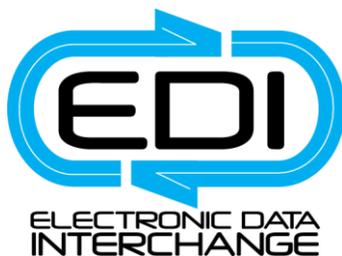


State of Minnesota  
Department of Labor and Industry  
Workers' Compensation Division

Electronic Filing of First Report of Injury  
Implementation Guide



April 12, 2017

# Contents

<b>1 INTRODUCTION</b>	<b>1</b>
1.1 EDI concepts	1
1.2 Advantages of EDI	1
1.3 Advantages of eFROI	3
<b>2 EDI AND EFROI IN MINNESOTA</b>	<b>4</b>
2.1 IAIABC	4
2.2 EDI and eFROI communication environments	5
2.3 EDI transmissions and acknowledgments	9
2.4 eFROI transmissions and acknowledgments	10
2.5 Future capabilities	12
<b>3 IAIABC CLAIMS RELEASE 3.0</b>	<b>13</b>
3.1 Transaction types	13
3.2 Record formats	14
3.3 Validation requirements	22
<b>4 TRADING PARTNER QUALIFICATIONS</b>	<b>37</b>
4.1 EDI	37
4.2 eFROI Web portal	40
<b>5 FREQUENTLY ASKED QUESTIONS (FAQS)</b>	<b>42</b>
<b>APPENDIX A FIRST REPORT OF INJURY FORM</b>	<b>47</b>
<b>APPENDIX B TRADING PARTNER PROFILE WEBPAGE</b>	<b>48</b>

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

## 1 Introduction

Minnesota Statutes, § [176.231](#), subd. 1 and 2 requires certain employers and insurers to file First Reports of Injury with the Minnesota Department of Labor and Industry (DLI), Workers' Compensation Division. To accomplish this by electronic means, DLI started its electronic data interchange (EDI) program with one trading partner in 1993. Since that time, the EDI program has evolved and there are now many companies trading information via EDI with the department. The department implemented a version of an eFROI Web portal in 2004 that was discontinued in 2010. As of Jan. 1, 2014, Minnesota mandated the electronic submission of First Report of Injury (FROI) data via EDI or its revised eFROI Web portal. This mandate does not affect the method that insured employers use to file paper FROIs with their insurance company.

This implementation guide is incorporated by reference into Minnesota Rules Part [5220.2530](#) as of Jan. 1, 2014.

### 1.1 EDI concepts

EDI makes it feasible for computer systems that store data in disparate proprietary data formats to effectively communicate with one another in an efficient manner. It enables a commonly understood and standardized format of the relevant data to be transmitted from one computer system to another with minimal human intervention. EDI transactions are structured for highly automated processing.

EDI is used in many industries to transmit traditional “documents,” such as invoices or purchase orders, between companies. The standardized transaction set has been refined, expanded and developed so that there are now hundreds of different “documents” that can be electronically exchanged between multiple trading partners. The electronic transmission of these transactions is an efficient means of conducting business.

The Internet has enabled EDI transactions to be transmitted between trading partners in an even more efficient manner. The Internet provides business and government agencies with an environment that is open, fast, cost effective, and widely accepted and used. DLI offers several communication methods with which trading partners can exchange EDI transactions with the department.

### 1.2 Advantages of EDI

The electronic submission of workers' compensation claim information has many advantages compared with the submission of paper claims. The benefits and advantages are shared by the trading partner submitting EDI information, as well as the Minnesota Department of Labor and Industry.

- Improved reporting performance
- Time savings
- Cost savings
- Improved accuracy
- Enhanced flexibility

# Minnesota Department of Labor and Industry

## Electronic Filing of First Report of Injury Implementation Guide

### **Improved reporting performance**

Electronic submissions are a much more efficient way to transmit the legally required information related to workers' compensation claims. Claim administrators can electronically send the required claim information without generating a paper copy that would need to be sent through the traditional mail system. Typically the electronically submitted EDI data will be received, processed and acknowledged within hours of when it was submitted, rather than the multiple days it would take through the postal system.

The timely submission of claim information is of primary importance to both the Workers' Compensation Division and the claim administrators. EDI allows the department's trading partners to meet their reporting deadlines in a timely manner.

### **Time savings**

EDI claim submissions provide an efficient means of getting the correct information to the department as quickly as possible. EDI saves time by eliminating the overhead of the paper handling that is required and is otherwise necessary for both the trading partner and the department. The use of EDI for claim submissions also streamlines the process of error reporting by eliminating the phone calls that might otherwise be necessary to ensure that accurate information is being reported.

### **Cost savings**

Although there are initial costs involved with designing, developing and implementing a new EDI system, these costs can be recouped and the system can pay for itself many times over by the efficiencies garnered by the use of EDI. The cost of mailing and handling paper documents is completely avoided when the documents are sent electronically.

Personnel at both ends of the electronic transaction who would otherwise be involved in the handling of paper-generated claim information can be redeployed to other tasks. There are fewer people required to monitor and administer the EDI system than is necessary to process paper documents.

### **Improved accuracy**

EDI reduces the number of times the same data needs to be redundantly entered into multiple computer systems. There is also the inherent efficiency and improved accuracy from the electronic acknowledgment process that allows for the senders' transactions to be verified and validated immediately upon receipt. The acknowledgment process allows the trading partner to submit more timely and accurate information while at the same time reducing the amount of time that it takes to correct invalid or inaccurate claim information.

### **Enhanced flexibility**

Electronic data can be sent any time, day or night, to ensure that the most accurate and timely information is delivered in an efficient manner. The EDI submission of first report transactions can be scheduled to run when the computing resources are at a lower demand (i.e. during non-peak utilization periods).

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

### **1.3 Advantages of eFROI**

While EDI is more cost effective in most situations, for trading partners that have very little claim data in their system and file very few claims with DLI every year, it may be more cost effective to use the DLI eFROI Web portal to electronically send their first reports of injury.

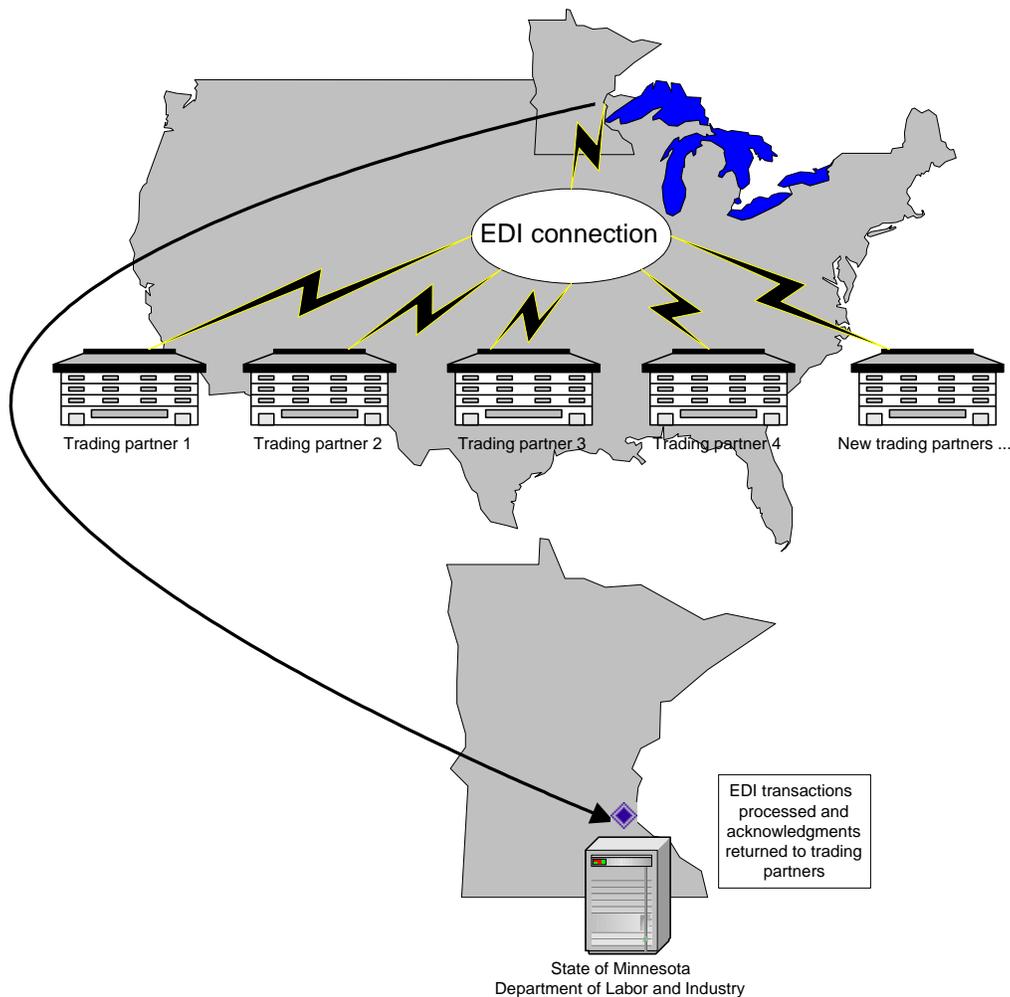
The DLI eFROI Web portal is an Internet browser-based program that works in Internet Explorer, Firefox or other commonly used browsers, and complies with the IAIABC Claims Release 3.0 standards to the extent required in this implementation guide. The eFROI allows a trading partner to submit a first report of injury electronically through the use of an online Web-based application without the need to understand file format requirements. A step-by-step process collects the necessary information found on the First Report of Injury form and the data submitted is then batched three times each business day using the same processing schedule as direct connect and other third-party data exchanges.

Using the eFROI Web portal will have most of the same advantages as using EDI. The only cost for a trading partner to use the eFROI Web portal is being able to connect to the Internet.

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

## 2 EDI and eFROI in Minnesota

The EDI environment at the Minnesota Department of Labor and Industry (DLI) is designed to accept transactions from known trading partners throughout the world. The department is a member organization of the International Association of Industrial Accident Boards and Commissions (IAIABC). The IAIABC creates, maintains and publishes EDI standards that are specific for workers' compensation insurance claims. There are several alternative communication mechanisms available to facilitate the exchange of EDI data between the department and its trading partners, which are insurers, self-insured employers and third-party administrators.



### 2.1 IAIABC

The International Association of Industrial Accident Boards and Commissions is an association of administrators from various state workers' compensation agencies. The objective of the IAIABC is to recommend, create, develop and maintain standards for improving and strengthening workers' compensation laws and their administration. Among the member organizations with representation to the IAIABC are the state administrative agencies, insurance carriers, self-insured employers, third party administrators, the National Council on Compensation Insurance (NCCI), the Workers' Compensation Insurance Organizations (WCIO) and other vendor organizations.

## Minnesota Department of Labor and Industry Electronic Filing of First Report of Injury Implementation Guide

The IAIABC has developed standards that can be used by the state jurisdictions and the various claim administrators that are required by law to report information about workers' compensation claims. Release 1 (R1) of the IAIABC claim standards was published in 1995, Release 2 (R2) in 1997 and Release 3.0 (R3) in 2004.

Most of the state jurisdictions currently participate in or are planning to use EDI communications with their trading partners, using the various IAIABC release standards. Many states mandate the use of EDI communications with the claim administrators and other companies that are required to report in their jurisdiction. As of Jan. 1, 2014, Minnesota mandated the electronic submission of First Report of Injury (FROI) data via EDI or its eFROI Web portal.

The Minnesota Department of Labor and Industry used the R1 standards in all EDI communications with its trading partners since the inception of the EDI program. The department implemented the R1 eFROI in 2004. The department started accepting EDI communications based on the R3 standards in 2005 and discontinued use of the R1 standards in 2010.

Claim administrators preparing to participate in the department's EDI program should reference the IAIABC website and, if needed, acquire the appropriate IAIABC EDI Implementation Guide.

### ***IAIABC contact information***

Phone	(608) 663-6355
Fax	(608) 663-1546
Website	<a href="http://www.iaiacb.org">www.iaiacb.org</a>

## **2.2 EDI and eFROI communication environments**

Trading partners with the department typically batch their EDI transactions, currently new and updated FROI transactions, and transmit the transactions as EDI data files at a scheduled time during their business day. The EDI transactions from each trading partner are subsequently processed and acknowledgment files are transmitted back to each trading partner. The acknowledgment process provides an indicator to the success or failure of each transmitted EDI transaction.

The Minnesota Department of Labor and Industry currently processes EDI transmissions three times each business day. The EDI and eFROI data files are retrieved from the various EDI communication interfaces and processed at 7 a.m. CT, 12 p.m. CT and 4:30 p.m. CT. EDI acknowledgment files are delivered back through the same communication interfaces as the EDI data files were received. Transmissions sent after 4:30 p.m. CT will be processed the next business day.

EDI data files received by the department must have the trading partner's account name as part of the file name to help make it more easily identifiable and the file name must be unique so there is no chance of overwriting a previously transferred file (e.g., ACCOUNTNAME.2013031301.DAT). The account name is provided by the department.

The Minnesota Department of Labor and Industry offers several ways to send and receive first reports of injury:

## Minnesota Department of Labor and Industry Electronic Filing of First Report of Injury Implementation Guide

- Aerie EDI Group;
- Direct connect (DLI secure FTP server);
- Ebix, Inc.;
- HealthTech;
- Insurance Services Office, Inc. (ISO);
- Marsh ClearSight;
- Mitchell Regulatory Reporting Solutions; and
- eFROI Web portal (DLI).

Trading partners are required to indicate on their Minnesota trading partner profile documentation which communication environment they plan to use.

### **Aerie EDI Group**

Aerie EDI Group automation software tools integrate with Claims systems to allow our Customers to “Take Control of Their EDI”. Our strategy is to build superior, efficient software / services, based on current technologies, that can be easily maintained and deployed to Customers at a reduced cost. In addition to Client hosted or Aerie hosted integration we provide EDI consulting services.

Trading Partners interested in using Aerie EDI Group for EDI communications with the department should make arrangements with Aerie to acquire the necessary software and communication capabilities.

