

FROI/SROI Tab



In June 2013 the Board implemented **eClaims** making it mandatory for all WC insurers to submit information electronically via Electronic Data Interchange (EDI).

The FROI/SROI tab displays the information transmitted electronically by Claim Administrators in eCase.

The EDI process replaces the C-7, C-669, C-8/8.6, and the C-2 filed by carriers. Information previously found in the Case Folder on those forms will be displayed on the FROI/SROI tab. The C-11, C-240, RFA-2, and other forms will remain as they are.

There are three screens on the FROI-SROI tab: **Latest Values, Summary of Benefits, and Cumulative Benefits, OBTs, and Recoveries.**

In addition, there will be copies of **servable documents** in the Case Folder. These pdfs are created from the electronic transmissions and are the equivalents of the forms C-669 and C-7, and notices of cessation or modification of payments. These are printable. See Subject Number here: http://www.wcb.ny.gov/content/main/SubjectNos/sn046_522.jsp

eClaims Glossary

Claim Administrator: The organization that administers a Workers' Compensation claim. It can be an insurer, a licensed third party administrator (TPA), a self-insured employer, a self-insured group trust, or a guarantee fund.

FROI: (rhymes with "Troy") First Report of Injury: This is the data transaction that will replace the paper forms C-2, VF-2, VAW-2, and some C-669s (when used for claim acceptance). A FROI may also be a denial of a claim.

SROI: Subsequent Report of Injury. This data transaction primarily replaces the C-8/8.6.

Legacy claim: This is any claim that already exists in CIS with a Case # at the time the claim administrator begins transmitting data electronically.

MTC or Maintenance Type Code: Identifies the claim event that requires the filing of a FROI or SROI; is made up of two characters that immediately follow FROI or SROI. Find a list of all MTC codes here: http://www.wcb.ny.gov/content/ebiz/eclaims/ReqTables/NYS_R3_Quick_Code_RefRev.xlsx

Servable document: A printable copy of the FROI or SROI transaction found in the case folder that can be sent by parties whenever a copy of the document must be filed with the claimant, the claimant's attorney, a medical provider, etc. Carriers will access these servable documents in eCase.

Latest Values Tab

Case Details for WCB Case ID: [REDACTED]

Actions

Case ID: [REDACTED] Name: [REDACTED]

Case Status: No Further Action

Case Info Party of Interest Case Folder FROI/SROI Board Awards Related Materials

Latest Values Summary of Benefits Cumulative Benefits, OBTs, & Recoveries

Who Code	Insurer POI ID	Insurer Name	Claim Admin POI ID	Claim Admin Name	First Rcvd Date	Last Rcvd Date	Last Rcvd
C0	W112502	INDEMNITY INS.CO OF NORTH AMER	T100026	ESIS, INC	11/20/2014	06/23/2015	SROI-IP
C0	W112502	INDEMNITY INSURANCE COMPANY OF N AMERICA	T100083	SEDGWICK CLAIMS MANAGEMENT SERVICES, INC	08/07/2015	09/29/2015	SROI-SA

1 Claim Type: I - Indemnity

2 Agreement to Compensate: W - Without Liability

Suspension Effective Date: [REDACTED]

Suspension Narrative: [REDACTED]

Wages / Salary

Estimated Wage: 1,215.09

Calculated Wage: 1,215.09

Gross Concurrent Employer(s) Wage: [REDACTED]

Calculated Weekly Compensation Amount: 400.00

Number of Days Worked Per Week: 5

Full Wages Paid for Date of Injury: No

Employer Paid Salary in Lieu of Compensation: No

WARNING:
Any value that starts with a "*" and is red was previously reported but not included in the last transaction.

Work Status

Initial Date of Lost Time: [REDACTED]

Initial Date Last Day Worked: 10/11/2013

Initial Date Disability Began: 11/12/2013

Initial Return to Work Date: [REDACTED]

Current Date Last Day Worked: [REDACTED]

Current Date Disability Began: [REDACTED]

Latest Return to Work Status Dt: [REDACTED]

3 Return to Work Type: [REDACTED]

Physical Restrictions: [REDACTED]

Return to Work Same Employer: [REDACTED]

Possible Reduced Earnings: [REDACTED]

Knowledge

Date Employer Had Knowledge of the Injury: 10/17/2013

Date Claim Administrator Had Knowledge of Injury: 10/28/2013

Date Employer Had Knowledge of Date of Disability: 10/11/2013

4 Nature of Injury: 37 - Inflammation

Part of Body: 38 - Shoulder(s)

Cause of Injury: 57 - Strain or Injury By - Pushing or Pulling

Accident/Injury Description: PUSHING BEVERAGE CART VEERING TO THE RIGHT LOOSENED RT SHOULDER ANCHOR LOOSENED REQUIRING SURGERY

Initial Treatment: ation, Diagnostic Testing, and Medical Procedures

Occupation Description: FLIGHT ATTENDANT

Manual Classification: g Or Scintillometer Surveying - All Other Emps. & D

Lump Sum Payment/Settlement: [REDACTED]

Claim Representative

Name: [REDACTED] Phone: [REDACTED]

This tab displays the latest value received by the Board for each data field. If the data was received on the last FROI or SROI accepted, the text is blue. If received in a prior transaction, the text is red with an *.

