

Files Containing Documents Sent by Claim Administrators to Minnesota Guidelines

February 11, 2020

Overview:

These guidelines are a roadmap for Trading Partners who will voluntarily send document files to Minnesota via the secure FTP. Senders may also upload documents directly to claims via a web portal.

A consistent form file naming convention is established to promote standardization across senders and to assist in an automated process for matching documents to claims in Minnesota's system. Components of the file naming convention provide a method to recognize the sender of the documents and to ensure the documents are placed into the correct claim file.

Senders must zip all documents sent with each batch following the below zip file and document file naming conventions.

Naming convention ZIP file

ZIP FILE - Concatenate the following components with underscore (_) between each component except the file extension (EXT)

Component	Value	Length
Juris	Jurisdiction code – MN.	2
Sender	Trading Partner identification (999999999) - all Trading Partners use FEIN from header.	9
Date	DN0100 - Date Transmission Sent (CCYYMMDD)	8
Time	DN0101 - Time Transmission Sent (HHMMSS)	6
Test/Production	Indicates whether the forms were generated from a test or production batch T = Test P = Production	1
DOCS	DOCS (4 digit literal) – indicates that this file contains “docs” from a Trading Partner	4
EXT	File extension .zip	3

Example: MN_999999999_CCYYMMDD_HHMMSS_X_DOCS.zip

Naming convention of document file

DOCUMENT NAME Concatenate the following alpha/numeric components with underscore (_) between each component except the file extension (EXT).

Component	Value	Length
Juris	Jurisdiction code – MN.	2
JCN	Jurisdiction Claim Number – indicates the unique number assigned to the claim by the jurisdiction. 25 bytes allowed; leading and trailing spaces should be stripped to avoid embedded spaces in the file name	25 (variable)
MTC	Default to “XX” if not returning the MTC.	2
Form ID <i>(see form types below)</i>	Allows trading partners to indicate the jurisdictions specific form number. If a form number is not sent, default to “0”. 8 bytes allowed; leading and trailing spaces should be stripped to avoid embedded spaces in the file name	8 (variable)
Claim number	DN0015 Claim Administrator Claim Number (25 bytes) identifies the claim the form pertains to. 25 bytes allowed; leading and trailing spaces should be stripped to avoid embedded spaces in the file name Slashes (/) will be stripped because it is not a valid character in a file name	25 (variable)
File Identifier	Defined by the sender to ensure the file uniqueness. This information is not used by Minnesota for validation. Each file identifier within a ZIP file must be unique.	20 (variable)
EXT	File extension .pdf	4

Example:

MN_XXXXXXXXXXXXXXXXXXXXXXXXXX_XX_XXXXXXXX_XXXXXXXXXXXXXXXXXXXXXXXXXX_9999999999999999999999.pdf

Form names for documents sent by claim administrators to MN.		
Form ID	Form Type	Description
PP01	PPD Report	DLI form used to report specific information when paying PPD.
CLO1	Claim Investigation Report	A claim-related investigative report (e.g. employer’s investigative report of the incident).
CR01	Correspondence	Claim-related correspondence (e.g. letter to the jurisdiction or to a party to the claim).

Form names for documents sent by claim administrators to MN.		
DH01	Dependency/Heir Information	Documentation related to any dependents or heirs associated with a claim.
ME01	Medical Report	A claim-related medical report (e.g. independent medical examination report).
HCPR	Health Care Provider Report	DLI form used to report treating doctor.
OT01	Other	A claim-related document not captured by another type code (e.g. police report).
PT01	Photograph	A claim related picture or image (e.g. picture of injury location).
WT01	Witness Statement	A claim related statement (e.g. transcription of a witness statement).
WS01	Wage Statement	A claim-related wage statement (e.g. pay stub).