#### ***Aerie EDI Group contact information***

Pat Cannon (434) 509-4494 [patc@arieedigroup.com](mailto:patc@arieedigroup.com)  
Website [www.arieedigroup.com](http://www.arieedigroup.com)

### **Direct connect**

The department allows trading partners to directly connect to the DLI FTP server via secure FTP using SSL/TLS encryption. This will typically be the most cost effective EDI communication solution because it avoids all value-added network (VAN) charges. Trading partners are permitted to send and receive EDI transmissions at any time.

The trading partners that wish to communicate with the department using the direct connect interfaces will be required to have an FTP/SSL or FTP/TLS client, which must be configured with a specific IP address and port number. The trading partner will be given a user name and password that will provide access to the trading partners’ mailbox on the DLI FTP server.

There are several options for FTP/SSL or FTP/TLS clients including Kermit v8.0 on Linux and WS FTP Pro v8.03 on Windows platforms. A list of FTP/SSL and FTP/TLS clients that are available on a variety of platforms can be found by using a Web search engine with the keywords “FTP/SSL clients.”

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

**Ebix, Inc. (formerly Peak Performance, Claims Harbor, Bridium)**

Workers' Compensation Injury Reporting Service (WCIRS) is an Internet-based solution that fulfills state regulations for workers' compensation claims submission. WCIRS also enables carriers, third-party administrators and managed care organizations to receive claims electronically from employers to expedite claims reporting and improve data accuracy.

Trading partners interested in using the WCIRS solution for EDI communications with the department should make arrangements with Ebix to acquire the necessary software and communication capabilities.

***Ebix, Inc. contact information***

Toll-free	1-866-448-1776
Fax	(614) 877-2501
Website	<a href="http://www.ebix.com">www.ebix.com</a>

**HealthTech**

HealthTech offers several products that differ depending on the volume of transactions to be sent. The Reporter product can be used for Internet-based claim entry on the HealthTech server. The Exchange product allows claims to be entered in a claim management system and then sent to the HealthTech Internet server for review and entry of missing data. The Manager product provides an integrated EDI claim management solution that interacts with a claim management system with real-time communications, thus eliminating the need for duplicate data entry.

Trading partners interested in using the HealthTech products for EDI communications with the department should make arrangements with HealthTech to acquire the necessary software and communication capabilities.

***HealthTech contact information***

Mark Hughes	(913) 764-9347
Fax	(913) 764-0572
Website	<a href="http://www.htedi.com">www.htedi.com</a>

**Insurance Services Office, Inc.**

Insurance Services Office, Inc. (ISO) offers a full range of advanced, efficient solutions that focus on the trading partner needs for back-office processing support, database and analytical services; injury (first and subsequent reports of injury) and policy reporting services; data conversion services; and proof-of-coverage services

Trading partners interested in using ISO for EDI communications with the department should make arrangements with ISO to acquire the necessary software and communication capabilities.

***ISO contact information***

Alfred Faber	(201) 600-0367	<a href="mailto:afaber@iso.com">afaber@iso.com</a>
John Rewinkel	(303) 756-5712	<a href="mailto:jrewinkel@iso.com">jrewinkel@iso.com</a>
Website	<a href="http://www.wcprism.com">www.wcprism.com</a>	
Mailing address	545 Washington Blvd., Jersey City, NJ 07310-1686	

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

**Marsh ClearSight (formerly CS Stars)**

Marsh ClearSight offers a full range of risk and claims technology software to help simplify the EDI experience. Their EDI solutions are supported by a team of industry and technology experts focused on helping customers maximize their technology investment. Their internet based solution provides for the reporting of First Reports of Injury and Subsequent Reports of Injury while editing for missing data per state to avoid rejections. Information entered into the Marsh ClearSight claim system is easily turned into an EDI report that limits data redundancy and the duplicate entry of data by users. EDI information can be seamlessly sent to all mandatory and voluntary states on a scheduled basis defined by their clients.

Trading partners interested in using the Marsh ClearSight solution for EDI communications with the department should make arrangements with Marsh ClearSight to acquire the necessary software and communication capabilities.

***Marsh ClearSight contact information***

Kristy Robinson	(740) 243-9031	<a href="mailto:krobinson@csstars.com">krobinson@csstars.com</a>
Jeremy King	(806) 282-6624	<a href="mailto:jlking@csstars.com">jlking@csstars.com</a>
Website	<a href="http://www.csstars.com">www.csstars.com</a>	

**Mitchell Regulatory Reporting Solutions (formerly Ingenix-ROES)**

Mitchell Regulatory Reporting Solutions offers a full range of products and services to provide EDI capabilities in the workers' compensation industry. Mitchell offers the WorkComp.NET Internet-based reporting for First Reports of Injury (FROI), Subsequent Reports of Injury (SROI) and medical bills for state compliance. Mitchell products and services are available to claim administrators, insurance companies, self-insured employers and state agencies.

Trading partners interested in using Mitchell Regulatory Reporting Solutions for EDI communications with the department should make arrangements with Mitchell to acquire the necessary software and communication capabilities.

***Mitchell contact information***

Kyle Devereaux	(858) 368-7593	<a href="mailto:kyle.devereaux@mitchell.com">kyle.devereaux@mitchell.com</a>
Fax	(801) 669-3179	
Website	<a href="http://www.mitchell.com">www.mitchell.com</a>	
Mailing address	6220 Greenwich Drive., San Diego, CA 92122	

**eFROI Web portal**

The DLI eFROI Web portal is an Internet browser-based program that works in Internet Explorer, Firefox or other commonly used browsers, and complies with the IAIABC Claims Release 3.0 standards to the extent required in this implementation guide. The eFROI allows a trading partner to submit a first report of injury electronically through the use of an online Web-based application without the need to understand file format requirements. A step-by-step process collects the necessary information found on the First Report of Injury form and the data submitted is then processed in batches three times each business day using the same processing schedule as direct connect and other third-party data exchanges.

# Minnesota Department of Labor and Industry

## Electronic Filing of First Report of Injury Implementation Guide

### 2.3 EDI transmissions and acknowledgments

#### Transmissions

There are several types of EDI products that have been defined by the IAIABC to facilitate the exchange of workers' compensation information between the state jurisdictions and the claim administrators that are required to report. These EDI products are designed to transfer different types of data between trading partners. The primary EDI products that are available are Claims (various releases), Proof of Coverage (POC) and Medical Reporting.

The Minnesota Department of Labor and Industry uses the IAIABC Claims product to provide the standards for the exchange of information related to workers' compensation claims. The Claims product is used primarily to report First Report of Injury (FROI) and Subsequent Report of Injury (SROI) transactions.

The FROI transaction is used to transmit new and updated claim information. The SROI transaction is used to transmit payment and denial information related to previously submitted claims. **The Minnesota Department of Labor and Industry currently accepts only the FROI transaction.** A planned phase of the EDI project at the department is slated to accept the SROI transaction at some point in the future.

The Claims product has been modified throughout the years and there are several releases of the standards that are defined and available. The department currently accepts and administers only the IAIABC Claims Release 3.0 standards.

The IAIABC Claims Release 3.0 standards define the types of transactions that are available for processing. Each of the transactions is associated with one or more record types that comprise various fields. The fields within the transactions are known by specific data element numbers that are used to identify the type of data contained. For example, DN0001 is the data element number for the "Transaction Set ID" field.

Certain fields in the EDI record are validated to enforce database integrity requirements and to inform the department's trading partners whether the data is accepted, accepted with errors or rejected in its entirety. As the transaction and the individual data elements are validated for consistency and accuracy, acknowledgment transactions are built for the eventual transmittal back to each trading partner.

There are circumstances where the entire transmission or an individual transaction will be rejected based upon the contents of the transaction data elements that were sent. In the case of a rejected transmission (e.g., a missing header record data element), the acknowledgment record will be created and all further processing of the transmission file will not take place (i.e., nothing is written to the database). In the case of a rejected transaction (e.g., a missing value for a mandatory field), the acknowledgment record will be created and all further processing for that claim will not take place (i.e., nothing is written to the database for that claim).

Further detailed information related to the specific transmission and FROI transaction requirements are found in section 3 of this implementation guide.

# Minnesota Department of Labor and Industry

## Electronic Filing of First Report of Injury Implementation Guide

### Acknowledgments

Each trading partner is required to accept and process the acknowledgment file that is produced and transmitted back to the trading partner upon receipt of an EDI transmission.

The fields in the transaction data set are identified with a specific data element number, so both the sender and receiver can quickly and easily identify data fields during the validation and acknowledgment procedures. Each data element is validated according to specific requirements in this implementation guide and can generate an error condition for the transmission or transaction.

For an individual transaction, the acknowledgment record that is generated and sent back to the trading partner informs the trading partner whether the EDI data was accepted or rejected and if there were errors that will require a secondary transmission (i.e., correction transaction). As each data element is validated, the acknowledgment for the submitted EDI data row is generated.

The acknowledgment transaction is a variable length record that indicates the status of the overall transmission and informs the trading partner about the individual data elements that had validation problems. If there are any data elements in a transaction that did not pass validation, the data element number and a corresponding error number indicating the reason for the validation failure is generated in the acknowledgment record. The Application Acknowledgment Codes (DN0111) that can be returned with the acknowledgment records are as follows.

Status code	Comments
<b>HD</b>	Transmission batch rejected in its entirety
<b>TA</b>	Transaction accepted (default if no other validation issues)
<b>TE</b>	Transaction accepted with errors (certain fields did not pass validation but the information was accepted and stored in the database)
<b>TR</b>	Transaction rejected (certain fields did not pass validation, which forces the rejection of the EDI transaction)

All acknowledgment records for a particular data set from a specific trading partner are written to a unique file that corresponds to the transmitted EDI data file that was sent. The acknowledgment transmission file also has a header and trailer record written as the first and last records, respectively. **Note:** Batches and transactions that are rejected are not stored in the department's database and will be considered untimely if they are not corrected and re-sent in the required timeframe.

## 2.4 eFROI transmissions and acknowledgments

### Transmissions

The DLI eFROI Web portal is an Internet browser-based program that works in Internet Explorer, Firefox or other commonly used browsers, and complies with the IAIABC Claims Release 3.0 standards to the extent required in this implementation guide. The eFROI allows a trading partner to submit a first report of injury electronically through the use of an online Web-based application without the need to understand file format requirements. A step-by-step process collects the necessary information found on the First Report of Injury form and the data

## Minnesota Department of Labor and Industry Electronic Filing of First Report of Injury Implementation Guide

submitted is then processed in batches three times each business day using the same processing schedule as direct connect and other third-party data exchanges.

Certain fields in the eFROI Web portal record are validated to enforce database integrity requirements and to inform the department's trading partners whether the data is accepted, accepted with errors or rejected in its entirety. As the transaction and the individual data elements are validated for consistency and accuracy, acknowledgment transactions are built for the eventual transmittal back to each trading partner.

There are circumstances where the entire transmission or an individual transaction will be rejected based upon the contents of the transaction data elements that were sent. To expedite the process, the eFROI Web portal product will prevent the trading partner from submitting a FROI that will be rejected, thus allowing the trading partner to immediately correct those errors and submit the FROI.

The eFROI Web portal product allows the trading partner to correct the majority of the anticipated errors that will cause the transaction to be accepted with errors prior to submitting the FROI. However, the product allows the trading partner to submit it without making those corrections.

Further detailed information related to the specific transmission and FROI transaction requirements are found in section 3 of this implementation guide.

### **Acknowledgments**

The fields in the transaction data set are identified with a specific data element number, so both the sender and receiver can quickly and easily identify data fields during the validation and acknowledgment procedures. Each data element is validated according to specific requirements in this implementation guide and can generate an error condition for the transmission or transaction.

For an individual transaction, the acknowledgment record that is generated and sent back to the trading partner informs the trading partner whether the eFROI data was accepted or if there were errors that will require a secondary transmission (i.e., correction transaction). As each data element is validated, the acknowledgment for the submitted eFROI data row is generated.

The acknowledgment transaction indicates the status of the overall transmission and informs the trading partner about the individual data elements that had validation problems. If there are any data elements in a transaction that did not pass validation, the data element number and a corresponding error number indicating the reason for the validation failure is generated in the acknowledgment record. The codes that can be returned with the acknowledgment transactions are as follows.

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

Status code	Comments
TA	Transaction accepted (default if no other validation issues)
TE	Transaction accepted with errors (certain fields did not pass validation but the information was accepted and stored in the database)
TR	Transaction rejected (certain fields did not pass validation, which forces the rejection of the EDI transaction)

All acknowledgment transactions for a specific trading partner are stored in a central database and can be reviewed through the eFROI Web portal any time after a FROI transaction is processed. The trading partner will receive an email confirmation when FROI transactions have been processed and that the acknowledgment information related to those transactions must be reviewed through the eFROI Web portal application. Corrections (CO) or updates (02) must be initiated through the portal to correct any errors reported in the acknowledgment. **Note:** Batches and transactions that are rejected are not stored in the department's database and will be considered untimely if they are not corrected and re-sent in the required timeframe.

## 2.5 Future capabilities

The EDI environment at the Minnesota Department of Labor and Industry is continuously maintained and is enhanced as business conditions warrant. The goal is to steadily increase the EDI capabilities of the department, with the anticipation of increasing the receipt of electronic transmissions.

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

### 3 IAIABC Claims Release 3.0

The IAIABC Claims Release 3.0 (R3) standards define several transaction types that can be used to transmit EDI transactions between trading partners. There are two transaction types that are defined to transmit specific information related to workers' compensation claims: the First Report of Injury (FROI – 148/R21) and the Subsequent Report of Injury (SROI – A49/R22). The other transaction types defined in the R3 standards are primarily for administrative purposes and are used in union with the FROI and SROI transactions. The Minnesota Department of Labor and Industry currently only accepts EDI transmissions with batches of FROI transactions. DLI uses the same R3 standards for the eFROI Web portal transactions. A future phase of the EDI project is planned to accept some types of SROI information.

#### 3.1 Transaction types

The following record types are defined for transactions in the R3 standards.

