Transaction Set ID</td>
<td>M</td>
</tr>
<tr>
<td>0098</td>
<td>Sender ID</td>
<td>M</td>
</tr>
<tr>
<td>0099</td>
<td>Receiver ID</td>
<td>M</td>
</tr>
<tr>
<td>0100</td>
<td>Date Transmission Sent</td>
<td>M</td>
</tr>
<tr>
<td>0101</td>
<td>Time Transmission Sent</td>
<td>M</td>
</tr>
<tr>
<td>0102</td>
<td>Original Transmission Date</td>
<td>OC</td>
</tr>
<tr>
<td>0103</td>
<td>Original Transmission Time</td>
<td>OC</td>
</tr>
<tr>
<td>0104</td>
<td>Test/Production Indicator</td>
<td>M</td>
</tr>
<tr>
<td>0105</td>
<td>Interchange Version ID</td>
<td>M</td>
</tr>
<tr>
<td><strong>Trailer:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0001</td>
<td>Transaction Set ID</td>
<td>M</td>
</tr>
<tr>
<td>0106</td>
<td>Detail Record Count</td>
<td>M</td>
</tr>
</tbody>
</table>

OC denotes that the field is optional. If you enter a date and/or time in the respective field, then the field becomes conditional. It must be a valid date and time.

Montana Report Submission Table

<table>
<thead>
<tr>
<th>Report</th>
<th>MTC Description</th>
<th>Report Submission Criteria</th>
<th>When Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>148/FROI</td>
<td>00 Original FROI</td>
<td>All First Reports of Injury</td>
<td>30 days from date the carrier is notified of accident or occupational disease (OD)</td>
</tr>
<tr>
<td>A49/SROI</td>
<td>SA Semi-Annual (Claim Status = ‘O’ or ‘R’)</td>
<td>Six month anniversary of date of injury or OD, while the claim is open</td>
<td>Within 14 calendar days of each six month anniversary from date of injury or OD</td>
</tr>
<tr>
<td></td>
<td>SA Semi-Annual or FN Final (Claim Status = ‘C’ or ‘X’)</td>
<td>Closure of claim</td>
<td>Within 14 calendar days of six month anniversary of date of injury or OD after claim is closed or at time of claim closure</td>
</tr>
<tr>
<td></td>
<td>UR Upon Request</td>
<td>When Department needs up-to-date cost of claim data</td>
<td>14 calendar days from request of Department or Executive Branch</td>
</tr>
</tbody>
</table>
# Montana Subsequent Report Codes

## Maintenance Type Codes (DN2)
- **SA** - Semi Annual (Claim Status Open, Reopen/Closed, or Closed)
- **FN** - Final (Claim Status Reopen/ Closed or Closed)
- **UR** - Upon Request

## Wage Period (DN63)
- **1** = Weekly

## RTW Qualifier (DN71)
- **1** – RTW Without Restrictions
- **2** – RTW With Restrictions
- **5** – Released RTW Without Restrictions
- **6** – Released RTW With Restrictions

## Claim Status (DN73)
- **O** - Open
- **R** - Reopen
- **C** - Closed
- **X** - Reopen/Close

## Claim Type (DN74)
- **I** – Indemnity
- **Z** – Occupational Disease

## Agreement to Compensate (DN75)
- **W** – Without Liability
- **L** – With Liability

## Late (payment to claimant) Reason Codes (DN77)
<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>Lack of coverage information</td>
</tr>
<tr>
<td>D1</td>
<td>Dispute concerning coverage</td>
</tr>
<tr>
<td>C2</td>
<td>Dispute concerning compensability in whole</td>
</tr>
<tr>
<td>D3</td>
<td>Dispute concerning compensability in part</td>
</tr>
<tr>
<td>D4</td>
<td>Dispute concerning disability in whole</td>
</tr>
<tr>
<td>D5</td>
<td>Dispute concerning disability in part</td>
</tr>
<tr>
<td>D6</td>
<td>Dispute concerning impairment</td>
</tr>
<tr>
<td>E1</td>
<td>Wrongful determination of no coverage</td>
</tr>
<tr>
<td>E2</td>
<td>Errors from employer</td>
</tr>
<tr>
<td>E3</td>
<td>Errors from employee</td>
</tr>
<tr>
<td>E4</td>
<td>Errors from state</td>
</tr>
<tr>
<td>E5</td>
<td>Errors from health care provider</td>
</tr>
<tr>
<td>E6</td>
<td>Errors from other claim administrator/TPA</td>
</tr>
<tr>
<td>L1</td>
<td>No excuses</td>
</tr>
<tr>
<td>L2</td>
<td>Late notification, employer</td>
</tr>
<tr>
<td>L3</td>
<td>Late notification, employee</td>
</tr>
<tr>
<td>L4</td>
<td>Late notification, state</td>
</tr>
<tr>
<td>L5</td>
<td>Late notification, health care provider</td>
</tr>
<tr>
<td>L8</td>
<td>Tech processing delay/computer failure</td>
</tr>
<tr>
<td>L9</td>
<td>Manual processing delay</td>
</tr>
</tbody>
</table>

