

Health Plan Claim Matching (HB251)

Introduction

Introduction

In these guidelines, the use of the term "Health Plan Claim Matching" means "Claim Data Request and Report" as described in Rule 102.11. The purpose of the Electronic Claim Data Request and Response process is to implement a system that compares information submitted from entities defined in Labor Code §402.084 and Division rule 102.11 concerning Electronic Formats for Electronic Claim Data Request and Report, or their representatives, to information contained in workers' compensation claim data. The system provides information in a secure manner to insurance carriers, as defined in the applicable section of the Labor Code, which will assist them in determining if they provided health insurance coverage for claims that have related workers' compensation claims.

Background

The 77th Texas Legislature, Regular Session, 2001, enacted House Bill (HB) 1562, amending Labor Code §402.084 to authorize the Texas Workers' Compensation Commission, now the Division, to establish by rule a reasonable fee for information requested in an electronic data form by subclaimants or their representatives to control insurance fraud. The 79th Texas Legislature, Regular Session, 2005, enacted HB 251, amending Labor Code §402.084 to require the Division to release to an insurance carrier certain data, on request, that will allow the carrier to identify potential subclaims and pursue recovery allowed under Labor Code §409.009. The Labor Code authorizes The Division, to establish by rule a reasonable fee not to exceed five cents for each claimant listed in an information request.

EDI Implementation Guide

This Health Plan Claim Matching EDI Implementation Guide describes who can be a requesting party and the steps to initiate the request process. It establishes the frequency for requests and the fees associated with the requests. The Data Dictionary defines words and terms associated with the electronic claim data request and report.

The implementation guide also details the elements that a data request must contain and describes the required information that a report must contain. It describes the process the Division will use to match request data to workers' compensation claim data and addresses security and confidentiality of the data returned in the claim data response.

This implementation guide may be modified by the Division based on statutory or regulatory mandate, based on process modifications initiated by the Division, or change in Division resources. Stakeholder feedback will be obtained prior to final changes to the

implementation guide and sufficient notice will be provided to stakeholders prior to changes to allow for system or process changes.

Audience

The individuals and entities utilizing this implementation guide are insurance carriers, as defined in Labor Code §402.084, or their authorized agents or representatives. An insurance carrier, or their authorized agent or representative, that elects to exchange data as described in this EDI Implementation Guide is considered a Division Electronic Data Interchange (EDI) Trading Partner (TP). For the purposes of this document, the term 'trading partner' and 'requester' are interchangeable.

Health Plan Claim Matching Data Process

The process for becoming a Trading Partner, creating and sending a Health Plan Claim Matching request, and receiving the data has three parts:

1. Initiating Division EDI Trading Partner (TP) Relationship.
 - A. Health Plan Claim Matching (251) Agreement.
 - B. EDI Trading Partner Application EDI-01 submission.
 - C. Secured File Transfer Protocol (SFTP) Trading Partner Profile created.
 - D. SFTP Testing.
 - E. After successful completed testing, TP sent confirmation and production instructions.
 - F. Trading Partner submits first request.
2. Health Plan Claim Matching Data Request Process.
 - A. Creating request file and format.
 - B. SFTP Submission of request file and an acknowledgement is put in the Trading Partner mailbox.
 - C. Matching.
 - D. Data Response.
3. Health Plan Claim Matching Data Response.
 - A. An acknowledgement is put in the Trading Partner mailbox.
 - B. Response file and format.
 - C. SFTP File retrieval of data response.

1.) INITIATING THE DIVISION EDI TRADING PARTNER RELATIONSHIP

Revisions are also underway to streamline the procedure and are in the finalization process. Currently the process for initiating an EDI Trading Partner relationship with the division:

A. Health Plan Claim Matching (251) Agreement.

Health Plan Claim Matching Data Requests may only be submitted by entities defined in Labor Code §402.084 and Division Rule 102.11 concerning Electronic Formats for Electronic Claim Data Request and Report. These entities, referred to as the insurance carrier for purposes of this document, may contract with an agent or representative to process requests and responses on their behalf. Only entities defined in the statute and rule, or their agent or representative, are eligible to submit requests and receive claim data under the provisions of Labor Code §402.084.