Transaction	Comments
<b>HD1</b>	The HD1 header transaction is used to precede a batch of individual transactions (i.e., 148). There are fields within the HD1 transaction that identify the sender and inform the recipient about the transactions that follow. The use of an HD1 transaction in each batch is mandatory.
<b>TR2</b>	The TR2 trailer transaction is used as the final record in a batch of EDI transactions. It is used to indicate there are no more records to process and to verify the number of records and transactions that were sent with the batch. The use of a TR2 transaction in each batch is mandatory.
<b>148</b>	The 148 FROI record is a fixed-length record that is used to transmit new and updated FROI information. There are department-specific requirements for the data elements included in the 148 record.
<b>R21</b>	The R21 FROI record is a variable-length record that is a companion record to the 148 FROI record. Each FROI transaction comprises a pair of 148 and R21 records. There are department-specific requirements for the data elements included in the R21 record.
<b>A49</b>	The A49 SROI record is used to transmit payment, denial and other subsequent reporting information related to a previously submitted claim. The department does not currently accept SROI transactions.
<b>R22</b>	The R22 SROI record is a variable-length record that is a companion record to the A49 SROI record. Each SROI transaction comprises a pair of A49 and R22 records. The department does not currently accept SROI transactions.
<b>AKC</b>	The AKC acknowledgment record is used to inform the trading partner of the status of the submitted transaction. There is a corresponding AKC transaction generated and returned to the trading partner for each FROI or SROI transaction that is sent and processed.

The R3 FROI transaction is made up of a pair of 148 and R21 records that must follow one another in the transmitted EDI batch. The FROI transaction has a defined set of maintenance type codes (MTC) (DN0002) that determine what the trading partner is attempting to do with the transmitted data. Each MTC requires slightly different processing and validation requirements. Refer to section 3.3 of this implementation guide for the 148 transaction layout that denotes the

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

mandatory, expected, conditional and optional data elements that are dependent upon which MTC is specified in the 148 transaction.

The following MTCs are defined for the FROI transaction in the R3 standards.

MTC	Comments
<b>00</b>	Original transaction, for a new First Report of Injury (FROI). The 00 MTC is accepted in the DLI EDI environment.
<b>01</b>	Cancel transaction. The 01 MTC is not accepted in the DLI EDI environment.
<b>02</b>	Change transaction. The 02 MTC is accepted in the DLI EDI environment. There must be a claim on file, based upon the SSN, DOI and jurisdiction claim number (JCN) that is specified, for the transaction. Update transactions that are intended to update the value of the SSN and/or DOI must also include and match the claim administrator claim number.
<b>04</b>	Denial transaction. The 04 MTC is accepted in the DLI EDI environment but is processed as a 00 MTC transaction, not a denial. A paper NL01 (NOPLD) form must still be filed to deny the claim at this time.
<b>CO</b>	Correction transaction. The CO MTC is accepted in the DLI EDI environment. This transaction is only due in response to an AKC that indicated there were errors. The CO MTC is treated in a manner similar to the 02 MTC transaction.
<b>UR</b>	Upon request transaction. The UR MTC is not accepted in the DLI EDI environment.
<b>UI</b>	Under investigation transaction. The UI MTC is not accepted in the DLI EDI environment.
<b>AQ</b>	Acquired claim transaction. The AQ MTC is not accepted in the DLI EDI environment.
<b>AU</b>	Acquired unallocated claim transaction. The AU MTC is accepted in the DLI EDI environment. A claim must not be on file with the department (similar to a new transaction – 00 MTC).

### 3.2 Record formats

There are several different records that are required in a batch of EDI transactions that are included in the EDI transmission file. The records must be formatted with appropriate data in the necessary fields and the records must be in the correct order in the transmission file.

A Claims Release 3.0 transmission file can include one or more batches of individual FROI transactions; however, it is more common to have one batch per EDI transmission file. Each batch must have a header record (HD1) as the first record in the file. Each FROI transaction comprises a pair of records, the first being the 148 FROI record and the second being the R21 FROI companion record.

There can be any number of FROI transactions (pairs of 148/R21 records) included in a batch. The last record in the batch must be the trailer record (TR2), which contains the counts for the entire batch and transaction/record set.

HD1  
148

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

R21

148

R21

TR2

### 3.2.1 Header record (HD1)

The header record (HD1) must be the first record in the batch. There are certain fields that must be populated with specific information so that it is known to be a Claims Release 3.0 transmission file. The “Interchange Version ID” field (DN0105) in the header record comprises the “Batch Type Code,” “Release Number” and “Version Number.” The “Release Number” and “Version Number” must specify “30” to designate the transaction file is a Claims Release 3.0 formatted transmission file. The expected “Interchange Version ID” is “14830.”

There are other validation requirements for a number of fields in the header record. If there are problems with the validation of any of the fields in the header record, it will cause the entire batch to be rejected. Therefore, it is important to populate all of the fields in the header record with valid information. One of the more important fields is the “Test/Production Code” field (DN0104). This field must be populated with a “T” when sending test transactions and a “P” when sending production transactions.

DN	HD1 data elements	Format	Length	Beg.	End
0001	Transaction Set ID	A/N	3	1	3
0098	Sender ID	A/N	25	4	28
	Sender FEIN	A/N	9		
	Filler – Future Defined Usage	A/N	7		
	Sender Postal Code	A/N	9		
0099	Receiver ID	A/N	25	29	53
	Receiver FEIN	A/N	9		
	Filler – Future Defined Usage	A/N	7		
	Receiver Postal Code	A/N	9		
0100	Date Transmission Sent	DATE	8	54	61
0101	Time Transmission Sent	TIME	6	62	67
0102	Original Transmission Date	DATE	8	68	75
0103	Original Transmission Time	TIME	6	76	81
0104	Test/Production Code	A/N	1	82	82
0105	Interchange Version ID	A/N	5	83	87
	Batch Type Code	A/N	3		
	Release Number	A/N	1		
	Version Number	A/N	1		

### 3.2.2 Trailer record (TR2)

The last record in a batch is the trailer record (TR2). The Claims Release 3.0 TR2 record will specify the counts for the number of records contained within the batch (the total number of 148 and R21 records) in the Detail Record Count (DN0106) and the number of transactions contained

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

within the batch (the total number of 148 and R21 pairs that make up FROI transactions) in the Transaction Count (DN0191). The Detail Record Count must always be twice (double) the number contained in the Transaction Count for correctly assembled batches.

DN	TR2 data elements	Format	Length	Beg.	End
0001	Transaction Set ID	A/N	3	1	3
0106	Detail Record Count	N	9	4	12
0191	Transaction Count	N	9	13	21

### 3.2.3 FROI records (148/R21)

A Claims Release 3.0 FROI transaction comprises two records that exist in the transaction file, one directly after the other. The first record in a transaction must be the 148 record. The 148 record is a fixed length record.

DN	148 data elements	Format	Length	Beg.	End
0001	Transaction Set ID	A/N	3	1	3
0002	Maintenance Type Code	A/N	2	4	5
0003	Maintenance Type Code Date	DATE	8	6	13
0004	Jurisdiction Code	A/N	2	14	15
0005	Jurisdiction Claim Number	A/N	25	16	40
0006	Insurer FEIN	A/N	9	41	49
	Filler (Not for Use)	A/N	129	50	178
0012	Claim Admin Mailing City	A/N	15	179	193
0013	Claim Admin Mailing State Code	A/N	2	194	195
0014	Claim Admin Mailing Postal Code	A/N	9	196	204
0015	Claim Admin Claim Number	A/N	25	205	229
0016	Employer FEIN	A/N	9	230	238
	Filler (Not for Use)	A/N	120	239	358
0021	Employer Physical City	A/N	15	359	373
0022	Employer Physical State Code	A/N	2	374	375
0023	Employer Physical Postal Code	A/N	9	376	384
	Filler (Not for Use)	A/N	1	385	385
0025	Industry Code	A/N	6	386	391
	Filler (Not for Use)	A/N	10	392	401
0027	Insured Location Identifier	A/N	15	402	416
0028	Policy Number	A/N	18	417	434
	Filler (Not for Use)	A/N	12	435	446
0029	Policy Effective Date	DATE	8	447	454
0030	Policy Expiration Date	DATE	8	455	462
0031	Date of Injury	DATE	8	463	470
0032	Time of Injury	HHMM	4	471	474
0033	Accident Site Postal Code	A/N	9	475	483
	Filler (Not for Use)	A/N	1	484	484
0035	Nature of Injury Code	A/N	2	485	486

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

DN	148 data elements	Format	Length	Beg.	End
0036	Part of Body Injured Code	A/N	2	487	488
0037	Cause of Injury Code	A/N	2	489	490
	Filler (Not for Use)	A/N	150	491	640
0039	Initial Treatment Code	A/N	2	641	642
0040	Date Employer Knew of Injury	DATE	8	643	650
0041	Date Claim Admin Knew of Injury	DATE	8	651	658
	Filler (Not for Use)	A/N	39	659	697
0044	Employee First Name	A/N	15	698	712
	Filler (Not for Use)	A/N	61	713	773
0048	Employee Mailing City	A/N	15	774	788
0049	Employee Mailing State Code	A/N	2	789	790
0050	Employee Mailing Postal Code	A/N	9	791	799
	Filler (Not for Use)	A/N	10	800	809
0052	Employee Date of Birth	DATE	8	810	817
0053	Employee Gender Code	A/N	1	818	818
0054	Employee Marital Status Code	A/N	1	819	819
0055	Employee Number of Dependents	N	2	820	821
0056	Initial Date Disability Began	DATE	8	822	829
0057	Employee Date of Death	DATE	8	830	837
0058	Employment Status Code	A/N	2	838	839
0059	Manual Classification Code	A/N	4	840	843
	Filler (Not for Use)	A/N	30	844	873
0061	Employee Date of Hire	DATE	8	874	881
0062	Wage	\$9.2	11	882	892
0063	Wage Period Code	A/N	2	893	894
0064	Number of Days Worked Per Week	N	1	895	895
0065	Initial Date Last Day Worked	DATE	8	896	903
0066	Full Wages Paid for DOI Indicator	A/N	1	904	904
	Filler (Not for Use)	A/N	1	905	905
0068	Initial Return to Work Date	DATE	8	906	913

The second record in a FROI transaction set is the R21 record. The R21 record is the FROI companion record that must be immediately preceded by a 148 record for the same transaction. The 148/R21 pair must be for the same claim (SSN/DOI) as indicated by the “Claim Admin Claim Number,” which is data element DN0015 that exists in both the 148 and R21 record. This is necessary to ensure the 148 record and the corresponding R21 record is for the same transaction.

The R21 record is a variable length record, meaning there are several expandable segments. The first 1,600 bytes of the R21 record are fixed length. There are counters in the R21 record that indicate the number of variable segments that are contained within the record. The data elements that are indicated in the variable segments are expected for the number of times that are specified by the associated counter.

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

DN	R21 data elements	Format	Length	Beg.	End
0001	Transaction Set ID	A/N	3	1	3
0295	MTC Correction Code	A/N	2	4	5
0296	MTC Correction Code Date	DATE	8	6	13
	Filler – Future Defined Usage	A/N	8	14	21
0186	Jurisdiction Branch Office Code	A/N	2	22	23
0015	Claim Admin Claim Number	A/N	25	24	48
0187	Claim Admin FEIN	A/N	9	49	57
0188	Claim Admin Name	A/N	40	58	97
0135	Claim Admin Mail Info/Attn Line	A/N	50	98	147
0010	Claim Admin Mail Primary Address	A/N	40	148	187
0011	Claim Admin Mail Second Address	A/N	40	188	227
0136	Claim Admin Mail Country Code	A/N	3	228	230
0270	Employee ID Type Qualifier	A/N	1	231	231
*	Employee ID (DN0042/DN0154)	A/N	15	232	246
0255	Employee Last Name Suffix	A/N	4	247	250
0150	Employee Auth Release Med Recs	A/N	1	251	251
0157	Employee SSN Release Indicator	A/N	1	252	252
0043	Employee Last Name	A/N	40	253	292
0045	Employee Middle Name – Initial	A/N	15	293	307
0046	Employee Mailing Primary Address	A/N	40	308	347
0047	Employee Mailing Second Address	A/N	40	348	387
0155	Employee Mailing Country Code	A/N	3	388	390
0051	Employee Phone Number	A/N	15	391	405
0146	Death Result of Injury Code	A/N	1	406	406
0290	Type of Loss Code	A/N	2	407	408
0228	Return To Work With Same Employer Ind	A/N	1	409	409
0189	Return To Work Type Code	A/N	1	410	410
0224	Physical Restrictions Indicator	A/N	1	411	411
0314	Insured FEIN	A/N	9	412	420
0017	Insured Name	A/N	40	421	460
0184	Insured Type Code	A/N	1	461	461
0026	Insured Report Number	A/N	25	462	486
0204	Work Week Type Code	A/N	1	487	487
0205	Work Days Scheduled Code	A/N	7	488	494
	Filler – Future Defined Usage	A/N	1	495	495
0007	Insurer Name	A/N	40	496	535
0185	Insurer Type Code	A/N	1	536	536
0292	Insolvent Insurer FEIN	A/N	9	537	545
0200	Claim Administrator Alternate Postal Code	A/N	9	546	554
0206	Employee Security ID	A/N	15	555	569
	Filler – Future Defined Usage	A/N	8	570	577
0249	Accident Premises Code	A/N	1	578	578
0118	Accident Site County – Parish	A/N	20	579	598

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

DN	R21 data elements	Format	Length	Beg.	End
0119	Accident Site Location Narrative	A/N	50	599	648
0120	Accident Site Organization Name	A/N	50	649	698
0121	Accident Site City	A/N	15	699	713
0122	Accident Site Street	A/N	40	714	753
0123	Accident Site State Code	A/N	2	754	755
0280	Accident Site Country Code	A/N	3	756	758
0281	Date Employer Had Knowledge of Date of Disability	DATE	8	759	766
	Filler – Future Defined Usage	A/N	1	767	767
0018	Employer Name	A/N	40	768	807
0329	Employer UI Number	A/N	15	808	822
0019	Employer Physical Primary Address	A/N	40	823	862
0020	Employer Physical Second Address	A/N	40	863	902
0164	Employer Physical Country Code	A/N	3	903	905
0159	Employer Contact Business Phone	A/N	15	906	920
0160	Employer Contact Name	A/N	40	921	960
	Filler – Future Defined Usage	A/N	90	961	1050
0163	Employer Mailing Info/Attention Line	A/N	50	1051	1100
0165	Employer Mailing City	A/N	15	1101	1115
0166	Employer Mailing Country Code	A/N	3	1116	1118
0167	Employer Mailing Postal Code	A/N	9	1119	1127
0168	Employer Mailing Primary Address	A/N	40	1128	1167
0169	Employer Mailing Second Address	A/N	40	1168	1207
0170	Employer Mailing State Code	A/N	2	1208	1209
	Filler – Future Defined Usage	A/N	50	1210	1259
0060	Occupation Description	A/N	50	1260	1309
0199	Full Denial Effective Date	DATE	8	1310	1317
	Filler – Future Defined Usage	A/N	163	1318	1480
0073	Claim Status Code	A/N	1	1481	1481
0074	Claim Type Code	A/N	1	1482	1482
0077	Late Reason Code	A/N	2	1483	1484
0273	Employer Paid Salary in Lieu of Comp Ind	A/N	1	1485	1485
	Filler – Future Defined Usage	A/N	105	1486	1590
<b>Variable segment counters</b>					
0274	Number of Accident/Injury Desc Narratives	N	2	1591	1592
0277	Number of Full Denial Reason Codes	N	2	1593	1594
0276	Number of Denial Reason Narratives	N	2	1595	1596
0278	Number of Managed Care Organizations	N	2	1597	1598
0279	Number of Witnesses	N	2	1599	1600
<b>Variable segments</b>					
<b>Accident/injury description narrative occurs up to 10 times (DN0274)</b>					
0038	Accident/Injury Description Narrative	A/N	50	1	50
<b>Full denial reason code occurs up to five times (DN0277)</b>					

