FLORIDA
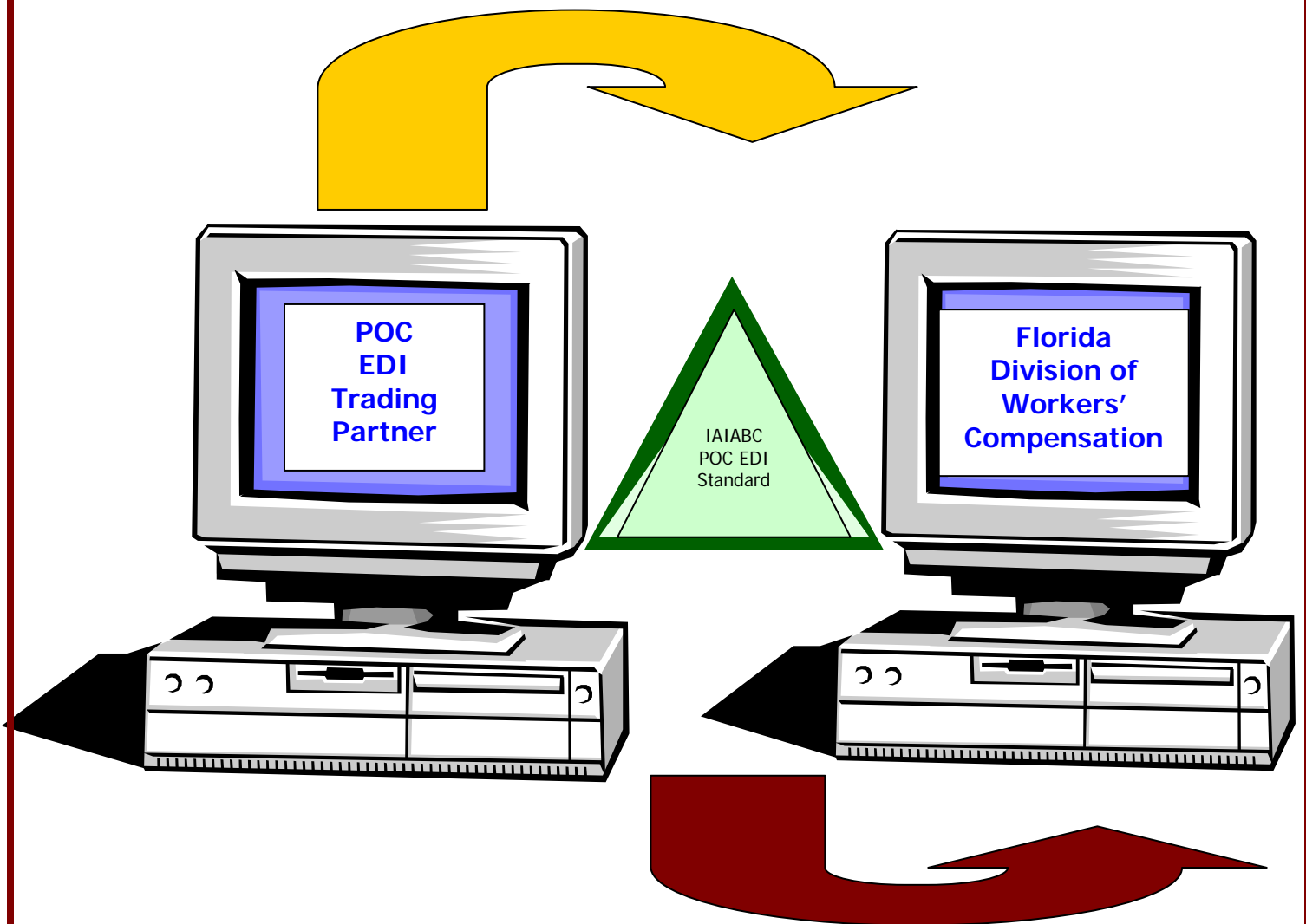**DIVISION OF WORKERS' COMPENSATION**

Proof of Coverage
Electronic Data Interchange (EDI)
Implementation Manual

1/1/09

POC
EDI
Trading
Partner

IAIABC
POC EDI
Standard

Florida
Division of
Workers'
Compensation

FLORIDA
DIVISION OF WORKERS' COMPENSATION

FL POC EDI IMPLEMENTATION MANUAL
(January 1, 2009)