Health Plans and Trading Partners who intend on filing Health Plan Claim Matching Requests must execute the Health Plan Claim Matching (251) Agreement, a written agreement with the Division **prior** to the submission of the EDI-01. All electronic workers' compensation claim data returned by the Division to insurance carriers and their agents must be stored with sufficient security measures to prevent access to the data by entities or individuals that are not entitled to the information. The information may not be shared or distributed to any entity or individual for any purpose other than those contemplated in Labor Code §§402.084 and 409.009 to seek reimbursement for benefits paid related a workers' compensation injury, or to pursue subclaimant status on a workers' compensation claim. Trading partners must abide by all applicable federal and state laws and regulations regarding privacy, confidentiality, and data security. The written agreement is available from the DWC web site at:

<http://www.tdi.state.tx.us/wc/edi/documents/251agree.doc>.

The completed, **signed** agreement is returned to DWC by fax, at (512) 490-1039, to the TXCOMP EDI Help Desk or emailed to TXCOMP.Help@tdi.state.tx.us.

B. EDI Trading Partner Application EDI-01 submission.

The EDI-01 form is used to initiate the process to set up entities as Division EDI Trading Partners (TP). The EDI-01 submitted by a trading partner is used to set up the trading partner SFTP access and directory, points of contact information for: Database Administrators for file acknowledgements, Legal Departments for legal agreements, and Accounting/Finance Departments for billing. [The EDI-01 form](#) is available from the DWC website at: <http://www.tdi.state.tx.us/wc/edi/documents/edi01.doc>.

Electronic workers' compensation claim information received from the Division by an insurance carrier or trading partner for an individual that is not a bona fide beneficiary of the insurance carrier's benefit plan shall be permanently and irrevocably deleted from the insurance carrier's or trading partner's data records, and the records of an agent of the insurance carrier. Any paper records received or generated as a result of electronic workers' compensation claim information related to an individual described above shall be destroyed.

Electronic workers' compensation claim information received from the Division by an insurance carrier or trading partner for a beneficiary of the insurance carrier's benefit plan that is not related to or necessary to pursue reimbursement for benefits paid or pursuit of subclaim status shall be permanently and irrevocably deleted from the insurance carrier's

or trading partner's data records, and the records of an agent of the insurance carrier. Any paper records received or generated as a result of electronic workers' compensation claim information related to an individual described above shall be destroyed.

The completed, **signed** form is returned to DWC by fax, at (512) 490-1039, to the TXCOMP EDI Help Desk or emailed to TXCOMP.Help@tdi.state.tx.us.

C. Secured File Transfer Protocol (SFTP) Trading Partner Profile created.

The initial EDI-01 form submitted by a trading partner is used to set up the trading partner SFTP access, directory profile and points of contact. The Data within the file request may contain confidential or sensitive information that must be safeguarded during transmission to or from the TP. For this reason, all file transfers will be exchanged using SFTP. The trading partner will use SFTP client software that is appropriate for their operating system environment and can successfully interface with the Division environment.

D. SFTP Testing.

SFTP instructions and test files are sent to the TP contact listed on the EDI-01 form. The TP sends the test files to the Division test location to begin testing:

Test - sftpt.tdi.state.tx.us

The test scenarios are outlined in Appendix A.

E. After successful completed testing, TP sent confirmation and production SFTP instructions.

After successful completed testing, the Trading Partner is sent confirmation and production instructions of where to SFTP file requests, when they may submit requests, frequency of requests and record limits.

F. Trading Partner submits first request.

The Trading Partner submits its first file request for Health Plan Claim Matching to the Division. For the first request, the Division maintains a close relationship with the Trading Partner to ensure a successful first submission and data response.

2.) HEALTH PLAN CLAIM MATCHING DATA REQUEST PROCESS

Health Plan Claim Matching Data Request has four parts:

- A. Creating request file and format.
 - 1. Hierarchical structure
 - 2. Date format
 - 3. Identifiers
 - 4. Naming Convention
 - 5. Submission Frequency and Time Line

6. Request and Response File Value Tables
 7. Health Plan Claim Matching Data Request File Format
- B. SFTP Submission of request file and notification of receipt.
 - C. Matching.
 1. Data Cleansing
 2. Matching Logic
 - D. Response notification sent to the Trading Partner.