## Permanent Impairment Body Part Code (DN83): 99

## Compensation Payment Codes (DN85)
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>010</td>
<td>Fatality Benefits Paid To Families</td>
</tr>
<tr>
<td>020</td>
<td>PTD Permanent Total</td>
</tr>
<tr>
<td>021</td>
<td>PTD, Supplemental Cost of Living Adjustments</td>
</tr>
<tr>
<td>030</td>
<td>PPD, Scheduled Permanent Partial Benefits (Pre 7-1-87 Date of Injury)</td>
</tr>
<tr>
<td>040</td>
<td>PPD, Unscheduled Permanent Partial Benefits</td>
</tr>
<tr>
<td>050</td>
<td>TTD Temporary Total Benefits</td>
</tr>
<tr>
<td>070</td>
<td>TPD Temporary Partial Benefits</td>
</tr>
<tr>
<td>090</td>
<td>PPD, Disfigurement Permanent Partial Benefits paid for disfigurement</td>
</tr>
<tr>
<td>240</td>
<td>Employer Paid Salary Paid By The Employer In Lieu Of Compensation</td>
</tr>
<tr>
<td>410</td>
<td>Vocational Rehabilitation Retraining, Total Partial Rehab Benefits, Auxiliary Benefits</td>
</tr>
<tr>
<td>500</td>
<td>Lump Sum Other Not Otherwise Classified or Combination of Benefits.</td>
</tr>
<tr>
<td>501</td>
<td>Medical Lump Sum Paid To Claimant As A Settlement Of Medical Liability</td>
</tr>
<tr>
<td>510</td>
<td>Lump Sum Fatality</td>
</tr>
<tr>
<td>520</td>
<td>Lump Sum PTD</td>
</tr>
<tr>
<td>524</td>
<td>Lump Sum Employer Paid</td>
</tr>
<tr>
<td>530</td>
<td>Lump Sum PPD, Scheduled (Pre 7-1-87 Date Of Injury)</td>
</tr>
</tbody>
</table>
540 - Lump Sum PPD, Unscheduled
541 - Lump Sum Vocational Rehabilitation Maintenance
550 - Lump Sum TTD
570 - Lump Sum TPD
590 - Lump Sum PPD, Disfigurement

**Benefit Adjustment Codes (DN92)**
- A – Apportionment/Contribution
- B – Subrogation
- C – Overpayment Credit
- H – Court Ordered Lien Against Workers’ Compensation Benefits
- P – Prepaid Benefit/Advances
- S – Social Security Disability

**Paid to Date/ Reduced Earnings/ Recoveries Codes (DN95)**
- 300 - Funeral Expenses Paid To Date
- 330 - Employer’s Legal Expenses Paid To Date
- 350 - Total Payments To Physicians Paid To Date
- 360 - Hospital Costs Paid To Date
- 370 - Other Medical to Medical Provider Paid to
- 380 - Vocational Rehabilitation evaluation paid to date
- 390 - Vocational Rehabilitation education paid to date
- 400 - Other vocational rehabilitation paid to date
- 420 - Consultant/expert witness fees paid to date by insurer
- 430 - Unallocated Prior Indemnity Benefits Paid to Date
- 440 - Unallocated Prior Medical Paid to Date
- 450 - Pharmaceutical Paid to Date
- 800 - Special Fund Recovery
- 810 - Employer’s Deductibles Recovery
- 820 - Subrogation Recovery
- 830 - Overpayment Recovery
- 840 - Unspecified Recovery

**Dependent Payee Relationship (DN97)**
- 2 – Widow
- 3 – Widower
- 4 – Son or Daughter
- 5 – Brother or Sister
- 6 – Mother or Father
- 7 – Disabled Child Over 18
- 9 – Other
Employment Relations Division (ERD) EDI Test Policy

Getting Started

Businesses interested in becoming EDI Trading Partners with DLI/ERD may submit a completed Trading Partner Package at least 10 days prior to their first transmission of a test file. The Trading Partner Package consists of a Trading Partner Profile, Transmission Profile – Senders Response, the carrier Federal Employer Identification Number (FEIN) and a signed Trading Partner Agreement.

