

Section G Test, Pilot, Parallel and Production Phases of EDI

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Test, Pilot, Parallel and Production Phases of EDI

This section is a step-by-step guide to become a successful EDI Trading Partner in the California workers' compensation system. Attaining EDI capability can be viewed as a five step process: 1) begin with completing a Trading Partner Profile, 2) send a test transmission to make sure your system and the WCIS system can communicate with each other, 3) complete a Pilot phase, to check for complete, valid, and accurate data 4) complete a Parallel phase, where your EDI transmissions are compared to their corresponding paper reports and 5) attain and maintain full production capability. The steps outlined below are meant to help you through this process by providing you with information on what to expect in terms of electronic acknowledgments, what could go wrong along the way, and how to fix problems as they arise. Your WCIS contact person is available to work with you during this process to make sure that the transition to attaining Production status in California workers' compensation EDI is as successful as possible.

Step 1. Complete an EDI Trading Partner Profile

Completing a Trading Partner Profile form is the first step in reporting workers' compensation EDI data to WCIS. As stated in the WCIS regulations (Section 9702(j)), the form should be submitted to the Division at least 30 days before the first transmission of EDI data--at least 30 days before the Trading Partner sends the first test transmission (see Step 2). See Section F of this guide for details on who should complete a Trading Partner Profile form.

1. Get a copy of the Trading Partner Profile form

Form DWC WCIS TP01 (Revised 6/05), entitled *Electronic Data Interchange Trading Partner Profile*, is available from the following sources:

- Section F--Trading Partner Profile.
- California Division of Workers' Compensation web site at www.dir.ca.gov/DWC/wcis.htm
- Call or e-mail your WCIS liaison--see Section B--Where to Get Help.

When contacting us, please provide your name, company, and the e-mail or mailing address you would like the form sent to, and we will mail you a copy.

2. Complete the form

The form contains instructions about how to complete it. If you need additional help completing the form, contact your WCIS liaison. The Trading Partner Profile form asks you to provide the following information:

- Your business name, FEIN, 9-digit postal code, address, and type of business (insurer, employer, TPA etc.).
- Name, phone, fax, and e-mail of business contact person
- Name, phone, fax, and e-mail of technical contact person
- Transmission mode (VAN/Integrator, e-mail attachment, or FTP)
- Transmission specifications for each transaction type (flat file or ANSI X12)
- Transmission schedule (how often, what days)

On a separate sheet of paper, also compile a list of all claim administrator names and FEINs whose data will be reported under the Sender ID of the Trading Partner profile (see Section F for more information). The WCIS uses the claim administrator FEIN to process individual transactions. Since transactions for unknown claim administrators will be rejected by WCIS, it is imperative that this information be provided along with the Trading Partner Profile form.

3. Return the completed form to the Division

Mail or fax the Trading Partner Profile form and, if applicable, a list of claim administrator names and FEINs reported under that profile to the attention of your WCIS contact person:

WCIS Trading Partner Profile
Attn: Your WCIS Contact
Department of Industrial Relations
EDI Unit, Information Systems
PO Box 420603
San Francisco, CA 94142-0603

Fax: (415)-703-5911

4. Wait for approval of your Trading Partner Profile

- Your WCIS contact person will review your Trading Partner Profile for completeness and accuracy. If there are any questions, you will be notified.
- Upon approval of your application, you will be notified. You are now ready to move into the Test phase and may begin sending test files (see

Step 2) to assess the capability of your system to send transmissions to WCIS.

Step 2. Complete the Test Phase

Purpose

The purpose of the Test phase is to make sure that your transmissions meet certain technical specifications. WCIS needs to be able to recognize and process your transmissions, and your system needs to be able to recognize and process transmissions from WCIS. The following are checked during the test:

- the **transmission mode** (e-mail attachment, VAN/Integrator transmission, or FTP) for both report and acknowledgment files is functional and acceptable for both receiver and sender,
- the **sender ID** is valid and recognized by the receiver and vice versa,
- the **file format** (ANSI X12 or flat file) matches the file format specified in the Trading Partner Profile of the sender and is structurally valid,
- the **batch format** of files sent by the Trading Partner is correct, (i.e., each batch contains an appropriate header record, one or more transaction records, and a trailer record, and the number of records sent matches the number indicated in the trailer).