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

DN	R21 data elements	Format	Length	Beg.	End
0198	Full Denial Reason Code	A/N	2	1	2
<b>Denial reason narrative occurs up to three times (DN0276)</b>					
0197	Denial Reason Narrative	A/N	50	1	50
<b>Managed care organizations occurs up to two times (DN0278)</b>					
0207	Managed Care Organization Code	A/N	2	1	2
0209	Managed Care Organization Name	A/N	40	3	42
0208	Managed Care Organization ID Number	A/N	9	43	51
	Filler – Future Defined Usage	A/N	20	52	71
<b>Witness information occurs up to five times (DN0279)</b>					
0238	Witness Name	A/N	40	1	40
0237	Witness Business Phone Number	A/N	15	41	55
	Filler – Future Defined Usage	A/N	20	56	75

The value of the “Employee ID Type Qualifier” data element (DN0270) is used to specify the type of “Employee ID” data element that is being provided in the transaction. The department will only accept a nine-digit SSN or the equivalent employee ID (department generated identification number) for the “Employee ID” data element. Therefore, data element DN0270 must be either an “S” or an “A” and the corresponding data element for the employee ID must be provided (DN0042 or DN0154). All other employee ID type qualifiers contained in DN0270 or other employee ID data elements (DN0156, DN0152 or DN0153) will cause the transaction to be rejected.

DN0270 value	DN (*)	Employee ID
S	0042	Employee SSN
P	0156	Employee Passport Number (TR)
E	0152	Employee Employment Visa (TR)
G	0153	Employee Green Card (TR)
A	0154	Employee ID Assigned by Jurisdiction

### 3.2.4 Acknowledgment files (AKC)

A Claims Release 3.0 acknowledgment transaction is defined as the AKC record. The AKC record is a variable-length record, which contains fixed-length information and a variable number of error segments depending upon the number of errors in the FROI (148/R21) transaction that is being acknowledged. An acknowledgment batch consists of a header record as the first record, an AKC record that corresponds to each FROI (148/R21) transaction and a trailer record as the last record, all in an acknowledgment transmission file that is returned to the original sender. The name of the AKC file that DLI returns to the trading partner is ACCOUNTNAME.ACCOUNTNAME.[COUNTER].AKC. For example: COMPANYXYZ.COMPANYXYZ.002.AKC.

The first 248 bytes of the AKC record are fixed length. There is a counter in the AKC record (Number of Errors (DN0114)) that indicates the number of variable error segments that are contained within the record. The data elements that exist in each variable segment will be specified the number of times that are indicated by the DN0114 error counter.

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

DN	AKC data elements	Format	Length	Beg.	End
0001	Transaction Set ID	A/N	3	1	3
0107	Record Sequence Number	N	9	4	12
0108	Date Processed	DATE	8	13	20
0109	Time Processed	TIME	6	21	26
0006	Insurer FEIN	A/N	9	27	35
0014	Claim Admin Mailing Postal Code	A/N	9	36	44
0187	Claim Admin FEIN	A/N	9	45	53
0110	Acknowledgment Trans Set ID	A/N	3	54	56
0111	Application Acknowledgment Code	A/N	2	57	58
0026	Insured Report Number	A/N	25	59	83
0015	Claim Admin Claim Number	A/N	25	84	108
0005	Jurisdiction Claim Number	A/N	25	109	133
0002	MTC (From Original Trans)	A/N	2	134	135
0003	MTC Date (From Original Trans)	DATE	8	136	143
0112	Request Code	A/N	3	144	146
0113	Free Form Text	A/N	60	147	206
0114	Number of Errors	N	2	207	208
0295	MTC Correction Code	A/N	2	209	210
0296	MTC Correction Code Date	DATE	8	211	218
0186	Jurisdiction Branch Office Code	A/N	2	219	220
0200	Claim Admin Alternate Postal Code	A/N	9	221	229
0206	Employee Security ID	A/N	15	230	244
NA	Filler – Future Defined Usage	A/N	4	245	248
<b>Variable segments error information occurs up to 99 times (DN0114)</b>					
0115	Element Number	A/N	4	1	4
0116	Element Error Number	A/N	3	5	7
0117	Variable Segment Number	N	2	8	9
0291	Element Error Text	A/N	50	10	59

The IAIABC standards recently added DN0206 Employee Security ID. This is a 15-digit A/N field with the first two digits being the assigning jurisdiction’s two-digit jurisdiction state code. In Minnesota, the digits following the “MN” in DN0206 will be the worker identification (WID) number, which is a number DLI generates internally to uniquely identify each different employee who has a claim in DLI’s database, e.g., MN99999999. The Employee Security ID data element containing the WID number will be sent to the trading partner in the acknowledgment record so that the trading partner can use it on any of its correspondence to parties on the claim. In the FROI R21 record layout, DLI will process DN0206 as part of the match data processing for MTCs 02 and CO but will cause the transaction to be receive a TE error for MTCs 00, 04 or AU if it is sent in the FROI record layout. See Match data requirements in section 3.3 for further information. For further information about the WID number, visit the DLI website at [www.dli.mn.gov/WC/FaqWid.asp](http://www.dli.mn.gov/WC/FaqWid.asp).

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

### 3.3 Validation requirements

The data elements included in the various Claims Release 3.0 transactions are validated for appropriate values. The IAIABC has published spreadsheets for Claims Release 3.0 that can be used by the trading partners to understand the reporting requirements of the jurisdiction. Several of these spreadsheets are pertinent to the validation of the data elements that are specified in the transactions of a Claims Release 3.0 transmission file.

The Minnesota DLI Claims Release 3.0 spreadsheets are incorporated into this implementation guide and must be used in conjunction with all other requirements in this implementation guide. The spreadsheets are available on the department’s website at [www.dli.mn.gov/WC/Edi.asp](http://www.dli.mn.gov/WC/Edi.asp):

- FROI element requirement table;
- FROI conditional requirements;
- Edit matrix;
- Jurisdiction data element valid values;
- Event table; and
- Match data table.

Some data elements are considered “mandatory” or “fatal” and will cause the FROI (148/R21) transaction to be rejected (TR) if they are not specified or are invalid. Other data elements are “expected” in each transaction and will cause the transaction to be accepted with errors (TE) if they are invalid. Still other elements are considered “mandatory/conditional,” “expected/conditional” or optional (“if available”) and will only be validated under certain conditions. Elements designated as NA or X do not need to be sent.

The following requirement/edit codes are used to indicate the reporting requirements for each data element.

Code	Explanation
F	Fatal Technical. Data element is essential for a transmission/transaction to be accepted. Invalid data will cause the transmission/transaction to be rejected.
M	Mandatory. Data element must be present and must be a valid format or the transaction will be rejected.
MC	Mandatory/Conditional. Data element becomes mandatory under certain conditions. If the defined condition exists, the data element is validated, which will cause the transaction to be rejected if validation fails.
E	Expected. Data element is expected on the MTC, but the transaction will be accepted with errors if validation fails.
EC	Expected/Conditional. Data element becomes expected under certain conditions. If the defined condition exists, the data element is validated, which will cause the transaction to be accepted with errors if validation fails.
AA	Data should be sent if applicable and/or available. The field may or may not be populated. If the data is applicable to the claim, data must be sent. If data is present, the jurisdiction may edit it for valid value and/or format but may only return a Transaction Accepted (TA) Application Acknowledgement Code even if data fails the edits.
AE	Data should be sent if applicable and/or available. The field may or may not be populated. If the data is applicable to the claim, data must be sent. If data is present, the

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

Code	Explanation
	Jurisdiction will edit it for valid value and/or format. The Jurisdiction must return a Transaction Accepted with Errors (TE) Application Acknowledgement Code if the data fails the edits.
AR	Data should be sent if applicable and/or available. The field may or may not be populated. If the data is applicable to the claim, data must be sent. If data is present, the Jurisdiction will edit it for valid value and/or format. The Jurisdiction must return a Transaction Rejected (TR) Application Acknowledgement Code if the data fails the edits.
NA	Not Applicable. Data element is not applicable to the jurisdiction's requirements for the MTC and does not need to be sent.
X	Exclude. Data element is not applicable to the jurisdiction and does not need to be sent.

Rec	DN	Data elements	Req.	Minnesota validation requirements
ALL	0001	Transaction Set ID	F	TR (Must be HD1, 148, R21, TR2)
148	0002	Maintenance Type Code	F	TR (Must be 00, 02, 04, CO, AU)
148	0003	Maintenance Type Code Date	F	TR (Must be a valid date) TR (Must be ≤ today's date) TR (Must be ≥ date of injury (DN0031))
148	0004	Jurisdiction Code	F	TR (Must be MN)
148	0005	Jurisdiction Claim Number	MC	TR (Must exist for MTC 02, CO)
148	0006	Insurer FEIN	M	TR (Must exist – valid numeric) TE (Must be valid IR FEIN)
R21	0007	Insurer Name	M	TR (Must exist)
R21	0010	Claim Admin Mailing Primary Address	E	TE (Must exist)
R21	0011	Claim Admin Mailing Secondary Address	AA	
148	0012	Claim Admin Mailing City	E	TE (Must exist)
148	0013	Claim Admin Mailing State Code	E	TE (Must exist)
148	0014	Claim Admin Mailing Postal Code	M	TR (Must be valid ZIP code) TE (Must be valid CA ZIP code)
148 R21	0015	Claim Admin Claim Number	F	TR (Must exist) TR (Key match between 148 and R21)
148	0016	Employer FEIN	E	TE (Must exist)
R21	0017	Insured Name	E	TE (Must exist)
R21	0018	Employer Name	M	TR (Must exist)
R21	0019	Employer Physical Primary Address	EC	TE (Must exist if different than mailing)
R21	0020	Employer Physical Secondary Address	AA	
148	0021	Employer Physical City	EC	TE (Must exist if different than mailing)
148	0022	Employer Physical State Code	EC	TE (Must exist if different than mailing)
148	0023	Employer Physical Postal Code	EC	TE (Must exist if different than mailing)

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

Rec	DN	Data elements	Req.	Minnesota validation requirements
				TE (Must be valid ZIP code if exists)
148	0025	Industry Code	E	TE (Must be valid 6 digit NAICS code)
R21	0026	Insured Report Number	NA	
148	0027	Insured Location Identifier	MC	TR (Must exist for trading partner STATEOFMN – AA for all other trading partners) TE (Must be valid ID for trading partner STATEOFMN – AA for all other trading partners)
148	0028	Policy Number	AA	
148	0029	Policy Effective Date	AE	TE (Must be valid date if exists)
148	0030	Policy Expiration Date	AE	TE (Must be valid date if exists)
148	0031	Date of Injury	M	TR (Must be valid date) TR (Must be ≤ today's date) TR (Must be ≤ MTC date (DN0003))
148	0032	Time of Injury	E	TE (Must be valid time 0000-2359 if type of loss code (DN0290) is not 02, 03)
148	0033	Accident Site Postal Code	EC	TE (Must be valid ZIP code if accident site location narrative (DN0119) does not exist)
148	0035	Nature of Injury Code	E	TE (Must exist)
148	0036	Part of Body Injured Code	E	TE (Must exist)
148	0037	Cause of Injury Code	E	TE (Must exist)
R21	0038	Accident/Injury Description Narrative	E	TE (Must exist)
148	0039	Initial Treatment Code	E	TE (Must be valid value 0-5)
148	0040	Date Employer Had Knowledge of the Injury	E	TE (Must be valid date) TE (Must be ≤ today's date) TE (Must be ≤ MTC date (DN0003)) TE (Must be ≥ date of injury (DN0031))
148	0041	Date CA Had Knowledge of the Injury	M	TR (Must be valid date) TR (Must be ≤ today's date) TE (Must be ≤ MTC date (DN0003)) TE (Must be ≥ date of injury (DN0031))
R21	0042	Employee SSN	MC	TR (Must exist – valid numeric if MTC code is 00, 04, AU and employee ID assigned by jurisdiction (DN0154) is blank) TR (Must exist – valid numeric if MTC code is 02, CO, employee ID assigned by jurisdiction (DN0154) is blank and employee security ID (DN0206) is blank)

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

Rec	DN	Data elements	Req.	Minnesota validation requirements
R21	0043	Employee Last Name	M	TR (Must exist)
148	0044	Employee First Name	M	TR (Must exist)
R21	0045	Employee Middle Name/Initial	AA	
R21	0046	Employee Mailing Primary Address	M	TR (Must exist – Unknown is invalid)
R21	0047	Employee Mailing Secondary Address	AA	
148	0048	Employee Mailing City	E	TE (Must exist)
148	0049	Employee Mailing State Code	E	TE (Must exist)
148	0050	Employee Mailing Postal Code	M	TR (Must exist) TE (Must be a valid ZIP code)
R21	0051	Employee Phone Number	E	TE (Must exist – valid numeric)
148	0052	Employee Date of Birth	E	TE (Must be valid date) TE (Must be ≤ today's date) TE (Must be ≤ MTC date (DN0003)) TE (Must be ≤ date of injury (DN0031)) TE (Must be ≤ initial date disability began (DN0056) if exists) TE (Must be ≤ employee date of hire (DN0061) if exists)
148	0053	Employee Gender Code	E	TE (Must be M or F)
148	0054	Employee Marital Status Code	E	TE (Must be U, M or S)
148	0055	Employee Number of Dependents	EC	TE (Must be numeric if exists) TE (Must exist if death result of injury (DN0146) is Y)
148	0056	Initial Date Disability Began	EC	TE (Must be valid date if exists) TE (Must be ≤ today's date) TE (Must be ≤ MTC date (DN0003)) TE (Must be ≥ date of injury (DN0031)) TE (Must be ≤ employee date of death (DN0057) if exists) TE (Must be ≥ initial date last day worked (DN0065) if exists) TE (Must exist if employee date of death (DN0057) exists and > the date of injury (DN0031)) (If employee date of death (DN0057) exists and = the date of injury (DN0031) the edits below do not apply) TE (Must exist if date employer had knowledge of date of disability (DN0281) exists) TE (Must exist if full wages paid for DOI (DN0066) is Y, N)