A. Creating Request File and Format

After receiving production instructions, the Trading Partner creates a request file. The request must contain all mandatory fields specified in the electronic file layout detailed in "Health Plan Claim Matching Data Request File Format", of this section. The values populated must be complete, current and correct values. The Division will not process and will reject files that do not contain all mandatory data elements or files that are not submitted in accordance with the electronic file layout. Records that do not contain mandatory fields or that contain incomplete, incorrect, or invalid values will not be matched to Division claim data. The trading partner will still be responsible for the fee for an incorrectly formatted file that is rejected. Return files may contain zero to many matches to Texas workers' compensation claims.

1. Hierarchical Structure

The format for inbound and outbound files follow a structure to facilitate communication of like information in a hierarchical structure:

```

HD Header
-HPP Health Plan Participant
--TXP DWC Participant
---CLM Claim Information
----INJ Injury Information
TR Trailer
  
```

The format uses a "Fixed Length" for each structural segment. The inbound and outbound structure is identified in those segments that are common on both files. Trailer details indicate the total number of records accepted for processing and those rejected based on structural errors. Spaces are used to complete alphanumeric fields and zeros (0) are used to complete numeric fields.

File Segment Frequency	
File Segment Frequency	
Segment Name	Occurrence
File Header	1 per file

Health Plan Participant Record	n number per files
TXCOMP Participant Record	0 to n number per HPP based on individual match
TXCOMP Claim Record	n number associated to the TXCOMP participant and with a date of injury greater or equal to Sept 1, 2002
Injury Record	n number for a claim
File Trailer	1 per file

2. Naming Convention

The file naming convention for Claim Data Request Files follows:

<State Indicator><Trading Partner FEIN><Nine Digit Trading Partner Postal Code><Carrier FEIN><Record Type><Test/Production Indicator><File Create Date><File Create Time>.<File Extension>

Example: **tx123456789142073027123456789251t05032006164729.txt**

Each file must be compressed in a zip file. The zip file will contain one data file with the following naming convention:

<State Indicator><Trading Partner FEIN><Nine Digit Trading Partner Postal Code><Carrier FEIN><Record Type><Test/Production Indicator><File Create Date><file Create Time>.<File Extension>

Example: **tx123456789142073027123456789251t05032006164729.txt**

An automated process picks up inbound request files. The files are unzipped in the inbound directories and transferred to an internal server for processing. If either the zipped file or the file within the zip is not in the correct format, the file will not be processed further. The trading partner will still be responsible for the fee for an incorrectly formatted file that is rejected.

3. Date Format

All dates should be formatted according to Year 2000 compliance, CCYYMMDD. The only values accepted for "CC" (century) are 18, 19, or 20. Date fields that include hours should use the following format: CCYYMMDDHHMM. Use military format: 00 to 23 to indicate hours and 00 to 59 to indicate minutes. No spaces or character delimiters should be used in presenting dates or times. Dates that are logically invalid (e.g. 20011301) are rejected. The trading partner will still be responsible for the fee for an incorrectly formatted file that is rejected.

4. Identifiers

Identifiers, such as the Federal Tax ID or Social Security Number should be transmitted without dashes or hyphens.

5. Submission Frequency and Time Line

Trading partners may submit requests for files on a monthly basis for each insurance carrier as defined in Labor Code §402.084(c-1). Health Plan Claim Matching Data Response Files are processed and returned to the trading partner on a first-in-first-out basis. The response files are returned as soon as possible, generally within five business days. However, the data response file may be delayed due to resource issues or circumstances beyond The Division's control.

6. Request and Response File Value Tables

Health Plan Claim Matching Data Request and Response File Value Tables	
Health Plan Claim Matching Data Request and Response File Value Tables	
Value	Description
TXCOMP SSA Verification Values Used for Confidence Match	
Y	DWC data matched SSA data on Last Name, First Name, SSN, DOB, and Gender
N	DWC data not yet verified with SSA
1	SSN not on file (number has never been assigned)
2	DWC data matched on SSA data on Last Name, First Name, SSN, DOB, but not Gender
3	DWC data matched on SSA data on Last Name, First Name, SSN, Gender, but not DOB
4	DWC data matched on SSA data on Last Name, First Name, failed DOB & Gender (present but different)
5	DWC data failed SSA Name Match, DOB and Gender not checked
6	DWC data matched on SSA data on Last Name, First Name, failed DOB & Gender because DWC elements were blank
Manual Process Verification Values Used for Confidence Match	
Y	Matched TXCOMP data on first five characters of last name, exact match on DOB, exact match on SSN
N	No match on first five characters of last name, no match on DOB, and/or no match on SSN
Gender Values	
M	Male
F	Female
U	Unknown
Test/Production Indicator	
t	Test
p	Production
Condition Indicator	
M	Mandatory
C	Conditional
O	Optional
Alpha/Numeric	
A	Alpha