Order of Testing

The Test (Step 2), Pilot (Step 3), and Parallel (Step 4) phases are done separately for each transaction type supported by WCIS:

- First Report of Injury (FROI)
- Subsequent Report of Injury (SROI)

You should be in Production with First Reports before testing and piloting Subsequent Reports. This is because the WCIS system will not be able to recognize your Subsequent Report transmissions unless it has already received the corresponding First Report.

Test Criteria

In order for your system and the WCIS system to communicate successfully, the following conditions must be met:

- No errors in header or trailer records,
- Correct ANSI structure (if using ANSI),
- TP can receive electronic acknowledgment (AK1/824) reports.

Test Procedure

Note: Trading Partners sending data as an **e-mail attachment** should follow the steps given in [Sending Data as an E-mail Attachment](#) in Section I–Transmission Modes, before sending a test file. Trading Partners using a File Transfer Protocol server should follow the steps given in [Using a FTP Server](#) in Section I–Transmission Modes, before sending a test file.

1. Prepare a test file

Trading Partners send data to WCIS in **batches**. A batch consists of 3 parts:

- a header record which identifies the sender, receiver, test/production status, time and date sent etc.
- one or more transactions (First Reports or Subsequent Reports),
- a trailer record which identifies the number of transactions in the batch.

We suggest that the test file consist of one batch of 5 production-quality reports of unique claims, real or simulated. Each test file must have the Test/Production indicator (DN104) located in the Header record set to “T”.

For First Reports: Submit Original first reports (Maintenance Type Code “00”)

For Subsequent Reports: Submit Initial Payment reports (MTC “IP”)

Note: If you would like to send additional MTCs while testing, please let your WCIS contact person know so that the WCIS system can be set up to receive them. Annual Reports (MTC “AN”), are a type of subsequent report and need not be tested. If a Trading Partner successfully tests SROIs with MTC “IP,” then it automatically passes the Test phase for SROIs with MTC “AN.”

2. Send the test file

Send (or make available if FTP) the test file to WCIS. The test data you send, if successful, will be posted to our test database. They will not be posted to the WCIS production database. This means that any live California claims sent as test data ~~during the pilot or production stages~~ will have to be resent to WCIS, **after passing the test stage**, in order to be posted to the WCIS production database.

3. Wait for electronic acknowledgment from WCIS

Trading Partners must be able to receive and process an electronic acknowledgment--AK1 (flat file) or 824 (ANSI)--from WCIS. When a test file has been processed, an electronic acknowledgment will be transmitted to the Trading Partner. The acknowledgment will report whether the transmission was successful, and, if not successful, any errors that occurred, as outlined in the following table. **Note that if the test file is missing the header, or if the sender ID in the header is not recognized by WCIS, no acknowledgment will be sent.** Also, the acknowledgment sent during the test phase will be header-level only; it will not contain information about the individual claims that you sent.

Structural Edits

Error Code, if applicable	Edit	Result
	Presence of HD1 (Header record)	Transmission rejected; no ACK sent
042	Presence of TR1 (Trailer record)	ACK rejecting transmission
002	Transaction Set ID at record level invalid	ACK rejecting transmission
997 Error Codes	ANSI structure validation <ul style="list-style-type: none"> • Segment Count does not match • Transaction Set Trailer Missing • Transaction Set not Supported • Transaction Set Control # in Header/Trailer don't match • Missing or Invalid Transaction Set ID • Missing or Invalid Transaction Set Control # 	997 functional acknowledgment
042	Header record must be 87 bytes long	ACK rejecting transmission

