Section M
System Specifications

Agency Claim Number/Jurisdiction Claim Number (JCN)

The Agency Claim Number is most often referred to as the Jurisdiction Claim Number (JCN). The JCN is a random Alpha/Numeric number created by NHDOL that uniquely identifies the claim. It is provided to the claims administrator on their acknowledgment of the Original First Report.

All future records regarding the FROI should have the JCN to identify the claim to NHDOL. Changes, Cancellations, and Corrections must all have the JCN otherwise the Change, Cancel, or Correction will be rejected. Likewise the New Hampshire EDI will also check that the Admin Claim number for the record to be changed, corrected, or cancelled against the original filing and if that does not match, the change, correction, or cancellation will be rejected, for this reason if you wish to change both the date of injury and the claim admin claim number we will require this be two separate filings, one to change the date of injury and the other to change the claim admin claim number.

Changed or Corrected Data

The NHDOL regulations require each claim administrator to submit to NHDOL any changed or corrected data elements. Correction reports (MTC=CO) are sent in response to an error message from NHDOL. Change Reports (MTC=02) are sent when the claim administrator becomes aware that the value of a data element has changed, e.g., Employee Address. If a claim administrator needs to make changes to some data elements while making corrections to other elements for a given claim, these can be combined on either a change or correction report with identical results. With the one exception mentioned above (DOI and Claim Number)

When submitting a change or correction report, the claim administrator should resubmit all known data elements, not just the data elements being changed or corrected. Data elements missing in a resubmission will not cause valid data already existing in the database to be overwritten; however the claim administrator will receive errors if the missing data elements are necessary for validation purposes. For example, if the Employee Date of Birth is absent on the change or correction report, NHDOL will not delete the Date of Birth stored in the NHDOL database, but the claim administrator will receive a TE error for having an expected data element missing. If a NHDOL data element allows for blanks or spaces then we will overwrite the database to spaces or blanks should the change or correction come in with spaces or blanks in that field.

A change cannot be submitted for an original in the same batch because you will not have the JCN at that time and the JCN will be required to make a change.

Transaction Processing and Sequencing

General Rules

The NHDOL processes batches within a transmission and transactions within a batch in the order in which they are received. If submitting more than one transaction for a single claim in the same batch or transmission, it is important that NHDOL receive the transactions in the proper sequence. Transactions should be submitted in logical business order or in the order they were entered into the claim administrator's system, according to the following general rules:

• The First Report for a claim must be submitted and processed by NHDOL before any Subsequent Reports are submitted for the claim. Subsequent Reports sent before the corresponding First Report has been received by NHDOL will be rejected.

  First Report and Subsequent Report transactions must be submitted in separate batches by default. Combining First and Subsequent Reports in a batch is impossible because the two types of reports have different field layouts. If a First Report batch and Subsequent Report batch with the same claims are submitted to NHDOL on the same day, the Subsequent Reports may be rejected. The NHDOL will not automatically process the First Reports first. In order to avoid sequencing errors with First and Subsequent reports it is best to submit the reports on separate days.

• Incoming transactions with Maintenance Type Code (MTC) dates, DN 3, that are later than the current processing date (system date) will be rejected. For example, a transaction with an MTC date of 11-01-03 that is processed on 10-31-03 will be rejected. In addition, the MTC date must be between '1900' and the current date.

• Should a change or cancel be rejected due to the FROI not being on file here at the NHDOL then you must resend the change or cancellation again after we have processed the original FROI.

If the claim administrator is not sure of the business order, the following general sort orders are suggested:

• Primary sort order is MTC date. Multiple transactions for a claim should be sorted by MTC date so that NHDOL processes the oldest MTC date first. This will help avoid unnecessary sequencing errors.

• Secondary sort order is MTC code. MTC codes should be sorted in business event order. See the next sections for further explanations specific to First Reports and Subsequent Reports.