Table of Contents

Section 1

FL Division of Workers' Compensation Requirements of POC EDI Test Pilot & Production

Florida
Division of Workers' Compensation

Requirements of POC EDI Test, Pilot and Production

An Insurer or Third Party Vendor shall successfully complete the requirements of this manual, before being authorized to submit the electronic form equivalent of the Proof of Coverage, Endorsement, Notice of Cancellation or Reinstatement**.**

Stage One: Testing Period Requirements:

First, the trading partner sends a test file to the Division for assessment of the functionality of the transmission. This test phase may be initiated by sending an email to poc.edi@myfloridacfo.com. The test file will be evaluated in terms of whether the data was sent in the correct, standardized formats.   The EDI Trading Partner Profile (DFS-F5-EDI-1), EDI Trading Partner Insurer/Claim Administrator ID List (DFS-F5-EDI-2) and the EDI Transmission Profile - Sender's Specifications (DFS-F5-EDI-3) should be completed at this stage.

1. The Insurer or Third Party Vendor shall conduct an initial test of the functionality of its electronic transmission capabilities prior to the commencement of the POC EDI Pilot.

    A. To initiate a test for POC EDI, the Insurer or Third Party Vendor shall apply for trading partner status by completing and sending to the Division, the following information:
   1) DFS-F5-DWC-EDI-1 (1-1-08): "EDI Trading Partner Profile"
   2) DFS-F5-DWC-EDI-2 (10/01/2006): "EDI Trading Partner Insurer/Claim Administrator ID List" (see requirements in Section VI)
   3) DFS-F5-DWC-EDI-3 (10/01/2006): "EDI Transmission Profile-Sender's Specifications"
   4) The Insurer or Third Party Vendor shall advise the Division of any subsequent changes and/or corrections made to the information provided in the EDI Trading Partner Profile, EDI Trading Partner Insurer/Claim Administrator ID List and the EDI Transmission Profile - Sender's Specifications.

    B. The Insurer or Third Party Vendor must have already filed an EDI Trading Partner Profile and EDI Trading Partner Insurer/Claim Administrator ID List with the Division before the POC EDI test and pilots can commence.

    C. The Insurer or Third Party Vendor shall demonstrate its ability to send a sample test file that is readable, in the correct IAIABC formats, and which can be processed through the Division's POC EDI program. The test file must contain a minimum of ten POC transactions. Data transmitted during the POC EDI Test may be represented by either "mock" (sample) data or actual POC data from current or past transmission periods, which will be discarded after the test phase.

D. The Insurer or Third Party Vendor shall also demonstrate its ability to receive and process the POC EDI Acknowledgement transaction (AKP), which will be sent to the Insurer or Third Party Vendor by the Division, in response to the initial test transmission successfully received by the Division. The acknowledgement sent by the Division will account for each transaction (record) received on the transmission, and the associated processing outcome, i.e., accepted or rejected.

E. A subsequent test transmission(s) may be requested by the Division in order to confirm resolution of any identified technical transmission errors. The test file must pass technical validation edits before the Insurer or Third Party Vendor will receive approval from the Division to submit data for the next stage of testing, POC EDI Pilots. A successful POC EDI Test is determined by the resolution of any consistently recurring fatal technical errors identified by the Division such that:

1) Transmissions are sent without errors in the header or trailer records
2) Transmissions are sent without transaction-level technical errors
3) The Insurer or Third Party Vendor can receive and process the automated IAIABC POC EDI Acknowledgement Transaction.