Data Edits

Error Code	Message	Data Elements to Validate	Result
001	Trading Partner Table Mandatory field not present	<ul style="list-style-type: none"> • Sender ID • Receiver ID • Date Transmission Sent • Time Transmission Sent • Test/Production Indicator • Interchange Version ID 	Transmission rejected; no ACK sent (Sender ID) ACK rejecting transmission (remaining elements)
028	Must be Numeric (0-9)	<ul style="list-style-type: none"> • Detail Record Count 	ACK rejecting transmission
029	Must be a valid Date (CCYYMMDD)	<ul style="list-style-type: none"> • Date Transmission Sent 	ACK rejecting transmission
031	Must be a valid Time (HHMMSS)	<ul style="list-style-type: none"> • Time Transmission Sent 	ACK rejecting transmission
039	No match on database	<ul style="list-style-type: none"> • Sender Id 	Transmission rejected; no ACK sent
041	Must be <= Current Date	<ul style="list-style-type: none"> • Date Transmission Sent 	ACK rejecting transmission
056	Detail Record Cnt NE number recs received	<ul style="list-style-type: none"> • Detail Record Count 	ACK rejecting transmission
057	Duplicate Transmission	<ul style="list-style-type: none"> • Transaction Set ID 	ACK rejecting transmission
058	Code/ID Invalid	<ul style="list-style-type: none"> • Test/Production Indicator • Interchange Version ID • Receiver ID 	ACK rejecting transmission
058	Code/ID Invalid	<ul style="list-style-type: none"> • Release Number = 1 	ACK rejecting transmission

Trading Partners should receive an electronic acknowledgment within 48 hours of sending the test transmission. If you do not receive an acknowledgment within 48 hours, contact your WCIS contact person.

Trading Partners using ANSI X12 file format will receive a 997, or functional acknowledgement, in addition to the 824.

4. Process the acknowledgment and correct any errors

If you receive an acknowledgment error (Application Acknowledgement Code (DN 111) = TR or “transmission rejected”), you will need to check the batch’s file format, and make corrections before re-transmitting the file to WCIS.

If the acknowledgment has a TA code (“transaction accepted”), skip to step 6.

5. Retransmit corrected file to WCIS

Send the corrected file to WCIS. If your test fails again, repeat steps (2) through (5) until your test file is accepted by WCIS (no TR code). You may send as many test files as you need to. Let your WCIS liaison know if you have any questions or problems along the way.

6. Notify the Division when you are ready to move on to the Pilot Phase

When WCIS accepts your test transmission without technical errors, this means that your system and the WCIS system are able to successfully communicate with each other and your files are in a format readable by WCIS. Let your WCIS liaison know when you have successfully transmitted a test file. This person will verify the success of your test by accessing the WCIS system. If you have passed, your Trading Partner Profile on the WCIS system will be updated to prepare WCIS for your pilot data.

Your WCIS liaison will notify you when the WCIS system is ready to accept your pilot data. You may then begin transmitting pilot data as described in Step 3 in the next section.

Step 3. Complete the Pilot Phase

Overview

During the Pilot phase, the Trading Partner sends live California workers' compensation injury reports--First Reports of Injury and/or Subsequent Reports of Injury--to WCIS to be analyzed for data validity and completeness. The Test/Production Indicator (DN 104) should be set to "P" at this point.

Purpose

Testing for data quality during the Pilot, Parallel and Production phases will help Trading Partners comply with Section 9702, Electronic Data Reporting of the WCIS Regulations (8 CCR §9702(a)):

"Each claims administrator shall, at a minimum, provide **complete, valid, and accurate data** for the data elements set forth in this section."

- **complete data** – In order to evaluate the effectiveness and efficiency of the California workers' compensation system (one of the purposes of WCIS set forth in the 1993 authorizing statute), claims administrators must submit all required data elements on workers' compensation claims for the required reporting periods.

- **valid data** – Valid means that the data are what they are purported to be. For example, data in the date of injury field must be date of injury and not some other date (or something else entirely). Data must consist of allowable values, e.g., date of injury cannot be September 31, 2005, a non-existent date. At a more subtle level, each Trading Partner must have the same understanding of the meaning of each data element and submit data with that meaning only. **Review the definitions for each required data element in the *Data Dictionary of the IAIABC EDI Implementation Guide* (<http://www.iaabc.org/>) to be sure that your use of the data element matches that assigned by the IAIABC. If your meaning or use of a data element differs, you will need to make changes to conform to the IAIABC standards.**
- **accurate data** – Accurate means free from errors. There is little value in collecting and utilizing data unless there is assurance that the data are accurate. WCIS currently follows the IAIABC Edit Matrix error messages in the February 15, 2002 revised edition of the *IAIABC EDI Implementation Guide*.