To schedule your EDI test, contact: Lucy Jeffrey, Section Supervisor, Montana Department of Labor and Industry, Employment Relations Division, Data Management Unit, P. O. Box 8011, Helena, Montana 59604-8011, phone (406) 444-1606, fax (406) 444-4140, e-mail: ljeffrey@mt.gov.

EDI Testing Process

This is the initial phase in which the trading partner sends 3 batches identified by a “T” in test/production indicator, to be analyzed for quality of mandatory and conditional elements. Submission of one (1) report to test transmission is allowed at the sender’s discretion if the trading partner is new and not changing VANS.

The Trading Partner performs a test of the reporting system to determine whether the transmission mechanism is acceptable. Trading Partners must achieve a 90% acceptance rate on 3 consecutive batches of electronic reports (currently FROI and SROI) containing at least 10 unique transactions; submit 10 matching paper forms; and meet all technical requirements. The term of the test is sixty days unless the Division (ERD) approves an extension.

Records with the “T” indicator will only be loaded in our test database. Only records with the “P” indicator are loaded in the production database. If any current records were submitted during the test process, they must be resubmitted after production status is achieved, to be loaded in our database.

Production Status

DLI/ERD grants production status by e-mailed notice and provides the date the trading partner may start to submit reports electronically. Records with the “P” indicator are loaded in the production database.

Limits

The testing period is 60 days for each trading partner unless an extension is approved by DLI/ERD.
Selecting a Transmission Type

**VAN – Value Added Network**

Choosing a VAN as your data transmission selection has the following requirements: Select one of the following VANS for your transmission:

1. IVANS - Advantis, Celerity - AT&T Easylink, ClaimHarbor - Claimport, Workcomp.net, Health Tech or Direct Reporting FTP
2. Follow the VAN’s procedures and provide DLI/ERD with account information in the Trading Partner Agreement.
3. Follow the EDI Testing Process outlined in this guide.

**FTP – File Transfer Protocol**

There are two FTP options when transmitting EDI with DLI/ERD:

1. **FTPS** - You can access the DLI/ERD FTP server, placing your batch file in your account folder and picking up your acknowledgements.
2. **FTPC** - DLI/ERD can access your FTP server and retrieve batch files and send acknowledgements.

Choosing FTP as your data transmission selection has the following requirements:

1. Use of FTP software compatible with DLI/ERD’s use of IP Switch WS_FTP Server/Client.
   a. Have digital signature capabilities.
   b. Capable of 128-Bit Secure Sockets Layer (SSL) Encryption

2. One user account per Trading Partner will be setup on one FTP server, either DLI/ERD or Trading Partner’s, with:
   a. Username having 6 characters.
   b. Password having a minimum of 6 characters using a combination of letters and numbers.

3. URL’s will be used to connect to FTP sites:
   a. DLI/ERD’s URL: sample “erddr.dli.mt.gov” (New URL effective Jan 31, 2007) Must have an account to access.
   b. Trading Partner URL: sample “ACME-FTP.com”.

4. Anti-virus software must be in place on an FTP server and the PC using an FTP client. DAT files are to be kept current, at minimum, 14 days after released.

5. Daily business process will be as follows:
   a. FTP server accessibility
      i. DLI/ERD’s FTP server will be accessible 24 hours a day/7 days a week with the exception of maintenance and unforeseeable events.
ii. The Trading Partner’s FTP server will be accessible from 8:00 a.m. to 5:00 p.m. MST Monday through Friday.

iii. The following electronic folder/directory structure will be created on DLI/ERD's or Trading Partner’s FTP server.

```
Username
  └── AK1
  └── Archive
  └── Data
```

b. Trading Partner batch file(s) must be placed on the server in the Data folder no later than 8:00 a.m. MST for same day processing by DLI/ERD.

c. DLI/ERD will retrieve the batch file.

d. DLI/ERD will copy retrieved batch file(s) to the Trading Partner’s Archive folder.

e. DLI/ERD will place an Acknowledgement (AK1) file in the Trading Partner’s AK1 folder for the previous day’s batch file by 5:00 p.m. MST.

f. Trading Partners will retrieve their Acknowledgement (AK1) from their AK1 folder, then if desired, delete or move the file to the Archive folder.