N	Numeric
AN	Alphanumeric
Record Processing Status	
TA	Transaction Accepted for matching.
TR	Transaction Rejected. Data errors on inbound record.

7. Health Plan Claim Matching Data Request File Format

Health Plan Claim Matching Data Request File Format								
Health Plan Claim Matching Data Request File Format								
Data Element Number	Data Element Name	M/C/O	AN	Character Length	Start Col	End Col	Field Format	DWC Edits Applied to Inbound Electronic Claim Data Request Files in Automated Process
File Header								
	Segment Identifier	M	AN	3	1	3		Valid value: HD
	Message Class	M	AN	3	4	6		Message class should be 251
	Date File Generated	M	DT	8	7	14	CCYYMMDD	This is the date sent
	Time File Generated	M	TM	6	15	20	HHMMSS	This is the time sent
	Test/Production Indicator	M	ID	1	21	21		
	HP 251 File Control Number	M	N	30	22	51		Must be Unique number for a trading partner. Data will be used to avoid accidental reprocessing of files.
	TXCOMP File Control Number	O	N	30	52	81		Return value. Populate with zeros (0) on inbound.
	Sender (Trading Partner) FEIN	M	N	9	82	90		
	Sender (Trading Partner) Postal Code	M	N	9	91	99		
	Receiver (DWC) FEIN	M	N	9	100	108		746000119

	Receiver (DWC) Postal code	M	N	9	109	117		787441609
	HC Plan Name	M	AN	100	118	217		
	HC Plan FEIN	M	N	9	218	226		
	HC Plan Network Certification Number	M	AN	30	227	256		
	HC Plan Postal Code	M	N	20	257	276		
Health Plan Participant Record								
	Segment Identifier	M	AN	3	1	3		Valid value: HPP
	HC Plan Unique Participant Record Identification Number	M	AN	35	4	38		Remove special characters
	HC Participant First Name	M	AN	50	39	88		TXCOMP Standardize name. Apply matching logic
	HC Participant Last Name	M	AN	50	89	138		TXCOMP Standardize name. Apply matching logic
	HC Participant Social Security Number	O	N	9	139	147	NNNNNNNNN	Use TXCOMP SSA verification code for confidence level of SSN match
	HC Participant Date of Birth	M	DT	8	148	155	CCYYMMDD	Use TXCOMP SSA verification code for confidence level of DOB match
	HC Participant Gender	M	ID	1	156	156		Use TXCOMP SSA verification code for confidence level of Gender match
	HC Participant Address Line 1	M	AN	50	157	206		Standardize address before applying matching logic.
	HC Participant Address Line 2	O	AN	50	207	256		Standardize address before applying matching

							logic.
	HC Participant City	M	AN	50	257	306	Standardize address before applying matching logic.
	HC Participant State	M	ID	2	307	308	Standardize address before applying matching logic.
	HC Participant Postal Code	M	ID	20	309	328	Standardize address before applying matching logic.
	Record Processing Status	O	ID	2	329	330	Return value (future use). Zero fill or omit in inbound file.
	Record Rejection Reason	O	ID	2	331	332	Return value (future use). Zero fill or omit in inbound file.
	TXCOMP Match Indicator	O	ID	1	333	333	Return value. Zero fill or omit in inbound file.
	TXCOMP participant matched Count	O	N	3	334	336	Return value. Zero fill or omit in inbound file.
File Trailer							
	Segment Identifier	M	AN	3	1	3	Valid value: TR
	Count of Records sent	M	N	10	4	13	Value provided by sender
	Count of Records accepted	M	N	10	14	23	Return value
	Count of Records rejected	M	N	10	24	33	Return value

B. SFTP Submission of request file and notification of receipt.

After Trading Partner creates the request file, the Trading Partner connects to the Division's SFTP server and places the file in the production server incoming file folder. The directories the Trading Partner transfer files into are described below.