The Pilot phase is to ensure that the above requirements are met before a Trading Partner is allowed to routinely submit electronic data to WCIS in the place of hard copy reports--in other words, before the Trading Partner is moved to Parallel status.

Data Quality Criteria

Reports are first transmitted to WCIS via EDI, and they are tested for **completeness** and **validity** using automatic built-in data edits on the WCIS system.

DWC suggests that you transmit **at least 30 live claims** to WCIS. These claims should meet or exceed the following two data quality criteria:

- No more than 5% of transmitted reports are rejected (Application Acknowledgment Code = TR or “transaction rejected”). This is the same as saying that at least 95% of transmitted reports are free of any errors in mandatory/fatal or conditional/fatal data elements, AND
- Of the accepted reports ($\geq 95\%$ of transmitted reports), no more than 10% contain errors (Application Acknowledgment Code = TE or “accepted with errors”). This is the same as saying that at least 90% of the accepted reports are free of any errors in mandatory/serious or conditional/serious data elements.

Note: Trading Partners whose claim volume is too low to reasonably send 30 claims may send fewer claims. Your WCIS contact will be able to advise you on how many claims to send.

First Reports: If data do not meet the above data quality criteria on the initial submission because of missing data, the Trading Partner has up to 60 days from the initial submission to fill in missing data in order to meet these criteria (see section 9702(b) of the WCIS regulations). Any corrections made will be reflected in the remainder of the pilot process.

The data reporting requirements for each data element are listed in Section L– Required Data Elements.

Test/Production Indicator

The Test/Production indicator (DN104) located in the Header record is set to “P” during the Pilot stage. Data are posted to the California WCIS live database.

Maintenance Type Codes Piloted

The following are the maintenance type codes piloted in California at this time:

FROI	00	(Original)
SROI	IP	(Initial Payment)

During the Pilot process, Trading Partners may also need to submit reports with MTC CO (Correction) in order to correct data reported in error or to fill in missing data. Trading Partners may also submit reports with MTC 02 (Change) to update any previously reported data elements that were accepted without error.

After a report type has been successfully piloted, all other maintenance type codes for that report type become reportable. For example, once a Trading Partner has successfully piloted Original First Reports, the AU, 01, 04, 02, and CO maintenance type codes for first reports are reportable. Depending on overall Trading Partner performance, California may later choose to incorporate additional maintenance type codes into the piloting requirements.

Step 4. Parallel Procedure

1. Request Parallel analysis

After you have fulfilled the completeness and validity data quality requirements of EDI, the next step is to submit the paper reports of the corresponding EDI reports to be cross-checked for accuracy. Notify your WCIS contact person when you are ready for a “Parallel analysis”. This person will verify that the EDI completeness and validity requirements are fulfilled before you proceed.

Unresolved mismatches between the paper and EDI reports should not exceed 5% of all reportable data elements across all cross-checked reports. In addition, there may be no data mapping errors (e.g., employer telephone number always sent in place of the employee telephone number, or “part of body = foot” always sent when “part of body = hand”).

A cross-walk of data elements contained on California First Report Forms 5020 and 5021 and on the EDI First Report of Injury is provided at the end of this section. For data elements that appear on all three reports, a match on the EDI First Report with at least one of the corresponding values from the paper reports is required. For example, if the employer address field is filled in on Form 5020 but not on Form 5021, the address on Form 5020 should match the corresponding EDI data elements for employer address. If different employer addresses are provided on Forms 5020 and 5021, one of these addresses should match the corresponding EDI data elements for employer address.