5. Batch Files (148/A49): The DLI/ERD standard for file-naming format of batch files sent to DLI/ERD. File names will be structured as follows:

Example:

```
ACME0120021025081030F.148
```

a. UserID: As assigned by DLI/ERD, usually the first 4 letters of the name and a 2 digit identifier.

b. Date: Formatted as “CCYMMDD”.

c. Time: Military time formatted as “HHMMSS”.

d. File Format Type: F = FLAT

e. Extension: 148 = FROI, A49 = SROI (extensions may be added as required).
6. Acknowledgement (AK1): The DLI/ERD standard for file naming format of Acknowledgements sent to the Trading Partner. File names will be structured as follows:

Example: ACME0120021025081030F.AK1

a. User ID: As assigned by DLI/ERD, usually the first 4 letters of the name and a 2 digit identifier.
b. Date: Formatted as “CCYMMDD”.
c. Time: Military time formatted as “HHMMSS”.
d. File Format Type: F = FLAT
e. Extension: AK1 = Acknowledgement.

7. Compression of files is not permitted (e.g. zip).

8. The Trading Partner must maintain own archival backup of batch files independent of DLI/ERD in the event of a system failure.

9. Purging AK1 and Archive folders. If desired, the Trading Partner may archive their AK1 file on DLI/ERD's FTP server by moving it to the Archive folder after retrieval. DLI/ERD will clean the Trading Partner's AK1 and Archive folders, allowing no more than 30-days of files to accumulate.

10. Follow the set-up and testing procedures for FTP. Work with DLI/ERD contact(s) to establish connectivity/functionality testing.

11. Follow the EDI Testing Process outlined in this guide.
Links:

Montana Law 39-71-225. Workers' Compensation Database System:  

Montana Rules 24.29.4301 through 24.29.4339  
Workers Compensation and Occupational Disease, Sub-Chapter 43, Workers’ Compensation Data Base System:  
http://www.mtrules.org/gateway/Subchapterhome.asp?scn=24.29.43
Glossary

ANSI
An acronym for the American National Standards Institute. Founded in 1918, ANSI is a voluntary organization composed of over 1,300 members (including all the large computer companies) that creates standards for the computer industry. In addition to programming languages, ANSI sets standards for a wide range of technical areas, from electrical specifications to communications protocols.

Archive
To copy files (‘*.148’ and ‘*.A49’) to a short-term storage folder. Periodically, the computer operator will purge or delete archive files from the archive folder.

Authorization Process
The initial step in becoming a trading partner with the Jurisdiction by completing the trading partner agreement.

Batch
A set of records that contains one Header, one or more detail transactions and one trailer record.

Batch File
A file that contains a sequence, or batch, of commands. Batch files are useful for storing sets of commands that are always executed together because you can simply enter the name of the batch file instead of entering each command individually. In DOS systems, batch files end with a.BAT extension.

Closed Claim
A claim in which all medical and indemnity benefits have been paid and there is no expectation of future liability.

Compression
Data compression is particularly useful in communications because it enables devices to transmit the same amount of data in fewer bits. There are a variety of data compression techniques, but only a few have been standardized. There are file compression formats, such as ARC and ZIP.

Data Base System
The electronic repository for workers compensation data established by 39-71-225, MCA

Digital signature
A digital code that can be attached to an electronically transmitted message that uniquely identifies the sender. Like a written signature, the purpose of a digital signature is to guarantee that the individual sending the message really is who he or she claims to be. Digital signatures are especially important for electronic commerce and are a key component of most authentication schemes. To be effective, digital signatures must be unforgeable. There are a number of different encryption techniques to guarantee this level of security.
Edited data
A transaction after it goes through automated edits.

Electronic Data Interchange (EDI)
The intercompany exchange of standard business documents in a machine readable and
standardized form.

Encryption
Translation of data into a secret code, encryption is the most effective way to achieve
data security. To read an encrypted file, you must have access to a secret key or
password that enables you to decrypt it. Unencrypted data is called plain text; encrypted
data is referred to as cipher text.

Extension
In some operating systems, one or several letters at the end of a filename. Filename
extensions usually follow a period (dot) and indicate the type of information stored in
the file. For example, in the filename EDIT.COM, the extension is COM, which indicates
that the file is a command file.