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

Rec	DN	Data elements	Req.	Minnesota validation requirements
				TE (Must exist if claim type code (DN0074) is I, L, W) TE (Must exist if initial return to work date (DN0068) exists)
148	0057	Employee Date of Death	EC	TE (Must be valid date if exists) TE (Must be ≤ today's date) TE (Must be ≤ MTC date (DN0003)) TE (Must be ≥ date of injury (DN0031)) TE (Must exist if death result of injury (DN0146) exists)
148	0058	Employment Status Code	E	TE (Must be C, 9, 8, A, B, 1, 2)
148	0059	Manual Classification Code	NA	
R21	0060	Occupation Description	E	TE (Must exist)
148	0061	Employee Date of Hire	E	TE (Must be valid date) TE (Must be ≤ today's date) TE (Must be ≤ date of injury (DN0031))
148	0062	Wage	EC	TE (Must exist – AWW > \$10 unless employment status (DN0058) is volunteer) TE (Must exist – valid numeric)
148	0063	Wage Period Code	EC	TE (Must be 01, 02, 04, 06 unless employment status (DN0058) is volunteer)
148	0064	Number of Days Worked Per Week	EC	TE (Must exist if wage period code (DN0063) is 06) TE (Must be 5 if exists and work week type code (DN0204) is S)
148	0065	Initial Date Last Day Worked	AE	TE (Must be valid date if exists) TE (Must be ≤ today's date) TE (Must be ≤ MTC date (DN0003)) TE (Must be ≥ date of injury (DN0031))
148	0066	Full Wages Paid for DOI Indicator	EC	TE (Must be Y, N if exists) TE (Must be Y or N if initial date disability began (DN0056) exists and = the date of injury (DN0031)) TE (Must be blank if initial date disability began (DN0056) exists and > the date of injury (DN0031))
148	0068	Initial Return to Work Date	EC	TE (Must exist if RTW type code (DN0189) is A) TE (Must be valid date if exists) TE (Must be ≤ today's date)

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

Rec	DN	Data elements	Req.	Minnesota validation requirements
				TE (Must be $\geq$ date of injury (DN0031)) TE (Must be $\geq$ initial date disability began (DN0056)) TE (Must be $\leq$ employee date of death (DN0057) if exists)
R21	0073	Claims Status Code	NA	
R21	0074	Claim Type Code	E	TE (Must be M, I, N, B, L, W, P) TE (Must be I, L, W, P if initial date disability began (DN0056) exists)
R21	0075	Agreement to Compensate Code	NA	
R21	0077	Late Reason Code	AE	TE (Must be L1, L2, L3, L4, L5, L6, L7, L8, L9, LA, LB, LC, C1, D1, D2, D3, D4, D5, D6, E1, E2, E3, E4, E5, E6 if exists)
HD1	0098	Sender ID	F	HD (Must exist – reject batch)
HD1	0099	Receiver ID	F	HD (Must exist – reject batch)
HD1	0100	Date Transmission Sent	F	HD (Must be valid date – reject batch) HD (Must be $\leq$ today's date – reject batch)
HD1	0101	Time Transmission Sent	F	HD (Must be valid time 000000 through 235959 – reject batch)
HD1	0102	Original Transmission Date	AA	
HD1	0103	Original Transmission Time	AA	
HD1	0104	Test/Production Code	F	HD (Must be P, T – reject batch)
HD1	0105	Interchange Version ID	F	HD (Must be 14830 – reject batch)
TR2	0106	Detail Record Count	F	HD (Must exist – valid numeric – reject batch) HD (Must match batch – reject batch)
R21	0118	Accident Site County/Parish	NA	
R21	0119	Accident Site Location Narrative	EC	TE (Must exist if accident site postal code (DN0033) does not exist) TE (Must exist if accident site organization name (DN0120) does not exist and accident premises code (DN0249) is X)
R21	0120	Accident Site Organization Name	EC	TE (Must exist if accident premises code (DN0249) is E or L)
R21	0121	Accident Site City	EC	TE (Must exist if accident site location narrative (DN0119) does not exist)
R21	0122	Accident Site Street	EC	TE (Must exist if accident site location narrative (DN0119) does not exist)
R21	0123	Accident Site State Code	EC	TE (Must exist if accident site location narrative (DN0119) does not exist)
R21	0135	Claim Admin Mail Info/Attn Line	NA	

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

Rec	DN	Data elements	Req.	Minnesota validation requirements
R21	0136	Claim Admin Mailing Country Code	NA	
R21	0146	Death Result of Injury Code	EC	TE (Must be Y, N, U if exists) TE (Must exist if date of death (DN0057) exists)
R21	0150	EE Auth to Release Med Records Ind	NA	
R21	0152	Employee Employment Visa	X	TR (Not accepted as employee ID)
R21	0153	Employee Green Card	X	TR (Not accepted as employee ID)
R21	0154	Employee ID Assigned by Jurisdiction	MC	TR (Must exist – valid numeric if MTC code is 00, 04, AU and employee SSN (DN0042) is blank) TR (Must exist – valid numeric if MTC code is 02, CO, employee SSN (DN0042) is blank and employee security ID (DN0206) is blank)
R21	0155	Employee Mailing Country Code	AA	
R21	0156	Employee Passport Number	X	TR (Not accepted as employee ID)
R21	0157	EE Social Security Number Release Ind	NA	
R21	0159	Employer Contact Business Phone	AE	TE (Must be valid numeric if exists)
R21	0160	Employer Contact Name	AA	
R21	0163	Employer Mailing Info/Attn Line	NA	
R21	0164	Employer Physical Country Code	AA	
R21	0165	Employer Mailing City	E	TE (Must exist)
R21	0166	Employer Mailing Country Code	AA	
R21	0167	Employer Mailing Postal Code	M	TR (Must exist) TE (Must be a valid ZIP code)
R21	0168	Employer Mailing Primary Address	M	TR (Must exist – Unknown is invalid)
R21	0169	Employer Mailing Secondary Address	AA	
R21	0170	Employer Mailing State Code	E	TE (Must exist)
R21	0184	Insured Type Code	EC	TE (Must be I, S for all trading partners except Special Compensation Fund Uninsured Claims unit) TE (Must be U for trading partner Special Compensation Fund Uninsured Claims unit)
R21	0185	Insurer Type Code	EC	TE (Must be I, S, G)
R21	0186	Jurisdiction Branch Office Code	NA	
R21	0187	Claim Administrator FEIN	M	TR (Must exist – valid numeric) TE (Must be valid CA FEIN)
R21	0188	Claim Administrator Name	M	TR (Must exist)
R21	0189	Return to Work Type Code	EC	TE (Must be A if exists) TE (Must exist if initial return to work date (DN0068) exists)
TR2	0191	Transaction Count	F	HD (Must exist – valid numeric – reject batch)

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

Rec	DN	Data elements	Req.	Minnesota validation requirements
				HD (Must match batch – reject batch)
R21	0197	Denial Reason Narrative	X	
R21	0198	Full Denial Reason Code	X	
R21	0199	Full Denial Effective Date	X	
R21	0200	Claim Admin Alternate Postal Code	NA	
R21	0204	Work Week Type Code	EC	TE (Must be S, F, V if date of injury (DN0031) ≥ 01/01/2014)
R21	0205	Work Days Scheduled Code	EC	TE (Must be valid code if work week type code (DN0204) is F) TE (Must not exist if work week type code (DN0204) is V)
R21	0206	Employee Security ID (WID)	AE	Allowed for MTC 02, CO. TE (should not exist for MTC 00, 04, AU)
R21	0207	Managed Care Organization Code	EC	TE (Must be 00,01 if exists) TE (Must exist if Number of Managed Care Organizations (DN0278) > 0)
R21	0208	Managed Care Organization ID Number	EC	TE (Must be 1, 2, 3 if MCO code (DN0207) is 01) TE (Must not exist if MCO code (DN0207) is 00)
R21	0209	Managed Care Organization Name	NA	
R21	0224	Physical Restrictions Indicator	AE	TE (Must be Y, N if exists)
R21	0228	Return to Work With Same Employer Ind	AE	TE (Must be Y, N if exists)
R21	0237	Witness Business Phone Number	AE	TE (Must be valid numeric if exists)
R21	0238	Witness Name	AE	TE (Must not be blank if Number of Witnesses (DN0279) > 00)
R21	0249	Accident Premises Code	E	TE (Must be E, L, X)
R21	0255	Employee Last Name Suffix	AA	
R21	0270	Employee ID Type Qualifier	MC	TR (Must be S, A if MTC code is 00, 04, AU) TR (Must be S, A if MTC code is 02, CO and employee security ID (DN0206) is blank)
R21	0273	Employer Paid Salary in Lieu of Comp Ind	AE	TE (Must be Y,N if exists)
R21	0274	Number of Accident/Injury Desc Narratives	F	TR (Must be valid numeric 00-10)
R21	0276	Number of Denial Reason Narratives	F	TR (Must be valid numeric 00-03)
R21	0277	Number of Full Denial Reason Codes	F	TR (Must be valid numeric 00-05)
R21	0278	Number of Managed Care Organizations	F	TR (Must be valid numeric 00-02), see special conditions below
R21	0279	Number of Witnesses	F	TR (Must be valid numeric 00-05)
R21	0280	Accident Site Country Code	AA	

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

Rec	DN	Data elements	Req.	Minnesota validation requirements
R21	0281	Date Employer Had Knowledge of Date of Disability	EC	TE (Must be valid date if initial date disability began (DN0056) exists) TE (Must be ≤ today's date) TE (Must be ≥ date of injury (DN0031))
R21	0290	Type of Loss Code	AE	TE (Must be 01, 02, 03 if exists)
R21	0292	Insolvent Insurer FEIN	EC	TE (Must be valid numeric if exists) TE (Must exist if insurer type (DN0185) is G)
R21	0295	Maintenance Type Correction Code	X	
R21	0296	Maintenance Type Correction Code Date	X	
R21	0314	Insured FEIN	AE	TE (Must be valid numeric if exists)
R21	0329	Employer UI Number	AE	TE (Must be valid numeric if exists)

### Conditional requirements

Certain data elements are either “mandatory/conditional” or “expected/conditional” depending upon certain conditions in the transaction or the contents of other data elements. Some data elements in the table that are indicated by the “F,” “MC” or “EC” requirement/edit codes have additional special conditions or conditional edits applied.

The Minnesota DLI Claims Release 3.0 spreadsheets are incorporated into this implementation guide and must be used in conjunction with all other requirements in this implementation guide. The spreadsheets are available on the department’s website at [www.dli.mn.gov/WC/Edi.asp](http://www.dli.mn.gov/WC/Edi.asp):

The Minnesota DLI Claims Release 3.0 spreadsheets, including the FROI Element Requirement Table and FROI Conditional Requirements, must be used for information about the conditional relationships between certain data elements. The Jurisdiction DE Valid Values must be used to determine the set of valid values for a particular data element. **Note:** Some valid values proposed by the IAIABC are not accepted on transactions in Minnesota. The Edit Matrix contains information about the possible error message numbers that are generated if a transaction is rejected (TR) or accepted with errors (TE) on a specific data element.

Rec	DN	Data elements	Special conditions/conditional edits
ALL	0001	Transaction Set ID	The transaction will be rejected for any transaction set ID indicated other than HD1, 148, R21, TR2. The SROI transactions (A49, R22) are not currently accepted.
148	0002	Maintenance Type Code	The transaction will be rejected for any MTC other than 00, 02, 04, AU, CO. MTC 01, AQ, UI, UR are not accepted. <ul style="list-style-type: none"> <li>• 04 processed as 00 not as denial</li> <li>• 02 and CO require an already existing FROI (resend as 00/AU as necessary)</li> </ul>

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

Rec	DN	Data elements	Special conditions/conditional edits
148	0004	Jurisdiction Code	The transaction will be rejected for any jurisdiction code other than MN.
148	0005	Jurisdiction Claim Number	The jurisdiction claim number must be sent for MTC 02 and CO.
148	0006	Insurer FEIN	TR if not valid number. TE if not a valid FEIN on file with the Minnesota Department of Labor and Industry.
148 R21	0015	Claim Admin Claim Number	Key match to claim administrator claim number between the 148 and R21 records.
R21	0018	Employer Name	Must be the name of the employer for the location where the employee actually works (the DBA).
R21	0019	Employer Physical Primary Address	Must be sent if it is different than the employer mailing primary address. Must be the physical address for the location where the employee actually works (the DBA location).
148	0021	Employer Physical City	Must be sent if it is different than the employer mailing city. Must be the physical city for the location where the employee actually works (the DBA location).
148	0022	Employer Physical State Code	Must be sent if it is different than the employer mailing state code. Must be the physical state code for the location where the employee actually works (the DBA location).
148	0023	Employer Physical Postal Code	Must be sent if it is different than the employer mailing postal code. Must be the physical postal code for the location where the employee actually works (the DBA location).
148	0027	Insured Location Identifier	The Minnesota Department of Administration is required to send the agency identifier. DN0027 does not need to be sent for all other trading partners.
148	0033	Accident Site Postal Code	Expected if the Accident Site Location Narrative (DN0119) is not populated.
R21	0038	Accident/Injury Description Narrative	Must include how injury occurred and what the claimed injury is. See below for more information.
148	0042	Employee SSN	Either the nine-digit Employee SSN (DN0042) or the Employee ID Assigned by Jurisdiction (DN0154) must be sent if MTC code is 00, 04 or AU. One of the two must exist if MTC code is 02 or CO and Employee Security ID (DN0206) is blank. Values for the Employee Employment Visa (DN0152), Employee Green Card (DN0153) and Employee Passport