First Reports

This section is intended to aid you in understanding the general sequence or order in which Maintenance Type Codes may be used to report claim events for First Reports. Maintenance Type Codes are used to define the specific purpose of a transaction. There are two types of First Report Maintenance Type Codes, <u>initial</u> First Reports (00), the very first report sent; and <u>other</u> First Reports (01, 02, CO, AQ, AU), not the initial first report sent. First Report Maintenance Type Codes are grouped in the following tables to clarify their purpose and to demonstrate a logical order for their use. <u>If transactions for a claim are not received in the proper sequence, whether they are submitted in one transmission or several, they will be rejected.</u> If transactions are rejected due to processing/sequencing errors, then the claim administrator is responsible for resubmitting the transactions.

Initial First Reports: This Maintenance Type Code is used to report new claims. This Maintenance Type Codes must be the <u>initial</u> First Report sent to NHDOL.

MTC Code	MTC Name
00	Original

Other First Reports: After the <u>initial</u> First Report has been filed, the following First Report Maintenance Type Codes can be submitted to reflect/report additional information about the claim not known at the time of original reporting.

MTC Code	MTC Name
01	Cancel
02	Change
CO	Correction

First Report Transaction Sequencing Requirements Summary

MTC	Description	Type	Sequence Requirements
00	Original	Initial	No previous accepted transaction
01	Cancel	Other	Must follow <u>original</u> First Report.
CO	Correction	Other	Must follow <u>original</u> First Report
02	Change	Other	Must follow <u>original</u> First Report

Related Business Rules

NHDOL Matching Rules and Processes

Match Data for a Claim

Agency Claim Number/Jurisdiction Claim Number, DN0005/DN0015

How NHDOL Matches Incoming Transactions to Existing Claim Records

The NHDOL uses the Jurisdiction Claim Number (JCN) as the primary means for matching transactions representing the same claim. The NHDOL JCN is necessary to affect any changes, cancellations, or corrections to the original First Report.

Transactions that can never be initial First Reports (MTC = 01, 02, CO, and all subsequent reports) will be rejected if they cannot be matched to existing claims on the NHDOL database. This matching is based on the JCN.

State of NH First Report of Injury Late Filing Determination

With the advent of EDI Late First Report of Injury determination will change slightly. Following are the factors used in determining whether a First Report of Injury should be considered late or not.

TITLE XXIII LABOR
Chapter 281-A Workers Compensation Section 281-A:53

Responsibility of Employer to Provide Vital Information

I. Every employer or self-insurer shall record in sufficient detail and shall report or cause to be reported to the commissioner any injury sustained by an employee in the course of employment as soon as possible, but no later than 5 days after the employer learns of the occurrence of such an injury. If an injury results in a disability extending beyond 3 days, the employer shall file with the commissioner a supplemental report giving notice of such disability as soon as possible after such waiting period, but no later than 7 days after the accidental injury. The employer shall supply a copy of either report to the nearest claims office of the employer's insurance carrier. A self-insurer need not file the supplemental report with the commissioner and may keep the insurance copy of the employer's first report as a file copy. If any employer fails without sufficient cause as determined by the commissioner to file a first report as set forth in this paragraph, the commissioner shall assess a civil penalty of up to $2,500. If any employer fails to pay a civil penalty, the commissioner shall recover such penalty payment by a civil action in the superior court of the county of jurisdiction. Civil penalties owed under this section shall be paid to the commissioner, who shall deposit them with the state treasurer.

Data and method used to determine filing timeline:

Date Employer had Knowledge (DN0040 Expected): This date is compared to the Transmission Date in the Header of the EDI file. If the difference between Date Employer had Knowledge (DN0040) and the Date Transmission Sent (DN0100), is greater than the 5 days as

outlined in statue, the filing will be considered late. When Date Employer had Knowledge (DN0040) is zeros or blank, Date of Injury (DN0031) will be used.

Date of Injury (DN0031 Mandatory): We will compare Date of Injury (DN0031) to Date Transmission Sent (DN0100) when Date Employer had Knowledge (DN0040) is zeros or blank. The current method that is employed by our legacy system, uses the Received Date (Received Stamp) compared to the Date the employer had knowledge; when Date Employer had Knowledge (DN0040) is zeros or blank the injury date is used

If we get a file with errors: If we reject the entire transmission all records in the file will be rejected, and late filing determination will occur when a valid record is processed.

If we reject a single record in the file: The rejected record will not be accepted and the late filing determination will occur on the successful processing of the record.