Production - sftp.tdi.state.tx.us

On the TDI server, it will be: [\\Mars\Mars09\SFTP\usr\edi\(FEIN\)\incoming\251](#)

To the TP, it will be: sftp.tdi.state.tx.us\incoming\251\ - Where edi(FEIN) will become the TP's root folder.

After the file transfer, an acknowledgement receipt of file is generated and sent to the Trading Partner DBA, notifying the request file was received intact.

C. Matching

The Division will match the records submitted by a requester against the Division's claim data using a matching methodology described below. The search will include all claims on record with the Division relating to injuries sustained on or after September 1, 2002. For each record submitted, the Division will report the existence of a positive match with one or more workers' compensation claims or the failure to match the record to any recorded workers' compensation claim.

1. Data Cleansing

Invalid dates are treated as missing. For example, a Date of Birth submitted as 19710230 (February 30, 1971) is considered invalid and will not be utilized for matching purposes.

All Social Security Numbers (SSN) must be in the range of 001-01-0001 and 772-99-9999. SSN beginning with 666 are disallowed. Current validation does not verify that a SSN belongs to a particular person.

Records are not matched on missing values; two missing values are not considered a match.

2. Matching Logic

The submitted data file will be processed through the following four matching protocols.

Match 1

Exact Social Security Number;
Exact Date of Birth;
First Letter of First Name; and
First Letter of Last Name

Match 2

Exact Social Security Number;

First 3 Letters of First Name or a Soundex Match (automation tool to analyze strings of characters to identify similarity of how words sound based on the consonants included; i.e. Mary and Maria would be reflected as same); and
First 5 Letters of Last Name or a Soundex Match

Match 3

Social Security Number similar but not exact (no more than 2 digits vary)

Exact Date of Birth

First 3 Letters of First Name or a Soundex Match (an automation tool to analyze strings of characters to identify similarity of how words sound based on the consonants included; i.e. Mary and Maria would be reflected as same); and
First 5 Letters of Last Name or a Soundex Match

Match 4

Social Security Number is missing in either or both of the data files;

Exact Date of Birth;

Exact First Name; and

Exact Last Name

D. Response notification sent to the Trading Partner.

Once the matching process is complete, the data response is generated and an acknowledgement is put in the Trading Partner mailbox.

3.) HEALTH PLAN CLAIM MATCHING DATA RESPONSE

Health Plan Claim Matching Data Response:

- A. Notification sent to the Trading Partner of response, invoicing and payment.
- B. Response file and format.
- C. SFTP File retrieval of data response.

A. Notification sent to the Trading Partner of response, invoicing and payment.

Once the matching process is complete, the data response is generated and placed in the Trading Partner's outbound folder:

sftp.tdi.state.tx.us/outgoing/251

An acknowledgment is put in the Trading Partner mailbox. The Division will not archive outbound response data on the Division SFTP server for greater than 7 days.

Payment

As per HB 251, amending Labor Code §402.084, the Division has determined records are processed at a charge cost of \$.01 per record. Each record within a file represents a separate, unique individual. Each record within a file is considered an individual request. Each occurrence of a record that appears in multiple files is also considered an individual request. Records submitted in a request file in a previous month and included in a subsequent request file are considered new requests and subject to a separate cost. Files and records are not accumulated for processing in a subsequent month. The trading partner will still be responsible for the fee for a file that is rejected.

The Division may change the record limit number and frequency of submission at any time in the future as necessary.

Payment may be submitted before or after a request file is submitted but in no event shall payment be made later than the 30th day after the date the notice of invoice is submitted to the Trading Partner. Failure to submit payment timely may result in administrative enforcement action and/or revocation of a trading partner's approval to submit Health Plan Claim Matching Requests.