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

Rec	DN	Data elements	Special conditions/conditional edits
			Number (DN0156) are not accepted as an employee ID.
R21	0046	Employee Mailing Primary Address	Unknown is invalid.
148	0054	Employee Marital Status Code	The value S is treated the same as M.
148	0055	Employee Number of Dependents	Expected for fatalities and where the Death Result of Injury Code (DN0146) is Y.
148	0056	Initial Date Disability Began	<p>Expected for claims with any lost time from work at all.</p> <ul style="list-style-type: none"> <li>• Includes partial days of lost time or any lost wages (including time missed for medical treatment), even if the employer pays for the lost time;</li> <li>• Regardless of whether the claim or claimed lost time are denied.</li> </ul> <p>Known as the “First Day of Lost Time” on the Minnesota paper FROI.</p> <p>Expected if Employee Date of Death (DN0057) is populated and &gt; the Date of Injury (DN0031). If Employee Date of Death (DN0057) is populated and = the Date of Injury (DN0031) the edits below do not apply.</p> <p>Expected if the Date Employer Had Knowledge of Date of Disability (DN0281) is populated.</p> <p>Expected if the Full Wages Paid for DOI Indicator (DN0066) is Y or N. Expected if Claim Type Code (DN0074) is I, L or W.</p> <p>Expected if Initial Return to Work Date (DN0068) is populated.</p>
148	0057	Employee Date of Death	Expected for fatalities and where the Death Result of Injury Code (DN0146) is populated.
148	0062	Wage	Expected value greater than \$10 a week unless Employment Status Code (DN0058) is volunteer (9).
148	0063	Wage Period Code	Expected unless Employment Status Code (DN0058) is volunteer (9).
148	0064	Number of Days Worked Per Week	Expected if Wage Period Code (DN0063) is daily (06). Expected value is 5 if populated and Work Week Type Code (DN0204) is standard (S).
148	0066	Full Wages Paid for DOI Indicator	Expected values are Y or N only if there was any lost time on the date of injury. Must be blank if there was not any lost time on the date of injury. Expected values are Y or N if Initial Date Disability Began (DN0056) is populated and = the Date of Injury (DN0031). Must be

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

Rec	DN	Data elements	Special conditions/conditional edits
			blank if Initial Date Disability Began (DN0056) is populated and > the Date of Injury (DN0031).
148	0068	Initial Return to Work Date	Expected if the Return to Work Type Code (DN0189) is actual (A).
R21	0074	Claim Type Code	Expected values are M, I, N, B, L, W or P. Expected values are I, L, W or P if Initial Date Disability Began (DN0056) is populated.
R21	0119	Accident Site Location Narrative	Expected if the Accident Site Postal Code (DN0033) is not populated. Expected if Accident Site Organization Name (DN0120) is not populated and Accident Premises Code (DN0249) is X.
R21	0120	Accident Site Organization Name	Expected if the Accident Premises Code (DN0249) is E or L.
R21	0121	Accident Site City	Expected if the Accident Site Location Narrative (DN0119) is not populated.
R21	0122	Accident Site Street	Expected if the Accident Site Location Narrative (DN0119) is not populated.
R21	0123	Accident Site State Code	Expected if the Accident Site Location Narrative (DN0119) is not populated.
R21	0146	Death Result of Injury Code	Expected for fatalities and where date of death (DN0057) is populated.
R21	0154	Employee ID Assigned by Jurisdiction	Either the nine-digit Employee SSN (DN0042) or the Employee ID Assigned by Jurisdiction (DN0154) must be sent if MTC code is 00, 04 or AU. One of the two must exist if MTC code is 02 or CO and Employee Security ID (DN0206) is blank. Values for the Employee Employment Visa (DN0152), Employee Green Card (DN0153) and Employee Passport Number (DN0156) are not accepted as an employee ID.
R21	0165	Employer Mailing City	Must be the employer mailing city for the location where the employee actually works (the DBA location).
R21	0167	Employer Mailing Postal Code	Must be the employer mailing postal code for the location where the employee actually works (the DBA location).
R21	0168	Employer Mailing Primary Address	Must be the employer mailing primary address for the location where the employee actually works (the DBA location). Unknown is invalid.
R21	0170	Employer Mailing State Code	Must be the employer mailing state code for the location where the employee actually works (the DBA location).
R21	0184	Insured Type Code	Must be I or S for all trading partners except Special Compensation Fund Uninsured Claims

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

Rec	DN	Data elements	Special conditions/conditional edits
			Unit. Must be U for trading partner Special Compensation Fund Uninsured Claims Unit.
R21	0185	Insurer Type Code	Expected to indicate guarantee fund (G) if the Insolvent Insurer FEIN (DN0292) is populated. Also used to indicate self-insured (S).
R21	0189	Return to Work Type Code	Expected value A if the Initial Return to Work Date (DN0068) is populated.
R21	0204	Work Week Type Code	Expected value S, F or V if date of injury $\geq$ 01/01/2014.
R21	0205	Work Days Scheduled Code	Expected if work week type code (DN0204) is F. Expected values are S or N for all 7 bytes. Not expected if Work Week Type Code (DN0204) is V.
R21	0206	Employee Security ID	Allowed for MTC 02 or CO. Should not exist for MTC 00, 04 or AU.
R21	0207	Managed Care Organization Code	Expected if a “certified” Managed Care Organization is involved in the claim. Expected if Number of Managed Care Organizations (DN0278) > 0.
R21	0208	Managed Care Organization ID Number	Expected if a “certified” Managed Care Organization is involved in the claim. Expected values are 1, 2 or 3 if Managed Care Organization Code is 1: 1 for Corvel, 2 for GENEX Services d.b.a. Intracorp and 3 for HealthPartners. Not expected if Managed Care Organization Code is 0.
R21	0255	Employee Last Name Suffix	Expected values are JR, SR, II, III, IV, etc.; not to be used are DR, MR, MS, MRS, MD, DDS, etc.
R21	0270	Employee ID Type Qualifier	Expected values are S or A. Values E, G and P are not accepted. Must exist if MTC code is 00, 04 or AU. Must exist if MTC code is 02 or CO and Employee Security ID (DN0206) is blank.
R21	0278	Number of Managed Care Organizations	Expected values are 00 or 01. If value is 02 (two MCO segments) only the first one will be processed.
R21	0281	Date Employer Had Knowledge of Date of Disability	Expected if Initial Date Disability Began (DN0056) is populated.
R21	0292	Insolvent Insurer FEIN	Expected if the Insurer Type Code (DN0185) is guarantee fund (G).

**Accident/injury description narrative (DN0038)**

Each accident/injury description must contain enough detail for the department to code the claim using each category below and comprehend what the claimed injury is and how it happened, to

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

enforce compliance with the workers' compensation statutes and rules as required by Minnesota Statutes 176.251.

- Part of body (arm, leg, wrist, back, etc.) – This must include descriptors such as right, left, both, upper, lower, etc.
- Nature of injury (burn, fracture, sprain, strain, cut, etc.)
- Source of injury (the item that was directly involved in the injury, such as tools, office machines, boxes, the ground, etc.)
- Type of accident (struck by, fall, overexertion, etc.)
- Associated objects (if another item was involved in the injury, such as falling off of a ladder onto the ground)

***Examples for coding purposes***

- Left knee strain. Employee reports he was climbing in and out of the truck when his left knee made a popping sound and has hurt since.
- Taking plugs off of fire hydrants using a wrench. Strained right hand and lump formed in the palm. (The type of accident is overexertion.)
- Fell in a manhole. Pain in the right knee and strain in the lower back.

**Match data requirements**

MTC	Requirements
00/04	When the Employee ID (DN0042 or DN0154) and Date of Injury (DN0031) on an incoming FROI matches a claim that already exists in the DLI system, the Claim Administrator Claim Number (DN0015) is used to determine if the new claim is a duplicate or a separate claim. The FROI will be rejected if there is an exact match.
AU	When the Employee ID (DN0042 or DN0154) and Date of Injury (DN0031) on an incoming FROI match a claim that already exists in the DLI system, the FROI will be rejected.
02	<ul style="list-style-type: none"> <li>• When the Jurisdiction Claim Number (DN0005) on an incoming FROI does not match a claim that already exists in the DLI system, the incoming FROI will be rejected.</li> <li>• If Jurisdiction Claim Number (DN0005) on an incoming FROI matches an existing claim in the DLI system but the Employee ID (DN0042 or DN0154) or Date of Injury (DN0031) on the incoming FROI do not match that claim, the Claim Administrator Claim Number (DN0015) is used to determine if the FROI is being sent to change the Employee ID (DN0042 or DN0154) or Date of Injury (DN0031). If the Claim Administrator Claim Number (DN0015) does not match that claim, the FROI will be rejected.</li> <li>• If Jurisdiction Claim Number (DN0005) on an incoming FROI matches an existing claim in the DLI system but both the Employee ID (DN0042 or DN0154) and Date of Injury (DN0031) do not match that claim, the FROI will be rejected.</li> </ul>
CO	When the Jurisdiction Claim Number (DN0005), Employee ID (DN0042 or DN0154) and Date of Injury (DN0031) on an incoming FROI do not match a claim that already exists in the DLI system, the FROI will be rejected.
02 (using DN0206)	<ul style="list-style-type: none"> <li>• When the Jurisdiction Claim Number (DN0005) on an incoming FROI does not match a claim that already exists in the DLI system, the incoming FROI will be rejected.</li> </ul>

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

	<ul style="list-style-type: none"> <li>• If Jurisdiction Claim Number (DN0005), Employee Security ID (DN0206) and Date of Injury (DN0031) on an incoming FROI matches an existing claim in the DLI system but the Employee ID (DN0042 or DN0154) on the incoming FROI does not match that claim, it is assumed the FROI is being sent to change the Employee ID (DN0042 or DN0154).</li> <li>• If Jurisdiction Claim Number (DN0005) and Employee Security ID (DN0206) on an incoming FROI matches an existing claim in the DLI system but the Date of Injury (DN0031) on the incoming FROI does not match that claim, the Claim Administrator Claim Number (DN0015) is used to determine if the FROI is being sent to change the Date of Injury (DN0031). If the Claim Administrator Claim Number (DN0015) does not match that claim, the FROI will be rejected.</li> <li>• If Jurisdiction Claim Number (DN0005) on an incoming FROI matches an existing claim in the DLI system but both the Employee Security ID (DN0206) and Date of Injury (DN0031) do not match that claim, the FROI will be rejected.</li> </ul>
CO (using DN0206)	When the Jurisdiction Claim Number (DN0005), Employee Security ID (DN0206) and Date of Injury (DN0031) on an incoming FROI do not match a claim that already exists in the DLI system, the FROI will be rejected.

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

## **4 Trading partner qualifications**

The Minnesota Department of Labor and Industry (DLI) requires all claim administrators – including insurers, self-insured employers and third-party administrators – to submit workers’ compensation claim first report of injury information to the department electronically via EDI or the eFROI Web portal.

### **4.1 EDI**

There are several steps that must be undertaken prior to submitting production EDI information to the Minnesota Department of Labor and Industry. The following procedures must be accomplished to become an EDI trading partner with DLI.

#### **1) Contact the Minnesota Department of Labor and Industry**

Contact the DLI EDI coordinator at [dli.edi@state.mn.us](mailto:dli.edi@state.mn.us). The DLI EDI coordinator is available to answer questions and assist with the necessary setup required to trade EDI data with the department. Additionally, the DLI EDI coordinator can provide contact information for the IAIABC, information about the various communication options and information about the vendors that can provide software and connectivity support for EDI communications.

#### **2) Contact the IAIABC**

Claim administrators preparing to participate in the department’s EDI program should reference the IAIABC website and, if needed, acquire the appropriate IAIABC EDI Implementation Guide. It is not necessary to be a member of the IAIABC organization to become a trading partner with the department.

The IAIABC standards documentation contains information that is necessary to identify the processes and procedures, the transaction data set formats that are understood and supported, error codes and other supporting information. The easiest way to acquire the IAIABC documentation is from its website at [www.iaabc.org](http://www.iaabc.org). IAIABC may also be reached by phone at (608) 663-6355 for additional information.

#### **3) Make arrangements for EDI communications**

The department has several options for receiving and transmitting EDI transmissions with its trading partners. The most straightforward and cost-effective option is the direct connection to the department’s EDI FTP server. This requires the trading partner to transmit its EDI data using secure FTP SSL/TLS encryption.

In addition, there are vendors that have products, services and years of experience working with claim administrators dealing with workers’ compensation claims. Prospective trading partners are required to use a reliable communications infrastructure to facilitate the transmission and receipt of EDI communications with the department. Refer to section 2.2 of this implementation guide.

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

**4) Plan, research, design and develop an EDI system**

After the necessary documentation has been acquired, the mechanisms necessary to transmit claim information electronically can be planned, designed and developed. It is expected this step could potentially take some time, particularly if the claim administrator has not worked with an EDI environment in the past.

There are many vendors that specialize in EDI for the insurance industry, including the vendors that offer various communication capabilities to the department, that have products and services that address a claim administrator's needs. The packaged software products can potentially be integrated with existing applications to enable the EDI environment for each site.

**5) Contact the DLI EDI coordinator to set up for testing**

After the application design and development have been completed, or the software packages have been put in place to transmit EDI data to the department, the new trading partner must contact the DLI EDI coordinator to set up an account for testing with the department. An EDI Trading Partner Profile must be completed prior to testing. The Minnesota Electronic Trading Partner Profile is available at [www.workplace.doli.state.mn.us/ediprofile](http://www.workplace.doli.state.mn.us/ediprofile).

All trading partners are expected to know and understand the reporting requirements for the mandatory, expected, conditional and "if available" fields that are documented in section 3 of this implementation guide. Each trading partner is required to have the ability to accept and process the acknowledgment file that is produced and transmitted back to the trading partner upon receipt of an EDI transmission.

The department will assign the trading partner an account name. The account name must be a part of the EDI data file name to make it more easily identifiable. The file name must be unique so there is no chance of overwriting a previously transferred file (e.g., ACCOUNTNAME.2013031301.DAT).

**6) Test EDI transmissions**

All header records (Transaction Set ID "HD1" (DN0001)) must specify a "T" in the Test/Production (TP) code field (DN0104). EDI transmissions that are from an unexpected trading partner (unknown account) or that do not follow the guidelines for testing will generate an acknowledgment file for a rejected batch.