Additionally, the following data elements are used in the Parallel analysis:

DN	Data Element
44	Employee First Name
43	Employee Last Name
	Employee Middle
45	Name/Initial
46	Employee Street Address
	Line 1
48	Employee City
49	Employee State
50	Employee Postal Code
51	Employee Phone Number
42	Social Security Number

52	Employee Date of Birth
53	Gender Code
61	Date of Hire
59	Class Code
58	Employment Status Code
60	Occupation
18	Employer Name
19	Employer Street Address Line 1
21	Employer City
22	Employer State
23	Employer Postal Code
62	Wage
63	Wage Period
31	Date of Injury
65	Date Last Day Worked
56	Date Disability Began
35	Nature of Injury Code
36	Part of Body Injured Code
37	Cause of Injury Code Accident
38	Description/Cause
33	Postal Code of Injury Site
68	Date of Return to Work
57	Employee Date of Death
40	Date Reported to Employer

2. Prepare paper copies of reports

First Reports: Make one copy of completed *Form 5020, Rev. 6, Employer's Report of Occupational Injury or Illness* for each Original First Report that you submitted in the EDI portion of the pilot. If you wish, you may also make one copy of *Form 5021, Rev. 4, Doctor's First Report of Occupational Injury or Illness*. This gives you more opportunities for a successful match if information on Form 5020

fails to match the EDI First Report. Fill out a *WCIS Parallel Batch Identification Form* (at the end of this section). The purpose of this form is to allow DWC to link your EDI reports to your paper reports.

Subsequent Reports (IP): Make one copy of the benefit notice sent to the employee notifying him/her of the start of benefit payments for each Subsequent Report that you submitted in the EDI portion of the Pilot. Fill out a *WCIS Parallel Batch Identification Form* (at the end of this section). This form allows DWC to link your EDI reports to your paper reports.

3. Send paper reports to DWC

Send the paper forms to your WCIS liaison. Please include a completed *WCIS Parallel Batch Identification Form* to facilitate identification of your claims. Mail the entire packet to:

WCIS Parallel Phase
Attn: Your WCIS Contact
Department of Industrial Relations
EDI Unit, Information Systems
PO Box 420603
San Francisco, CA 94142-0603

4. Wait for Parallel Analysis Report

Your WCIS contact will compare your paper and EDI reports for consistency and prepare a "Parallel Analysis Report," which will be sent to you. The report will describe any discrepancies noted between data sent on paper and data sent electronically, as well as any other suspected data issues/errors not detected by the routine EDI program edits.

You may be asked to explain any discrepancies. Depending on the extent of the discrepancies, this may require a phone consultation, a meeting, a brief note, or a more formal written justification.

Moving from Parallel to Production Status

When the data quality criteria of the Pilot and Parallel phase have been met for a given transaction, the Trading Partner will be approved for Production status for that transaction. You will receive written authorization from the Division to submit Production status data to WCIS for the transaction type successfully tested and piloted. Once Production status for a transaction type has been granted, you will no longer be required to send the corresponding paper report to the Division of Labor Statistics and Research (DLSR).

Step 4. Production

Congratulations! You are now officially in Production for EDI reporting of workers' compensation claims data with the State of California Division of Workers' Compensation.

During Production, the following conditions apply:

Paper Reports

The EDI First Report fulfills the requirement to submit paper copies of the Employer's Report (Form 5020) to the California Division of Labor Statistics and Research (DLSR), pursuant to Labor Code §6409.1 and 8 C.C.R. §14001 (see letter from DLSR in Section E–WCIS Regulations). However, the submission of paper copies of the Doctor's First Report of Occupational Injury or Illness (Form 5021) to DLSR is still required at this time (LC §6409 and 8 C.C.R. § 14001-14002).

In the future, submission of the ICD-9 CM Diagnosis Code, on the first Medical Bill/Payment Report, may substitute for the requirement to submit the paper Doctor's First Report (Form 5021) to DLSR.

Trading Partners in Production status for Subsequent reports satisfy the obligation to submit paper copies of benefit notices to the Administrative Director pursuant to Labor Code §138.4 (see §9702 (h)(1) of the WCIS regulations).

Data Quality Requirements

Data sent to WCIS will continue to be monitored for completeness and validity. The following are guidelines for data quality that Trading Partners should strive to meet or exceed:

- At least 95% of transmitted reports should be free of any errors in *mandatory/fatal* and *conditional/fatal* data elements,
- At least 90% of accepted reports should be free of any errors in *mandatory/serious* and *conditional/serious* data elements.