B. Response file and format.

The response file format:

Outbound Electronic Claim Data Response File Format								
Outbound Electronic Claim Data Response File Format								
Data Element Number	Data Element Name	M/C/O	AN	Character Length	Start Col	End Col	Field Format	DWC Edits Applied to Inbound Electronic Claim Data Request Files in Automated Process
File Header								
	Segment Identifier	M	AN	3	1	3		Valid value: HD
	Message Class	M	AN	3	4	6		Message class should be 251
	Date File Generated	M	DT	8	7	14	CCYYMMDD	This is the date sent
	Time File Generated	M	TM	6	15	20	HHMMSS	This is the time sent
	Test/Production Indicator	M	ID	1	21	21		
	HP 251 File Control Number	M	N	30	22	51		Must be Unique number for a trading partner.

								Data will be used to avoid accidental reprocessing of files
	TXCOMP File Control Number	O	N	30	52	81		Return value. Populate with zeros (0) on inbound
	Sender (DWC) FEIN	M	N	9	82	90		746000119
	Sender (DWC) Postal Code	M	N	9	91	99		787441609
	Receiver (Trading Partner) FEIN	M	N	9	100	108		
	Receiver (Trading Partner) Postal code	M	N	9	109	117		
	HC Plan Name	M	AN	100	118	217		
	HC Plan FEIN	M	N	9	218	226		
	HC Plan Network Certification Number	M	AN	30	227	256		
	HC Plan Postal Code	M	N	20	257	276		
Health Plan Participant Record								
	Segment Identifier	M	AN	3	1	3		Valid value: HPP
	HC Plan Unique Participant Record Identification Number	M	AN	35	4	38		Remove special characters
	HC Participant First Name	M	AN	50	39	88		TXCOMP Standardize name
	HC Participant Last Name	M	AN	50	89	138		TXCOMP Standardize name. Apply matching logic
	HC Participant Social Security Number	O	N	9	139	147	NNNNNNNNNN	Use TXCOMP SSA verification code for confidence level of SSN match

	HC Participant Date of Birth	M	DT	8	148	155	CCYYMMDD	Use TXCOMP SSA verification code for confidence level of DOB match
	HC Participant Gender	M	ID	1	156	156		Use TXCOMP SSA verification code for confidence level of Gender match
	HC Participant Address Line 1	M	AN	50	157	206		Standardize address before applying matching logic
	HC Participant Address Line 2	O	AN	50	207	256		Standardize address before applying matching logic
	HC Participant City	M	AN	50	257	306		Standardize address before applying matching logic
	HC Participant State	M	ID	2	307	308		Standardize address before applying matching logic
	HC Participant Postal Code	M	ID	20	309	328		Standardize address before applying matching logic
	Record Processing Status	O	ID	2	329	330		Return value (future use). TXCOMP feedback on whether the record was processed or failed validations.
	Record Rejection Reason	O	ID	2	331	332		Return value (future use). Reasons code for rejection. To be provided during TXCOMP implementation. Details the first reason why the record was rejected. Processing on

								the record stops after first mandatory failure
	TXCOMP Match Indicator	O	ID	1	333	333		Yes or No indicator populated by TXCOMP
	TXCOMP Participant matched Count	O	N	3	334	336		Return value. 1 or many. populated to facilitate navigation through upcoming records
TXCOMP Participant Record (if match found)								
	Segment Identifier	C	AN	3	1	3		Valid value: TXP
	Participant Record sequence	C	N	3	4	6		A running counter to identify the sequence of this injured worker in the return set
	TXCOMP Participant First Name	C	AN	50	7	56		If match found, TXCOMP participant standardized name returned
	TXCOMP Participant Last Name	C	AN	50	57	106		If match found, TXCOMP participant standardized name returned
	TXCOMP Participant Social Security Number	C	N	9	107	115	NNNNNNNNN	If match found, TXCOMP participant SSN returned if record match and SSN on file (except SSN code = 1, N or 5)
	TXCOMP Participant Date of Birth	C	DT	8	116	123	CCYYMMDD	If match found, TXCOMP participant DOB returned if record match and DOB is on file (except SSA code 3)