The test EDI transmissions will be validated for accuracy and consistency. Any problems or issues with the test EDI transmissions will be communicated back to the sending trading partner so they can be corrected before any further testing takes place. The test EDI transmissions must be successful before the trading partner will be allowed to submit production data.

**7) Test EDI acknowledgments**

Each EDI transmission submitted to the department's test EDI environment will have an acknowledgment record (Transaction Set ID "AKC" (DN0001)) returned. The trading partner must verify and validate the acknowledgment files that are returned to ensure they are in the expected format and relay meaningful information related to the transmitted FROI transactions.

## Minnesota Department of Labor and Industry Electronic Filing of First Report of Injury Implementation Guide

Each transaction will return an Application Acknowledgment Code (DN0111) in the acknowledgment record that indicates either an accepted status (TA), an accepted with errors status (TE) or a rejected status (TR). Trading partners are required to correct any deficiencies identified in the acknowledgment and send a correction transaction (MTC CO) or an update transaction (MTC 02) to address the issue(s).

### **8) Review EDI statistics between the department and trading partner**

During the testing phase of the EDI qualification with the trading partner, statistics will be gathered about the quality of the data being transmitted. The EDI statistics will be reviewed and analyzed by the DLI EDI coordinator to determine whether the data is sufficiently accurate to allow the trading partner to transmit EDI data to the department's production EDI environment.

The DLI EDI coordinator will enable the trading partner's account in the production environment after testing has been completed. When the trading partner's account is enabled, the DLI EDI coordinator will contact the trading partner to inform them they are able to submit their first reports of injury into the DLI production environment and establish an effective date.

### **9) Processing of first reports of injury in production**

When the DLI EDI coordinator has enabled the trading partner's account for production, the EDI transmissions must be directed to the department's production EDI environment. The header records in the EDI batch (Transaction Set ID "HD1" (DN0001)) must specify a "P" in the Test/Production (TP) code field (DN0104).

Each transaction will return an Application Acknowledgment Code (DN0111) in the acknowledgment record that indicates either an accepted status (TA), an accepted with errors status (TE) or a rejected status (TR). For any transaction that is accepted with errors, the trading partner must file a changed or corrected electronic first report of injury that corrects all identified errors within 60 days after DLI sent them the acknowledgment transmission describing the errors. The insurer or self-insured employer is subject to a penalty for failure to do so.

**Note:** Batches and transactions that are rejected are not stored in the department's database and will be considered untimely if they are not corrected and re-sent in the required timeframe.

The submission of paper FROI forms can be eliminated at this point.

### **10) Changes to the trading partner profile**

Contact the DLI EDI coordinator at [dli.edi@state.mn.us](mailto:dli.edi@state.mn.us) if you need to make changes to your trading partner profile once it's been received by the department (i.e., contact information, claim administrator address, FEINs, etc.). An email message may suffice or a revised form may be required.

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

## **4.2 eFROI Web portal**

There are several steps that must be undertaken prior to submitting production eFROI Web portal information to the Minnesota Department of Labor and Industry. The following procedures must be accomplished to become an eFROI Web portal trading partner with the department.

### **1) Contact the Minnesota Department of Labor and Industry**

Contact the DLI EDI coordinator at [dli.edi@state.mn.us](mailto:dli.edi@state.mn.us). The DLI EDI coordinator is available to answer questions and assist with the necessary setup required to use the DLI eFROI Web portal product with the department.

An EDI Trading Partner Profile must be completed prior to testing. The Minnesota Electronic Trading Partner Profile is available at [www.workplace.doli.state.mn.us/ediprofile](http://www.workplace.doli.state.mn.us/ediprofile).

All trading partners are expected to know and understand the reporting requirements for the mandatory, expected, conditional and “if available” fields that are documented in section 3 of this implementation guide. Each trading partner is required to have the ability to accept and process the acknowledgment file that is produced and transmitted back to the trading partner upon receipt of an eFROI Web portal transmission.

### **2) Test eFROI Web portal transmissions**

The test eFROI transmissions will be validated for accuracy and consistency. Any problems or issues with the test eFROI transmissions will be communicated back to the sending trading partner so they can be corrected before any further testing takes place. The test eFROI transmissions must be successful before the trading partner will be allowed to submit production data.

### **3) Test eFROI Web portal acknowledgments**

Each eFROI Web portal transmission submitted to the department’s test EDI environment will generate an acknowledgment transaction. The trading partner must verify and validate the acknowledgment transactions that are returned to ensure they are in the expected format and relay meaningful information related to the transmitted FROI transactions.

All acknowledgment transactions for a specific trading partner are stored in a central database and can be reviewed through the eFROI Web portal any time after a FROI transaction is processed. The trading partner will receive an email confirmation when FROI transactions have been processed and that the acknowledgment information related to those transactions must be reviewed through the eFROI Web portal application. Corrections (CO) or updates (O2) must be initiated through the portal to correct any errors reported in the acknowledgment.

### **4) Review eFROI statistics between the department and trading partner**

During the testing phase of the eFROI Web portal qualification with the trading partner, statistics will be gathered about the quality of the data being transmitted. The eFROI Web portal statistics will be reviewed and analyzed by the DLI EDI coordinator to determine whether the data is

## Minnesota Department of Labor and Industry Electronic Filing of First Report of Injury Implementation Guide

sufficiently accurate to allow the trading partner to transmit eFROI Web portal data to the department's production eFROI Web portal environment.

The DLI EDI coordinator will enable the trading partner's account in the production environment after testing has been completed. When the trading partner's account is enabled, the DLI EDI coordinator will contact the trading partner to inform them they are able to submit their first reports of injury into the DLI production environment and establish an effective date.

### **5) Processing of first reports of injury in production**

When the DLI EDI coordinator has enabled the trading partner's account for production, the submission of paper FROI forms can be eliminated at this point.

Each transaction will return an Application Acknowledgment Code (DN0111) in the acknowledgment record that indicates either an accepted status (TA), an accepted with errors status (TE) or a rejected status (TR). For any transaction that is accepted with errors, the trading partner must file a changed or corrected electronic first report of injury that corrects all identified errors within 60 days after DLI sent them the acknowledgment transmission describing the errors. The insurer or self-insured employer is subject to a penalty for failure to do so.

**Note:** Batches and transactions that are rejected are not stored in the department's database and will be considered untimely if they are not corrected and re-sent in the required timeframe.

### **6) Changes to the trading partner profile**

Contact the DLI EDI coordinator at [dli.edi@state.mn.us](mailto:dli.edi@state.mn.us) if you need to make changes to your trading partner profile once it's been received by the department (i.e., contact information, claim administrator address, FEINs, etc.). An email message may suffice or a revised form may be required.

## 5 Frequently asked questions (FAQs)

**1) Are electronic submissions of first reports of injury mandated in the state of Minnesota?**

As of Jan. 1, 2014, Minnesota mandated the electronic submission of first reports of injury via EDI or its eFROI Web portal.

**2) What steps are required to become a trading partner with the Minnesota Department of Labor and Industry?**

There is a progression of steps that trading partners interested in the electronic submission of claim information to the department must follow. See section 4 of this implementation guide for details.

**3) Which IAIABC release standards does Minnesota accept?**

Minnesota DLI currently accepts the IAIABC Claims Release 3.0 standards.

**4) What EDI and eFROI transactions does Minnesota accept?**

The Minnesota Department of Labor and Industry currently accepts only the “claims” transactions using the IAIABC Claims Release 3.0 standards. The “proof of coverage” (POC) and medical transactions are not accepted by DLI. Within the “claims” transactions, only the FROI transaction is accepted.

**5) Does Minnesota accept “Subsequent Report of Injury” (SROI) transactions?**

No. The department currently does not accept any subsequent reporting (SROI) transactions; however, these transactions may be accepted in the future.

**6) What format of EDI submissions does Minnesota accept?**

The IAIABC Claims Release 3.0 standards only allow for the flat-file format of the transactions; therefore, this is the format that is accepted.

**7) What transaction record types (Transaction Set IDs (DN0001)) should be sent with the EDI transmission?**

Trading partners are required to send their EDI transmissions as batches of transactions. Each batch requires a header record (HD1) as the first record in the batch, followed by one or more FROI transactions (148/R21) and a trailer record (TR2) as the last record in the batch. EDI batches that do not follow these standards will be rejected.

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

<b>Claims Release 3.0</b>	
HD1 (header record)	
148 R21	(one or more FROI transactions – comprising both a 148 and R21)
...	
TR2 (trailer record)	

**8) Can multiple batches be sent in a single EDI transmission file?**

Yes. Multiple batches can be sent in a single EDI transmission file when trading partners are using the Claims Release 3.0 standards. The acknowledgments for each batch will also be returned to the trading partner in a single acknowledgment transmission file when multiple batches are processed. If one of the batches in a multiple batch is rejected, all batches within the single transmission are rejected.

**9) Which maintenance type codes (MTCs) are accepted for FROI transactions?**

The codes that are accepted for the FROI transaction are given below.

<b>Claims Release 3.0</b>	
00	New claim
02	Update claim
04	Denial of claim – processed as 00
CO	Correction of claim
AU	Acquired/unallocated claim
See section 3.1 of this implementation guide for more details	

**10) How should EDI transactions be transmitted to the Minnesota Department of Labor and Industry?**

The department accepts EDI transmissions through several different communication interfaces. A direct connection to the department’s EDI FTP server is available to trading partners that wish to use secure FTP using FTP/TLS encryption. Ebix, HealthTech, ISO, Marsh ClearSight and Mitchell products are communication options used by many of the department’s current trading partners.

**11) Does Minnesota always send EDI acknowledgments?**

Yes. An acknowledgment transaction (AKC) is generated for each FROI transaction that is received. The acknowledgment file will contain a header transaction (HD1) as the first record and a trailer transaction (TR2) as the last record in the file.

**12) Is each trading partner required to accept acknowledgment files?**

The department requires the acceptance and processing of acknowledgment files to obtain sufficient data quality standards. It is expected the trading partner will send correction (MTC CO) or update (MTC 02) transactions to correct any errors identified in the originally transmitted transaction that was accepted with errors.

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

**13) How often should EDI and eFROI data files be transmitted?**

This is generally dictated by the statutory reporting requirements. Each trading partner can schedule its EDI data files to be transmitted daily, multiple times during the day or at less frequent intervals throughout the week as necessary. The department currently accesses and processes EDI and eFROI transmissions three times each business day, at 7 a.m., 12 p.m. CT and 4:30 p.m. CT. Transmissions sent after 4:30 p.m. CT will be processed the next business day.

**14) How does a trading partner submit live claims while testing?**

A new trading partner will be required to continue filing paper claims while testing the processes with the department. After full production implementation occurs, the submission of paper claims will be eliminated. An existing Trading Partner who wants to change vendors or transmission methods will continue to submit with their current vendor/method until the new vendor/method can be tested and moved to production.

**15) Does Minnesota require the use of the jurisdiction (agency) claim number (DN0005)?**

Yes for MTC codes 02 and CO. The jurisdiction (agency) claim number is returned in the acknowledgment file for each FROI transaction processed. Minnesota processes rely on the jurisdiction claim number for processing of updates or corrections. Therefore, the trading partner will get a TR if that field is missing on those transactions. If the jurisdiction claim number is not available, contact the DLI EDI coordinator at [dli.edi@state.mn.us](mailto:dli.edi@state.mn.us) to obtain it.

**16) What if I need to change the SSN or date of injury on a claim?**

For EDI trading partners, the SSN and date of injury can be updated by using the MTC 02 transaction. For eFROI trading partners, the SSN and date of injury can be changed by using the eFROI Web portal.

**17) Is the Minnesota worker identification (WID) number available in the claim standards?**

The term WID number is specific to Minnesota. The IAIABC standards recently added DN0206 Employee Security ID. This is a 15-digit A/N field with the first two digits being the assigning jurisdiction's two-digit jurisdiction state code. In Minnesota, the digits following the "MN" in DN0206 will be the WID number, e.g., MN99999999. The Employee Security ID containing the WID number will be sent to the trading partner in the acknowledgment record starting in position 230 so that the trading partner can use it on any of its correspondence to parties on the claim. In the FROI R21 record layout, DLI will process DN0206 as part of the match data processing for MTCs 02 and CO. For further information about the WID number, visit the DLI website at [www.dli.mn.gov/WC/FaqWid.asp](http://www.dli.mn.gov/WC/FaqWid.asp).

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

**18) How do I get my account name that is required to be a part of the EDI data file?**

When you submit your trading partner profile and are approved for testing, the department will provide you with your assigned account name.

**19) Why would a FROI be rejected as a duplicate filing if it has never been sent before?**

The most common reason is that the claim is already set up in the DLI system because of litigation documents being filed on the claim. Once a file is established, the Original (00) FROI can't be processed because the claim already exists. The trading partner should resend the Original (00) FROI as a Change (02) FROI using the jurisdiction claim number (DN0005) sent back to them in the acknowledgment record.

**20) Does Minnesota have Managed Care Organizations involved on claims and, if so, how is that information reported to DLI on the FROI?**

The use of managed care is voluntary for employers in Minnesota and there are three "certified" Managed Care Organizations that can be involved in claims. They are Corvel, GENEX Services d.b.a. Intracorp and HealthPartners. Because only one of these organizations can be involved on any given claim, the trading partner would report such an occurrence by sending the value 01 in DN0207 and the appropriate code 1, 2 or 3 in DN0208.

**21) Does Minnesota accept AQ transactions?**

No, Minnesota prefers all changes in claim administrator on accounts be reported via email. This will allow the department to change all claims for that account en masse instead of processing large quantities of individual AQ transactions on all the claims involved. Send changes to [dli.edi@state.mn.us](mailto:dli.edi@state.mn.us).

**22) Does Minnesota have any special reporting processes for asbestosis and other similar occupational disease cases?**

Most asbestosis cases involve multiple employers and insurers in a single litigated date of injury. When that occurs, DLI sets up a single case file for that date of injury and captures all the employers and insurers involved on the case in its litigation system. As such, the individual insurers involved do not need to file a FROI form via EDI or eFROI Web portal because their company is already part of the litigated claim.