Note: As in the Pilot phase, these requirements need not be met upon the first submission of data to WCIS. Trading Partners have up to 60 days after the first submission of First Report data to submit data elements that were omitted on the first transmission because they were not known to the claims administrator

(see Section 9702(b). Electronic Data Reporting of the WCIS Regulations). Notwithstanding this requirement, the claims administrator is required to transmit data in response to a data error message generated by WCIS, or when the claims administrator becomes aware of the need to update data elements previously transmitted or omitted, no later than the next submission of data for the affected claim (see Section 9702(f) of the WCIS Regulations).

DWC anticipates that, in the future, its claims auditors will collect data from claims administrators. These data will be checked for data accuracy against EDI data that were already submitted to WCIS (see LC §129; 8 CCR §10105).

Data Quality Reports

WCIS automatically monitors the quality of data received from Trading Partners during the Pilot and Production phases. The system tracks all outstanding errors and produces automated data quality reports. The Division plans to provide these reports to each Trading Partner on a regular basis. The frequency of providing these reports has not yet been determined.

Trading Partner Profile

Trading Partner Profiles must be kept up-to-date. The Division must be notified of any changes to the Trading Partner Profile, since these may affect whether WCIS recognizes your transmissions. Note that if the transmission mode (e-mail, VAN, or FTP) or transmission specifications (flat file vs. ANSI) are changed, this may require re-testing some or all types of transactions.

WCIS PARALLEL BATCH IDENTIFICATION FORM

TO: _____
Your WCIS Contact

FROM: TRADING PARTNER (the following information must be as it appears on your Trading Partner Profile)

NAME _____

ADDRESS _____

FEIN _____ ZIP CODE _____

DATE(S) ELECTRONIC TRANSMISSION(S) WERE SENT _____

TOTAL NUMBER OF EDI CLAIMS SENT _____

DATE PAPER REPORTS MAILED _____

NUMBER OF PAPER REPORTS MAILED _____

PREPARED BY _____

PHONE _____

COMPLETE THIS FORM AND RETURN WITH COPIES OF PAPER 5020 (and 5021 REPORTS, if desired) OR NOTICES OF INITIAL BENEFIT PAYMENTS TO :

WCIS PARALLEL PHASE

ATTN: Your WCIS Contact Person

EDI Unit, Information Systems

PO BOX 420603

San Francisco, CA 94142-0603

Crosswalk of Employer's (Form 5020), Doctor's (Form 5021), and EDI First Report¹

Q#	Employer's Report	Doctor's Report	Q#	EDI Data Element Name	DN#
EMPLOYER INFORMATION					
1	Firm Name	Employer Name	2	EMPLOYER NAME	18
1A	Policy Number				
2	Mailing Address	Address	3	EMPLOYER ADDRESS LINE 1 EMPLOYER ADDRESS LINE 2 EMPLOYER CITY EMPLOYER STATE EMPLOYER POSTAL CODE	19 20 21 22 23
2A	Phone Number				
3	Location, if different from Mailing Address	Address	3	EMPLOYER ADDRESS LINE 1 EMPLOYER ADDRESS LINE 2 EMPLOYER CITY EMPLOYER STATE EMPLOYER POSTAL CODE	19 20 21 22 23
3A	Location Code				
4	Nature of Business	Nature of Business	4	Must be consistent with: OCCUPATION DESCRIPTION MANUAL CLASSIFICATION CODE	60 59
5	State Unemployment Insurance Acct. No.				
6	Type of Employer				

Crosswalk of Employer's, Doctor's, and EDI First Report (cont.)