Stage Two: POC EDI Pilot Requirements:

Following the determination of a successful test, the trading partner will commence the EDI pilot. Pilot data must consist of each certain triplicate code as noted in subsection A below.

1   After having received approval from the Division to submit POC EDI Pilot data, the Insurer or Third Party Vendor shall send a POC EDI Pilot transmission to demonstrate that each Triplicate Code required below can be sent in the correct format(s), and can be processed through the Division's POC EDI program.

A. The Pilot must contain a minimum of three transmissions containing each of the required Triplicate Codes as follows:

00-05-01
00-10-01
04-32-85 (Paired)
05-32-85 (Paired)
00-31-54
00-42-65
00-41-71
00-70-01

B. Data transmitted during the POC EDI Pilot may be represented by either "mock" (sample) data or actual proof of coverage data from current or past transmission periods, which will be discarded after the pilot.

C. The Division will provide the Insurer or Third Party Vendor with an IAIABC POC EDI Acknowledgement Transaction to account for the processing outcome of each transaction contained on the transmission, i.e., accepted or rejected. The Insurer or Third Party Vendor should reconcile/correct identified data errors as necessary in their system to avoid repeating the same filing errors once in production.

D. A subsequent POC EDI Pilot transmission(s) may be requested by the Division in order to confirm whether the Insurer or Third Party Vendor can send each Triplicate Code in the correct format(s).

E. To move from pilot to production, the Insurer or Third Party Vendor must achieve a 90% accuracy rate for proof of coverage transactions sent for a minimum of three transmissions during the pilot (i.e., 90% of the required triplicate codes must have been accepted/acknowledged, with 10% or less filings rejected).

F. Insurers or Third Party Vendors must schedule sufficient time to successfully complete the POC EDI Pilots in order to meet the POC EDI production compliance date issued by the Division.

Production

The Division will send to the trading partner an EDI Acknowledgement Transaction in response to each transmission to account for how each record was processed, i.e., whether the record was acknowledged without errors (TA), or rejected (TR). The rejected records should be immediately corrected and re-filed with the Division.

3. The Insurer shall reconcile within their computer system all verified data errors reported by the Division for each IAIABC POC EDI Acknowledgement Transaction.

A. The Insurer or Third Party Vendor shall re-submit any records that were rejected by the Division for all cases on which a filing is required under Rule Chapter 69L-56, F.A.C.

B. Acquired accounts occurring after the Insurer or Third Party Vendor has been approved for production filings will not be subject to the POC EDI Test and Pilot requirements, and shall be included in production filings at the time of acquisition.

C. The Insurer or Third Party Vendor shall advise the Division as to any rejected electronic form filings that will not be resubmitted.

Section 2

FL EDI Transmission Profile - Receiver Specifications

FL EDI Transmission Profile – Receiver Specifications

Click on the link below to be directed to the
FL POC EDI Transmission Profile Receiver Specifications

- **[FL EDI Transmission Profile - Receiver Specifications (10-1-06)](#)**

Section 3

**FL DWC Triplicate Code Map to
Florida Equivalent Table**

Florida
Division of Workers' Compensation

Triplicate Code Map To FL Equivalent Table

TRIPLICATE CODE	FORM EQUIVALENT IN FLORIDA
00-05-01	Binder
00-05-80	Binder
00-05-86	Binder

00-33-73	Cancellation
00-41-59	Cancellation
00-41-71	Cancellation
00-41-64	Cancellation
00-41-69	Cancellation
00-41-70	Cancellation
00-41-66	Cancellation
00-42-60	Cancellation
00-42-61	Cancellation
00-42-63	Cancellation
00-42-62	Cancellation
00-42-65	Cancellation
00-42-45	Cancellation
00-42-01	Cancellation
00-60-60	Cancellation
00-60-63	Cancellation
00-60-62	Cancellation
00-60-65	Cancellation
00-60-01	Cancellation
00-60-45	Cancellation
00-60-59	Cancellation
00-60-64	Cancellation