1 **Claim Type Code** indicates claim acceptance by Claim Administrator for dates of accident before 1/1/2019, anything but N=Notification of an Incident Only indicates acceptance.

2 **Agreement to Compensate Code** indicates claim acceptance by Claim Administrator for dates of accident on or after 1/1/2019. L - With Liability indicates acceptance of a claim. W - Without Liability indicates temporary payment under Section 21-a or Section 25-1-f.

3 **Return to Work** may be Actual or Released.

4 **Part of Body** will only be one part and will not indicate left or right. **Accident/Injury Description** will include multiple body parts, if necessary, and indicate left or right, if necessary. If appropriate, an examiner uses this information to update the Case Info tab.

Claim Type Code (Indicates Acceptance for dates of accidents prior to 1/1/2019)	
N	Notification of an Incident Only (Carrier has not accepted)
M	Medical only
W	Lost Time with No Paid Indemnity
P	Indemnity/No Lost Time Beyond Waiting Period
I	Indemnity for Lost Time
L	Became Indemnity for Lost Time
B	Became Medical Only

Agreement to Compensate Code (Indicates Acceptance for dates of accidents on or after 1/1/2019)	
L	With Liability
W	Without Liability (indicates temporary payment under §21-a or §25-1-f)



Summary of Benefits Tab

Received Date	Maint. Type Code	Benefit Type	Start Date	Gross Wtdy Amt. Eff. Date	Through Date	Calc. To Date	Gross Wtdy Amt.	Claim Weeks	Claim Days	Non-Consec. Period	Net Wtdy Amt. Eff. Date	Net Wtdy Amt.	Benefit Payment Issue Date	Amount Paid	RE	Reduced Benefit Amt. Code
06/10/2015	S7 - Suspension, Benefits Exhausted	020 - Perm Total	02/25/2014	02/25/2014	11/19/2014	11/20/2014	326.51	38		2 B - Benefit Period	02/25/2014	326.51	06/02/2015	-6,269.19		R - Reclassification of Benefit
06/10/2015	S7 - Suspension, Benefits Exhausted	030 - Perm Part/Scheduled	11/20/2014	11/20/2014	06/17/2015	06/18/2015	326.51	30		0 B - Benefit Period	11/20/2014	326.51	06/02/2015	8,165.17		R - Reclassification of Benefit
06/10/2015	S7 - Suspension, Benefits Exhausted	050 - Temp Total	02/25/2014	02/25/2014	05/26/2015	05/27/2015	326.51	38		3 B - Benefit Period	02/25/2014	326.51	06/13/2014	17,023.31		R - Reclassification of Benefit
06/10/2015	S7 - Suspension, Benefits Exhausted	070 - Temp Partial	08/04/2014	08/04/2014	11/19/2014	11/20/2014	150.00	15		3 B - Benefit Period	08/04/2014	150.00	03/26/2015	2,340.00		R - Reclassification of Benefit
06/07/2015	CB - Change in Benefit Type	020 - Perm Total	02/25/2014	02/25/2014	11/19/2014	11/20/2014	326.51	38		2 B - Benefit Period	02/25/2014	326.51	06/02/2015	-6,269.19		R - Reclassification of Benefit
06/07/2015	CB - Change in Benefit Type	030 - Perm Part/Scheduled	11/20/2014	11/20/2014	06/17/2015	06/18/2015	326.51	30		0 B - Benefit Period	11/20/2014	326.51	06/02/2015	8,165.17		R - Reclassification of Benefit
06/07/2015	CB - Change in Benefit Type	050 - Temp Total	02/25/2014	02/25/2014	05/26/2015	05/27/2015	326.51	38		3 B - Benefit Period	02/25/2014	326.51	06/13/2014	17,023.31		R - Reclassification of Benefit
06/07/2015	CB - Change in Benefit Type	070 - Temp Partial	08/04/2014	08/04/2014	11/19/2014	11/20/2014	150.00	15		3 B - Benefit Period	08/04/2014	150.00	03/26/2015	2,340.00		R - Reclassification of Benefit
06/05/2015	CB - Change in Benefit Type	050 - Temp Total	02/25/2014	02/25/2014	08/03/2014	08/04/2014	326.51	22		4 B - Benefit Period	02/25/2014	326.51	06/13/2014	6,914.43		R - Reclassification of Benefit
06/05/2015	CB - Change in Benefit Type	070 - Temp Partial	08/04/2014	08/04/2014	11/19/2014	11/20/2014	150.00	15		3 B - Benefit Period	08/04/2014	150.00	03/26/2015	2,340.00		R - Reclassification of Benefit
06/03/2015	RB - Reinstatement of Benefit	050 - Temp Total	02/25/2014	02/25/2014	08/03/2014	08/04/2014	326.51	22		4	02/25/2014	326.51	06/13/2014	6,914.43		
06/03/2015	RB - Reinstatement of Benefit	070 - Temp Partial	08/04/2014	08/04/2014	11/19/2014	11/20/2014	150.00	15		3	08/04/2014	150.00	03/26/2015	2,340.00		
07/11/2014	SD - Suspension, Directed By Jurisdiction	050 - Temp Total	02/25/2014	02/25/2014	05/27/2014	05/28/2014	326.51	13		1	02/25/2014	326.51	06/13/2014	4,309.93		
07/04/2014	IP - Initial Payment	050 - Temp Total	02/25/2014	02/25/2014	05/27/2014	05/28/2014	326.51	13		1	02/25/2014	326.51	06/13/2014	4,309.93		