Q#	Employer's Report	Doctor's Report	Q#	EDI Data Element Name	DN#
EMPLOYEE INFORMATION					
7	Employee Name	Patient Name	5	EMPLOYEE LAST NAME EMPLOYEE FIRST NAME EMPLOYEE MIDDLE INITIAL	43 44 45
8	Social Security Number	Social Security Number	11	EMPLOYEE SOCIAL SECURITY NUMBER	42
9	Date of Birth	Date of Birth	7	EMPLOYEE DATE OF BIRTH	52
10	Home Address	Address	8	EMPLOYEE ADDRESS LINE 1 EMPLOYEE ADDRESS LINE 2 EMPLOYEE CITY EMPLOYEE STATE EMPLOYEE POSTAL CODE	46 47 48 49 50
10A	Phone Number	Telephone Number	9	EMPLOYEE PHONE	51
11	Sex	Sex	6	GENDER CODE	53
12	Occupation (Regular job title)	Occupation (Specific job title)	10	OCCUPATION DESCRIPTION	60
13	Date of Hire			DATE OF HIRE	61
14	Employee usually works (___ hrs per day, ___ days per week, ___ total weekly hours)				
14A	Employment Status (regular FT/PT/ temporary/seasonal)			Must be consistent with: EMPLOYMENT STATUS CODE	58
14B	Under what class code of your policy were wages assigned?			CLASS CODE	59
15	Gross Wages/Salary			Must be consistent with: WAGE WAGE PERIOD	62 63
16	Other payments not reported as wages/salary? (yes/no)				

Crosswalk of Employer's, Doctor's, and EDI First Report (cont.)

Q#	Employer's Report	Doctor's Report	Q#	EDI Data Element Name	DN#
INJURY INFORMATION					
17	Date of Injury or Onset of Illness	Date and hour of injury or onset of illness	13	DATE OF INJURY	31
18	Time Injury Illness occurred	Date and hour of injury or onset of illness	13		
19	Time employee began work				
20	If employee died, Date of Death			EMPLOYEE DATE OF DEATH	57
21	Unable to work for at least one full day after Date of Injury? (yes/no)			If Yes on 5020, INITIAL DATE DISABILITY BEGAN must be present	56
22	Date Last Worked	Date Last Worked	14	DATE LAST DAY WORKED ²	65
23	Date Returned to Work	Work Status: Is patient able to perform usual work? Date when patient can return to regular/modified work	26	DATE OF RETURN TO WORK	68
		Work Status: "Date when patient can return to modified work "	26		
24	If still off work Check This Box				
25	Paid full wages for day of injury or last day worked? (yes/no)				
26	Salary being continued? (yes/no)				
27	Date of Employer's Knowledge/Notice of Injury/Illness			DATE REPORTED TO EMPLOYER	40
28	Date employee was provided employee claim form				
29	Specific Injury/Illness and Part of Body Affected, Medical Diagnosis, if available	Diagnosis, ICD-9 Code	20	Must be consistent with: NATURE OF INJURY CODE PART OF BODY INJURED CODE CAUSE OF INJURY CODE	35 36 37
30	Location where event or exposure occurred (Number, Street, City)	Injured at: (No. and Street, City, County)	12	Must be consistent with: POSTAL CODE OF INJURY SITE	33

Crosswalk of Employer’s, Doctor’s, and EDI First Report (cont.)

Q#	Employer’s Report	Doctor’s Report	Q#	EDI Data Element Name	DN#
INJURY INFORMATION (cont.)					
30A	County	Injured at: (County)	12		
30B	On employer’s premises? (yes/no)			Must be consistent with: ACCIDENT SITE POSTAL CODE	33
31	Department where event or exposure occurred				
32	Other workers injured/ill in this event? (yes/no)				
33	Equipment, materials and chemical the employee was using when event or exposure occurred	Describe how the accident or exposure happened	17		
34	Specific activity the employee was performing when event or exposure occurred	Describe how the accident or exposure happened	17	Must be consistent with: NATURE OF INJURY CODE CAUSE OF INJURY CODE	35 37
35	How Injury/Illness occurred	Describe how the accident or exposure happened	17	ACCIDENT/INJURY DESCRIPTION/NARRATIVE	38
36	Name and Address of Physician (Number and Street, City, ZIP)				
36A	Phone Number				
37	If hospitalized as an inpatient, name and address of hospital (Number and Street, City, ZIP)	If hospitalized as inpatient, give hospital name and location	25		
37A	Phone Number				

¹ Only data elements in non-shaded rows will be checked for consistency. Shaded rows indicate data elements present on California Form 5020 and/or 5021, but not present on the EDI First Report of Injury. Questions on the Doctor’s First Report which are neither on the Employer’s Report nor on the EDI First Report are not listed.

² For injuries or illnesses resulting in disability (= lost work time) only.