00-10-01	Certificate of Insurance
00-10-80	Certificate of Insurance
00-10-86	Certificate of Insurance
00-20-01	Certificate of Insurance
00-20-80	Certificate of Insurance
00-20-86	Certificate of Insurance
00-31-72	Certificate of Insurance
00-50-01	Certificate of Insurance
00-50-80	Certificate of Insurance
00-50-86	Certificate of Insurance

Florida
Division of Workers' Compensation

Triplicate Code Map To FL Equivalent Table

TRIPLICATE CODE	FORM EQUIVALENT IN FLORIDA
04-32-85 05-32-85	Endorsement
04-32-94 05-32-94	Endorsement
04-32-77 05-32-77	Endorsement
04-32-96 05-32-96	Endorsement
04-32-78 05-32-78	Endorsement
04-32-95 05-32-95	Endorsement
04-32-79 05-32-79	Endorsement
04-32-76 05-31-76	Endorsement
04-33-76 05-32-76	Endorsement
04-32-81 05-32-81	Endorsement
04-32-82 05-32-82	Endorsement
04-32-83 05-32-83	Endorsement
00-32-84	Endorsement
00-31-54	Endorsement
00-31-87	Endorsement
00-33-56	Endorsement
00-33-87	Endorsement
00-31-80	Endorsement & Certificate of Insurance
00-31-86	Endorsement & Certificate of Insurance
00-32-67	Not Valid In Florida
00-32-68	Not Valid In Florida

00-70-01	Reinstatement

Section 4

**FL DWC POC EDI
Processing Rules**

Florida
Division of Workers' Compensation

Proof of Coverage Processing Procedures

Duplicate Insured/Employer Names/Addresses:

The Division will not add Duplicate Employer Names or Locations to the Division's Proof of Coverage database. When a policy transaction is submitted with the Insured (PC1) and the Employer (PC2) names/addresses reading exactly the same, the Employer name/address will only be added to the Division's database once. See examples below of processing procedures:

❖ **Employer Name/Address exactly the same:**

Insured (PC1) = ABC Inc. with an address of 123 Blvd Tallahassee, FL   32311

Employer (PC2) = ABC Inc. with an address of 123 Blvd Tallahassee, Fl   32311

Since the PC1 & PC2 records are exactly the same for the Insured and Employer, the "business" name and address will be loaded to the Division database one time. If a change is made to the Insured (PC1) address using the 00-32-84 triplicate which makes a change to the Insured (PC1), then there would be no need to send the 04/05 paired transaction which would also make the change on the Employer (PC2) since the "business" name and address were only loaded one time in our database. If your records treat the Insured (PC1) address as the "mailing" address and the Employer (PC2) address as the "physical" address, and you need to change the mailing address you would still send in the 00-32-84 to change the Insured (PC1) address, then you would need to send in the 00-31-54 endorsement to add the "physical" address back to the policy.

❖ **Employer Name exactly the same with different addresses:**

Insured (PC1) = ABC Inc. with an address of 123 Blvd Tallahassee, FL   32311

Employer (PC2) = ABC Inc. with an address of 456 Blvd Tallahassee, Fl   32311

Since the "business" name on the PC1 & PC2 records are the same, the Insured name would be loaded to the Division database one time with the address shown on the PC1 loaded as the "main" location and the address shown on the PC2 would be loaded as an "additional" location.

❖ **Employer Name/Address are different:**

Insured (PC1) = ABC Inc. with an address of 123 Blvd Tallahassee, FL   32311

Employer (PC2) = XYZ Inc with an address of 456 Blvd Tallahassee, Fl   32311

Since the "business" name on the PC1 & PC2 records are different, the Insured name and address would be loaded to the Division's database and the Employer (PC2) will be loaded as an additional named Employer.

