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.
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.
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.
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