Information displayed on this tab is sent in SROIs. Previously, this information was sent on the C-8/8.6.

- 1** Insurer information. If multiple insurers, payments made by each would be listed separately.
- 2** This information is from **CIS Case Details**—not the Claim Administrator. Pass days are submitted by the Claim Administrator and may be updated by the case owner or determined as part of a decision.
- 3** **Benefit Period** information.
- 4** The **Through Date** (an IAIABC standard data field) comes from the Claim Administrator; CIS calculates the **To Date** which continues to be used by the Board.
- 5** Examples of **Adjustments, Credits, and Redistributions (ACR)** are: Apportionment/Contribution, Subrogation, Illegally Employed Minor, etc.
- 6** Reduced Benefit Amount Code - Definition: A code that identifies the reason a benefits segment may be missing from a transaction or may contain values less than reported in a previous transaction due to benefit amount being decreased or reclassified or a claim being reported that was settled under another Date of Injury. Values: D=Decrease in Indemnity, N=No Money Settlement, R=Reclassification of Benefit, and S=Claim Settled Under Another DOI.

Cumulative Benefits, OBTs, & Recoveries Tab

Case Admin Reports Options Help

Case Details for WCB Case # [redacted]

Case ID: [redacted] Name: [redacted] District: Albany

Case Status: Newly Assembled

Case Info | Party of Interest | Case Folder | **Cumulative Benefits, OBTs & Recoveries** | Board Awards | Related Materials

Latest Values | Summary of Benefits

Who Code	Insurer POI ID	Insurer Name	Ongoing Indemnity Payments
PI	W086003	Fireman's Fund Insurance Company	No

Cumulative Benefits Paid by Claim Administrator:

Benefit Type	First Start Date	Last Through Date	Claim Weeks	Claim Days	Total Amount Paid	Claim Admin POI ID	Claim Admin Name
050 - Temporary Total	04/05/2014	04/26/2014	3	0	2,100.00	W086003	Fireman's Fund Insurance Company
070 - Temporary Partial	04/27/2014	06/15/2014	7	0	2,100.00	W086003	Fireman's Fund Insurance Company
Total					4,200.00		

Other Benefits Paid by Insurer:

Other Benefit Type (OBT)	Amount
350 - Total Payments to Physicians	900.00
380 - Total Hospital Costs	1,195.22
450 - Total Pharmaceutical Costs	122.98
Total	2,128.00

Recoveries Made by Insurer:

Recovery Type	Amount

This tab displays *cumulative* amounts of payments

- 1** Information of Insurer who made the payments.
- 2** Cumulative Benefits are listed by Benefit Type and are not listed as separate periods or by MTCs.
- 2a** Benefit Type Code Totals paid to date
- 3** Examples of other Benefit Types (OBTs) paid by the Insurer are Total Funeral Expenses, Total Penalties, Total Employee Penalties, Total Interest, Total Claimant's Legal Expenses, Total Hospital Costs, Total Other Medical, etc
- 3a** Other Benefit Type Code totals paid to date
- 4** Examples of Recoveries made by Insurer are: Special Fund Recovery, Deductibles Recovery, Overpayment Recovery, etc.
- 4a** Recovery Totals to Date