❖ **Employer Name is different but address are exactly the same:**

Insured (PC1) = ABC Inc. with an address of 123 Blvd Tallahassee, FL   32311

Employer (PC2) = XYZ Inc. with an address of 123 Blvd Tallahassee, Fl   32311

Since the "business" name on the PC1 & PC2 records are different, the Insured name and address would be loaded to the Division's database and the Employer (PC2) will be loaded as an additional named Employer along with address.

Deleting Only Address Shown on Policy

The Division will not delete the last name or address on a policy using triplicate code 00-33-56. If only one address remains on a policy, and an endorsement to delete is sent, you will receive a "TR" rejected transaction. If Florida is no longer covered on the policy, the policy will need to be cancelled using a cancellation triplicate code. If there is Florida exposure, but no physical Florida location, the delete location transaction will need to be resent using triplicate code 00-33-87.

Section 5

FL POC EDI Trading Partner Filing Specifications

FL POC EDI R2.1 Event Table

The FL POC EDI R2.1 Event Table is designed to convey under what circumstances FL Coverage "events" are required to be reported to the Division of Workers' Compensation.

[FL POC EDI R2.1 Event Table (1-1-09)](#)

Note: The Event Table shall be used in conjunction with Rule Chapter 69L-56 of the Florida Administrative Code for complete POC EDI filing requirements.

FL POC EDI R2.1 Element Requirement Table

The FL POC EDI R2.1 Element Requirement Table provides FL's data element requirements for each Triplicate Code transaction.

FL POC EDI R2.1 Element Requirement Table (1-1-09)

Printing Instructions: The Element Requirement Table document contains multiple worksheets (tabs). The Element Requirement worksheet (tab) within the Element Requirement Table document has been formatted to print "landscape" and should be printed on legal paper.

Note: The Element Requirement Table shall be used in conjunction with Rule Chapter 69L-56 of the Florida Administrative Code for complete POC EDI filing requirements.

FL POC EDI R2.1 Edit Matrix

The FL POC EDI R2.1 Edit Matrix conveys to the sender the edits Florida will apply to each data element and the edits that will be applied based on population of the data element in the transaction. Editing results determine the outcome for processing the data and communicates the results that will be returned in the Acknowledgment Record for each specific transaction.

The FL POC EDI R2.1 Edit Matrix consists of 3 components:

1. *DN-Error Message worksheet* which contains FL's "standard" editing for R2.1 data elements.
2. *Value Table worksheet* which contains FL's acceptable code values
3. *Population Restrictions worksheet* which contains FL's edits and restrictions applied to each data element(s).

FL POC EDI R2.1 Edit Matrix (1-1-09)

Printing Instructions: The Edit Matrix document contains multiple worksheets (tabs). The Edit Matrix document has been formatted to print "landscape" however can be printed on standard paper.

Note: The Edit Matrix shall be used in conjunction with Rule Chapter 69L-56 of the Florida Administrative Code for complete POC EDI filing requirements.

Section 6

**Trading Partner Profile Documents
(Forms)**

Click on the link below to be directed to FL's EDI Trading Partner Profile

- [DFS-F5-DWC-EDI-1, (1-1-08) "EDI Trading Partner Profile](#)

Click on the link below to be directed to FL's EDI Trading Partner Insurer/Claim Administrator ID List

- [DFS-F5-DWC-EDI-2 (10-1-06) "EDI Trading Partner Insurer/Claim Administrator ID List"](#)

Click on the link below to be directed to FL's EDI Transmission Profile – Sender's Specifications

- [DFS-F5-DWC-EDI-3 (10-1-06) "EDI Transmission Profile-Sender's Specifications"](#)

Click on the link below to be directed to the Secure Socket Layer (SSL)/File Transfer Protocol (FTP) Instructions

- [SSL/FTP Instructions for POC EDI and Claims EDI (1-1-08)](#)