Filename
All files have names. Different operating systems impose different restrictions on
filenames. Most operating systems, for example, prohibit the use of certain characters in
a filename and impose a limit on the length of a filename. The filename extension
usually indicates what type of file it is.

Flat file
A file that has no structured interrelationship between its data records. A text document
without formatting structure is considered a flat file. The flat file only contains the lines
of text without regard to the visual presentation of the data on the page.

IAIABC
The International Association of Industrial Accident Boards and Commissions, which is
an international trade association that seeks to advance the administration of workers’
compensation systems through education, research, and information sharing. The
IAIABC establishes standards for reporting industrial accidents.

Indemnity Benefits
Any payment made directly to the worker (or the worker’s beneficiaries), other than a
medical benefit. The term includes payments made pursuant to a reservation of rights,
or in settlement of a dispute over initial compensability of the claim. The term does not
include expense reimbursements for items such as meals, travel or lodging.

Indemnity Claim
A workers’ compensation or occupational disease claim where indemnity benefits in
addition to medical benefits are being paid or are likely to be paid in the future.

MTC
A Maintenance Type Code defines the specific purpose of individual records.
Plan 1 or Plan 1 Self-Insurer
an employer that has been properly bound by the provisions of Title 39, chapter 71, part 21, MCA.

Plan 2 or Plan 2 Private Insurer
An insurer that provides workers’ compensation insurance pursuant to the provisions of Title 39, chapter 71, part 22, MCA.

Plan 3 or State Fund
The state compensation insurance fund, established by Title 39, chapter 71, part 23, MCA.
Purge
Systematically and permanently remove old and unneeded data.

Raw Data
A transaction as it was received from a sender, before it goes through automated edits.

Reporting Parties
Any person, firm, corporation, or any other type of entity, including an insurer, that is required by rule to report information to the department.

Server
A computer or device on a network that manages network resources. For example, a file server is a computer and storage device dedicated to storing files. Any user on the network can store files on the server. A print server is a computer that manages one or more printers, and a network server is a computer that manages network traffic. A database server is a computer system that processes database queries. Servers are often dedicated, meaning that they perform no other tasks besides their server tasks. On multiprocessing operating systems, however, a single computer can execute several programs at once. A server in this case could refer to the program that is managing resources rather than the entire computer.

SSL
Short for Secure Sockets Layer, a protocol developed by Netscape for transmitting private documents via the Internet. SSL works by using a private key to encrypt data that's transferred over the SSL connection. Both Netscape Navigator and Internet Explorer support SSL, and many Web sites use the protocol to obtain confidential user information, such as credit card numbers. By convention, URLs that require an SSL connection start with https: instead of http:.

Another protocol for transmitting data securely over the World Wide Web is Secure HTTP (S-HTTP). Whereas SSL creates a secure connection between a client and a server, over which any amount of data can be sent securely, S-HTTP is designed to transmit individual messages securely. SSL and S-HTTP, therefore, can be seen as complementary rather than competing technologies. Both protocols have been approved by the Internet Engineering Task Force (IETF) as a standard.
Tables
Tools provided in the implementation guide to communicate reporting requirements.

Third-Party Administrator (TPA)
An entity who contracts to administer all or part of an insurer's or employer's workers' compensation business, which can include adjusting a claim on behalf of the insurer or employer.

Trading Partner (TP) / Sender
A business entity that has established a relationship with the Jurisdiction to electronically report claim data. This entity may be an insurance carrier (Insurer), self-insured, third party administrator (TPA) or servicing agent/vendor.

Trading Partner tables
A set of tables designed to provide information integral to controlling the extraction and transmission processes for successful EDI of Workers' Compensation data. The data contained in these tables is originally established by the "primary" trading partner to reflect their reporting requirements and environment.

Transaction
One detail record which contains data elements as defined in the IAIABC record layout. Each field in a transaction is validated.

Transaction Type
Identifies the data contained within a record: First Report of Injury (FROI) or Subsequent Report of Injury (SROI). Data elements contained within a Transaction Type may be Mandatory, Conditional, or Optional.

UEF
The uninsured employers' fund, established by 39-71-503, MCA.

URL
Uniform Resource Locator. An Internet address which tells a browser where to find an Internet resource. For example, the URL for the Ipswitch Web site is http://www.ipswitch.com/.

Workers' Compensation Subsequent Report
A report required to communicate payment information related to an indemnity claim, including both medical and indemnity benefits.

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