	TXCOMP Participant Gender	C	ID	1	124	124		If match found, TXCOMP participant gender returned
	TXCOMP Participant Address Line 1	C	AN	50	125	174		Primary TXCOMP address. If match found, TXCOMP participant standardized address returned
	TXCOMP Participant Address Line 2	C	AN	50	175	224		Primary TXCOMP address. If match found, TXCOMP participant standardized address returned
	TXCOMP Participant City	C	AN	50	225	274		Primary TXCOMP address. If match found, TXCOMP participant standardized address returned
	TXCOMP Participant State	C	ID	2	275	276		Primary TXCOMP address. If match found, TXCOMP participant standardized address returned
	TXCOMP Participant Postal Code	C	AN	20	277	296		Primary TXCOMP address. If match found, TXCOMP participant standardized address returned
	Claim Records Count	C	N	5	297	301		1 or many. populated to facilitate navigation through

							upcoming records
TXCOMP Claim Information							
	Segment Identifier	C	AN	3	1	3	Valid value: CLM
	Claim Record sequence	C	N	5	4	8	A running counter to identify the sequence of this claim in the return set
	TXCOMP DWC Claim number	C	AN	20	9	28	If match found, TXCOMP participant DWC Claim Number returned
	TXCOMP Insurer Claim Number	C	AN	25	29	53	If match found and TXCOMP Insurer Claim Number is available, TXCOMP participant Insurer Claim Number returned
	TXCOMP Participant Date of Injury	C	DT	8	54	61	CCYYMMDD If match found, TXCOMP participant DOI returned
	TXCOMP Insurer Name	C	AN	100	62	161	If match found and TXCOMP Insurer Name is available, TXCOMP Insurer Name returned
	TXCOMP Adjuster First Name	C	AN	50	162	211	If match found and TXCOMP Adjuster Name is available, TXCOMP Adjuster Name returned
	TXCOMP Adjuster Last Name	C	AN	50	212	261	If match found and TXCOMP Adjuster Name is available, TXCOMP Adjuster Name returned
	TXCOMP	C	AN	50	262	311	If match found,

	Treating Doctor First Name							TXCOMP participant Treating Doctor First Name returned
	TXCOMP Treating Doctor Last Name	C	AN	50	312	361		If match found, TXCOMP participant Treating Doctor Last Name returned
	TXCOMP Employer Name	C	AN	100	362	461		If match found and TXCOMP Employer Address is available, TXCOMP Employer standardized address returned.
	TXCOMP Employer Address Line 1	C	AN	50	462	511		If match found and TXCOMP Employer Address is available, TXCOMP Employer standardized address returned
	TXCOMP Employer Address Line 2	C	AN	50	512	561		If match found and TXCOMP Employer Address is available, TXCOMP Employer standardized address returned
	TXCOMP Employer City	C	AN	50	562	611		If match found and TXCOMP Employer Address is available, TXCOMP Employer standardized address returned
	TXCOMP Employer State	C	ID	2	612	613		If match found and TXCOMP Employer Address is

							available, TXCOMP Employer standardized address returned
	TXCOMP Employer Postal Code	C	AN	20	614	633	If match found and TXCOMP Employer Address is available, TXCOMP Employer standardized address returned
	Injury Records count	C	N	3	634	636	Zero (0) if no injury records available
	Compensability Indicator	C	A	1	637	638	If match found and TXCOMP dispute flag is populated, Compensability flag N will be returned.
Injury Records							
	Segment Identifier	C	AN	3	1	3	Valid value: INJ
	Injury Record Sequence	C	N	3	4	6	A running counter to identify the sequence of this injury in the return set
	TXCOMP Nature of Injury	C	AN	100	7	106	If match found, TXCOMP participant Nature of Injury description
	TXCOMP Body Part	C	AN	100	107	206	If match found, TXCOMP participant Body Part description
File Trailer							
	Segment Identifier	M	AN	3	1	3	Valid value: TR
	Count of Records sent	M	N	10	4	13	Value provided by sender
	Count of Records	M	N	10	14	23	Return value

	accepted							
	Count of Records rejected	M	N	10	24	33		Return value

C. SFTP File retrieval of data response

After an acknowledgement is put in the Trading Partner mailbox, the TP may retrieve the file by SFTP from the outbound folder: `sftpp.tdi.state.tx.us/outbound/251`

The Division will not archive outbound response data on the **Division SFTP server for greater than 7 days**.

APPENDIX A - SCENARIOS

The 3 Scenario Groups: Data, Acknowledgements, Billing are currently being revised, please contact the EDI/TXCOMP HelpDesk for further assistance.

EDI/TXCOMP Help-Desk

Texas Department of Insurance/Division of Workers' Compensation

Telephone: (888) 489-2667

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