**23) What if I need to change trading partner information?**

Amend your Trading Partner Profile at <http://www.workplace.doli.state.mn.us/ediprofile/> You may also contact the DLI EDI coordinator at [dli.edi@state.mn.us](mailto:dli.edi@state.mn.us) if you have any questions regarding your profile.

**24) Are there any special requirements for sending first reports of injury for death or serious injury claims?**

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

Where death or serious injury occurs to an employee during the course of employment, the statutes require the employer to report the injury or death to DLI and the insurer within 48 hours after its occurrence. The initial report may be made by telephone or personal notice and must be followed up by a written report of the injury filed with DLI by the employer within seven days from its occurrence. The insurer may file the report on behalf of the employer via EDI or eFROI within the seven-day time period. If they do so, they must file the FROI electronically via EDI or eFROI Web portal. If the employer has already filed the written report, the insurer might have to send their first report of injury as a Change (02) FROI.

**25) Whom do I contact to assign an identification number when there is no Social Security number for an employee?**

Call Cheryl Scherbel, supervisor of Compliance, Records and Training, at (651) 284-5135 and a PIN will be assigned. The PIN will start with “000” and should be entered in DN0154, Employee ID Assigned by Jurisdiction.

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

## Appendix A First report of injury form

MN Department of Labor and Industry  
Workers' Compensation Division  
PO Box 64221  
St. Paul, MN 55164-0221  
(651) 284-5032 or 1-800-342-5354  
Fax: (651) 284-5731

### First Report of Injury

See Instructions on Reverse Side



PRINT IN INK or TYPE  
ENTER DATES IN MM/DD/YYYY FORMAT

DO NOT USE THIS SPACE

1. EMPLOYEE SOCIAL SECURITY # DN0042/DN0154 DN0270		2. OSHA case #		3. Time employee began work on date of injury <input type="checkbox"/> am <input type="checkbox"/> pm	
4. DATE OF CLAIMED INJURY DN0031		5. Time of injury <input type="checkbox"/> am <input type="checkbox"/> pm DN0032		6. Date of death DN0057	
7. EMPLOYEE Name (last, suffix, first, middle) DN0043, DN0255, DN0044, DN0045		8. Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F		9. Marital status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Unmarried	
10. Home address DN0046 DN0047		11. Home phone # DN0051		12. Date of birth DN0052	
City State Zip Code DN0048 DN0049 DN0050 DN0155		14. Occupation DN0060		15. Regular department DN0027	
17. Average weekly wage DN0062/DN0063		18. Rate per hour DN0062 / DN0063		19. Hours per day	
20. Days per week DN0064		Normal work schedule Sun - Sat S M T W T F S		21. Employment status (check all that apply) <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer	
22. Tell us how the injury/illness occurred, what the employee was doing before the incident (give details), and what the injury/illness was. Examples: "Worker was driving lift truck with a pallet of boxes when the truck tipped, pinning worker's left leg under drive shaft." "Worker developed soreness in left wrist over time from daily computer key entry."  DN0038					
23. What was the injury or illness (include the part(s) of body)? Examples: chemical burn left hand, broken left leg, carpal tunnel syndrome in left wrist. DN0035 DN0036			24. What tools, equipment, machines, objects, or substances were involved? Examples: chlorine, hand sprayer, pallet lift truck, computer keyboard. DN0037		
25. Did injury occur on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No DN0249		26. First date of any lost time DN0056		27. Employer paid for lost time on day of injury (DOI) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No lost time on DOI DN0066	
Name and address of the place of the occurrence DN0119/DN0120 DN0122 DN0121 DN0123 DN0033 DN0280		28. Date employer notified of injury DN0040		29. Date employer notified of lost time DN0281 DN0228 DN0224	
30. Return to work date DN0068/DN0189		31. RTW same employer <input type="checkbox"/> Yes <input type="checkbox"/> No		32. RTW with restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No	
33. Treating physician (name)		34. Extent of medical treatment (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Minor on-site by employer's medical staff <input type="checkbox"/> Minor clinic/hospital <input type="checkbox"/> Emergency room <input type="checkbox"/> Hospitalization more than 24 hours <input type="checkbox"/> Future major medical anticipated DN0039			
35. Certified Managed Care Organization (if any) DN0208		36. EMPLOYER Legal name DN0018 (but use DBA name)			
38. Mailing address DN0168 DN0169		39. Employer FEIN DN0016		40. Unemployment ID # DN0329	
City State Zip Code DN0165 DN0170 DN0167 DN0166		41. Employer's contact name and phone # DN0160 DN0159			
42. Physical address (if different) DN0019 DN0020		43. Witness (name and phone) - if more than 1 attach a separate sheet DN0238 DN0237			
City State Zip Code DN0021 DN0022 DN0023 DN0164		44. NAICS code DN0025		45. Date form completed	
46. INSURER name DN0007		51. CLAIMS ADMIN COMPANY (CA) name (check one) DN0188 <input type="checkbox"/> Insurer <input type="checkbox"/> TPA			
47. Insured legal name and FEIN DN0017 DN0314		52. CA address DN0010 DN0011			
48. Policy # (including effective dates) or self-insured certificate # DN0028 DN0029 DN0030		City State Zip Code DN0012 DN0013 DN0014			
49. Insurer FEIN DN0006/DN0292		50. Date insurer received notice DN0041		53. CA FEIN DN0187	
54. CA claim # DN0015		55. To be completed by the CA: Claim type code: DN0074 Type of loss code: DN0290 Late reason code: DN0077 Salary paid in lieu of comp? DN0273 Death result of injury? DN00146			

MN FR01 (2/13)

Employer: Send copies to Insurer (or Workers' Compensation Division if no insurer), employee, and employee's union (if applicable)

Minnesota Department of Labor and Industry  
Electronic Filing of First Report of Injury Implementation Guide

Appendix B Trading partner profile worksheet



MINNESOTA DEPARTMENT OF  
**LABOR & INDUSTRY**

About DLI Construction Codes and Licensing OSHA Wage and Hour Workers' Compensation

### Trading partner profile

**Receiver name:** Minnesota Department of Labor and Industry      **Fax:** (651) 284-5729  
**Mailing address:** P.O. Box 64221, St. Paul, MN 55164-0221  
**E-mail:** dli.edi@state.mn.us

Trading partner legal name (no abbreviations):\*

Are you licensed to do business in Minnesota?  
 Yes  
 No

Trading Partner I.D.: The federal employer identification number (FEIN) of the business entity. This, along with the nine-digit postal code (ZIP+4), will be used to identify a unique trading partner. The sender ID FEIN and postal code should be the same as those that will be used by the partner as the Trading Partner ID in the header record of all EDI transmissions

Trading Partner I.D. FEIN:\*       Postal code (nine digits):\*

Trading partner type: \*

**Physical address**  
Address line 1:\*   
Address line 2:   
City:\*   
State:\*       Postal code:\*

**Mailing address (if different from above)**  
Address line 1:   
Address line 2:   
City:   
State:       Postal code:

\* Indicates required field

[Home](#) [About L&I](#) [Statutes and Rules](#) [Newsroom](#) [Coming events](#) [Disclaimer](#)

Minnesota Department of Labor and Industry  
443 Lafayette Road N., St. Paul, MN 55155

# Minnesota Department of Labor and Industry Electronic Filing of First Report of Injury Implementation Guide



[About DLI](#) [Construction Codes and Licensing](#) [OSHA](#) [Wage and Hour](#) [Workers' Compensation](#)

## Trading partner information

### Business contact

Name:

Title:

Phone:

Ext:

Fax:

Email:

### Technical contact

Name:

Title:

Phone:

Ext:

Fax:

Email:

### Preparer information

Name:

Title:

Phone:

Ext:

Fax:

Email:

### Other

Name:

Title:

Phone:

Ext:

Fax:

Email:

\* Indicates required field

[Home](#) [About L&I](#) [Statutes and Rules](#) [Newsroom](#) [Coming events](#) [Disclaimer](#)

Minnesota Department of Labor and Industry  
443 Lafayette Road N., St. Paul, MN 55155

# Minnesota Department of Labor and Industry Electronic Filing of First Report of Injury Implementation Guide



MINNESOTA DEPARTMENT OF  
**LABOR & INDUSTRY**

About DLI Construction Codes and Licensing OSHA Wage and Hour Workers' Compensation

### Transmission method

The department has the ability to receive information through a direct connect communication interface using secure FTP, through various vendor software product offerings, and through the eFROI Web portal. The sender is required to specify one of the communication options available.

Selected transmission method (select only one) \* **Direct connect (FTP)**

**Direct connect (FTP):** [\(See Minnesota trading partner EDI FTP instructions for detailed information.\)](#)

Enter the sender's IP address below.

IP address:

Are you using vendor software to process your FTP EDI transmission?

Yes  
 No

\* Indicates required field

[Previous](#) [Next](#)

[Home](#) [About L&I](#) [Statutes and Rules](#) [Newsroom](#) [Coming events](#) [Disclaimer](#)

Minnesota Department of Labor and Industry  
443 Lafayette Road N., St. Paul, MN 55155



MINNESOTA DEPARTMENT OF  
**LABOR & INDUSTRY**

About DLI Construction Codes and Licensing OSHA Wage and Hour Workers' Compensation

### Transmission method

The department has the ability to receive information through a direct connect communication interface using secure FTP, through various vendor software product offerings, and through the eFROI Web portal. The sender is required to specify one of the communication options available.

Selected transmission method (select only one) \* **Vendor**

**Vendor**  
Identify one of the vendors' software products supported by the department as indicated in the "Jurisdiction approved vendor software" section.

Vendor name/software:

Vendor contact information:

\* Indicates required field

[Previous](#) [Next](#)

[Home](#) [About L&I](#) [Statutes and Rules](#) [Newsroom](#) [Coming events](#) [Disclaimer](#)

Minnesota Department of Labor and Industry  
443 Lafayette Road N., St. Paul, MN 55155

# Minnesota Department of Labor and Industry Electronic Filing of First Report of Injury Implementation Guide



MINNESOTA DEPARTMENT OF  
**LABOR & INDUSTRY**

About DLI Construction Codes and Licensing OSHA Wage and Hour Workers' Compensation

### Transmission method

The department has the ability to receive information through a direct connect communication interface using secure FTP, through various vendor software product offerings, and through the eFROI Web portal. The sender is required to specify one of the communication options available.

Selected transmission method (select only one) \*

**eFROI Web portal** (Further instructions will be provided upon approval by the Department of Labor and Industry)

Email to be used for acknowledgement information:

*\* Indicates required field*

Home About L&I Statutes and Rules Newsroom Coming events Disclaimer

Minnesota Department of Labor and Industry  
443 Lafayette Road N., St. Paul, MN 55155



MINNESOTA DEPARTMENT OF  
**LABOR & INDUSTRY**

About DLI Construction Codes and Licensing OSHA Wage and Hour Workers' Compensation

### Insurer Information

Provide all insurance company names and FEINs for your company for which you will be sending EDI claims.

FEIN	Insurance Company
<input type="text"/>	<input type="text"/>

[more](#)

*\* Indicates required field*

Home About L&I Statutes and Rules Newsroom Coming events Disclaimer

Minnesota Department of Labor and Industry  
443 Lafayette Road N., St. Paul, MN 55155

# Minnesota Department of Labor and Industry Electronic Filing of First Report of Injury Implementation Guide



MINNESOTA DEPARTMENT OF  
**LABOR & INDUSTRY**

[About DLI](#) [Construction Codes and Licensing](#) [OSHA](#) [Wage and Hour](#) [Workers' Compensation](#)

### Claims Administrator Information

List all claim administrator claim office mailing addresses that are handling MN lost-time claims for your company


[more](#)

*\*If you do not receive an email from the department please check your spam and junk folders.*

Click "*Finish*" below to submit your electronic trading partner profile.

[Previous](#) [Finish](#)

[Home](#) [About L&I](#) [Statutes and Rules](#) [Newsroom](#) [Coming events](#) [Disclaimer](#)

Minnesota Department of Labor and Industry  
443 Lafayette Road N., St. Paul, MN 55155

# Minnesota Department of Labor and Industry

## Electronic Filing of First Report of Injury Implementation Guide



[About DLI](#)  
 [Construction Codes and Licensing](#)  
 [OSHA](#)  
 [Wage and Hour](#)  
 [Workers' Compensation](#)

### Thank you for your Minnesota electronic trading partner profile submission!

You will be notified to begin testing by the Minnesota Department of Labor and Industry when your application has been approved. **Please print for your records.**

Receiver name: **Minnesota Department of Labor and Industry**  
 Receiver I.D. FEIN: **416007162**      Postal code (nine digits): **55155-4306**  
 Physical address: **443 Lafayette Road N., St. Paul, MN 55155-4306**  
 Mailing address: **P.O. Box 64221, St. Paul, MN 55164-0221**

#### Contact information:

Business contact		EDI coordinator/technical contact	
Name:	<b>Melissa Parish</b>	Name:	<b>Krista Goodyear</b>
Title:	<b>WC Compliance Specialist</b>	Title:	<b>ITS Programmer/Analyst</b>
Phone:	<b>(651) 284-5431</b>	Phone:	<b>(651) 284-5617</b>
Fax:	<b>(651) 284-5729</b>	Fax:	<b>(651) 284-5729</b>
E-mail:	<a href="mailto:melissa.parish@state.mn.us">melissa.parish@state.mn.us</a>	E-mail:	<a href="mailto:krista.goodyear@state.mn.us">krista.goodyear@state.mn.us</a>

#### Transmission frequencies:

Daily      (Monday-Friday)      **7 a.m., 12:00 p.m., and 4:30 p.m.**      Time Zone: **Central**

Jurisdiction approved transmission methods(s):  
 FTP  
 Vendor  
 eFROI Web portal

Vendor:	Software name:
<b>Marsh ClearSight/CS Stars</b>	<b>Marsh ClearSight/CS Stars</b>
<b>Ebix, Inc.</b>	<b>WCIRS</b>
<b>Health Tech</b>	<b>HealthTech</b>
<b>ISO</b>	<b>WCIS</b>
<b>Mitchell</b>	<b>Workcomp.NET</b>

**eFROI Web portal** - Further instructions will be provided upon approval by the Department of Labor and Industry

[Home](#)  
 [About L&I](#)  
 [Statutes and Rules](#)  
 [Newsroom](#)  
 [Coming events](#)  
 [Disclaimer](#)

Minnesota Department of Labor and Industry  
 443 Lafayette Road N., St. Paul, MN 55155