



**Workers'  
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Board**

# eClaims August Webinar

# AGENDA

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# eClaims EDI R3.1 News



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# eClaims EDI R3.1 News

- July 29, 2020
  - The July 21 webinar slide deck and video recording are now available on the [eClaims Presentation page](#). The Agenda for July's webinar included:
    - eClaims EDI R3.0 News
    - eClaims EDI R3.1 News
    - Payer Compliance Update

# eClaims EDI R3.1 News

## ■ August 11, 2020

- A FROI/SROI-02 document has been updated and posted to the [NY Requirements Table](#) page. This document serves as a reference guide on how to submit a FROI/SROI-02.
- The [eClaims EDI R3.1 FAQs](#) have also been updated with two new questions:
  - How do I accept a case after a FROI-04/SROI-04 has been submitted?
  - How do I update Denial Reason Codes (DN0198) and/or Denial Reason Narratives (DN0197) after a FROI-04/SROI-04 has been submitted?

# eClaims EDI R3.1 Topics



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# SROI-04 Filing to Update Full Denial Reason Code/Denial Narrative

- In eClaims EDI R3.1, any SROI-02 filed to update Full Denial Reason Code/Denial Narrative will be rejected. A SROI-04 must be filed to update Full Denial Reason Code or Denial Narrative.





# Subject Number Announcement

- Subject Number 046-1319: The Publication of eClaims R3.1 Requirement Tables and the Implementation Date for Mandatory EDI Claims Reporting
  - Released Wednesday, August 12, 2020.
  - Announced New York State's mandatory implementation of IAIABC Claims EDI 3.1 release, effective March 15, 2021.
  - Mandatory testing for all flat-file trading partners to begin November 16, 2020, as described in section 3.7 of the Implementation Guide.

# Part of Body WCIO Codes and “acceptance”

- In eClaims EDI R3.1, Part of Body will allow up to 10 Parts of Body to be reported.
- IAIABC Standard uses WCIO Part of Body codes.
- eClaims Change Log reminder:

Item #	Document	Item	Description of Change	Publish Date	Implementation date
1	DN Reporting Requirements Specific to NYS	DN0036 (Part Of Body Injured Code)	In accordance with Section 300.37 1 c, a completed report as defined in Section 300.22 must be filed with the Board to indicate that the claim has been accepted if the claim is not being controverted. As described on this reference document under DN0074 (Claim Type Code) and DN0075 (Agreement to Compensate Code), “acceptance” is based on the date of accident. DN0036 (Part of Body Injured Code) listed on the FROI is the accepted body part(s) of the claim once acceptance has been designated.	6/12/2020	3/15/2021

# New IAIABC Data Element for Benefit Change Reason Code

- IAIABC Claims EDI Committee voting ended on July 22, 2020, to approve the IRR900 Benefit Change Reason Code new data element requested by New York on behalf of Claim Administrators to eliminate the paper process for submitting supporting document on each SROI-CA/CB as indicated in [FAQ #19](#).
- IAIABC Systems EDI Committee will assign the Data Element Number, Record Layout Position, Values and standard edits as listed on the Edit Matrix. Once this information is available, NY will post on the eClaims change log with a minimum of six months' notification for implementation.

# New IAIABC Data Element for Benefit Change Reason Code


- The approved resolution is:
  - IRR CLM900 - BENEFIT CHANGE REASON CODE (DNXXXX)
    - Definition: A code reported at the Claim level identifying the reason the Benefit Type Code or Net Weekly Amount has changed. This is not at the Benefit segment level.
    - DP Rule: This DN can only be required/reported on a SROI MTC CB - Change in Benefit Type or CA - Change in Benefit Amount. It does not apply to any other SROI MTCs. This should not carry over to future transactions. The jurisdiction should have a current statutory reason for requiring this DN and should be outlined in the jurisdiction's Trading Partner Tables. The data element cannot be Mandatory if the reason for the change in the Net Weekly Amount or Benefit Type Code can be determined by another Data Element elsewhere in the standard.

# New IAIABC Data Element for Benefit Change Reason Code

- The approved resolution is:
  - IRR CLM900 - BENEFIT CHANGE REASON CODE (DNXXXX)
    - Values: (To be determined by Systems Committee)
    - ? = Independent Medical Exam (IME) or Claim Administrator Consultant
    - ? = Employee Treating Physician medical report
    - ? = Recalculation of Net Weekly Amount based on Wage Statement
    - ? = Jurisdiction Directed
    - ? = Stipulated or negotiated Net Weekly Amount (not jurisdiction directed)

# FROI/SROI-02 Transaction Processing Reference Document

- FROI/SROI-02 transaction processing in Claims EDI R3.1



**NYS FROI/SROI-02 transaction processing in Claims EDI R3.1**

**1. Differences between Electronic Data Interchange (EDI) 3.0 to EDI 3.1**

FROI/SROI-02 transactions are processed differently in International Association of Industrial Accident Boards and Commissions (IAIABC) Claims EDI R3.1 compared to R3.0. The table below shows the main differences.

EDI 3.0	EDI 3.1
All DNs with a severity code of F, fy and Y are edited (using most recently accepted MTCs severity code) and accepted	Only Implied/Usable DNS (see definition below) are edited and accepted
All values on an O2 transactions are assumed to be the latest value regardless of each DNs value in the most recently accepted transaction	Only Implied/Usable DNs will be considered to have the latest value in the O2 transaction
Add, Update or Delete is not specified	Change Reason Code Indicates Add, Update or Delete

**2. Acceptance method**

IAIABC Section 4 Change O2 Claims EDI R3.1 rules as approved in IRR897 on December 11, 2019, to be published in the IAIABC Implementation Guide on January 1, 2021, offer two methods of accepting an O2-Change transaction.

- Accepting data of only those DNs that are specified in the Change Variable Segment, after applying edits.
- Accepting data of all DNs that are included in O2-Change transaction after applying appropriate edits.

New York has decided to go with option (i) above.

**2a. Implied/Usable DNs**

Upon further investigation, WCB determined that the edits will be applied to **implied/Usable DNs**, which include the following:

- DNs that are listed in the Change Variable Segment
- Variable Segment DNs that have its counter ("Number Of" DN) listed in the Change Variable Segment
- All DNs with O2-Requirement code of (F – Fatal, m – Mandatory Match Data Element, mc – Mandatory Conditional Match Data Element, M – Mandatory).

NYS FROI/SROI-02 transaction processing in Claims EDI R3.1

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# Questions?



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For eClaims EDI R3.1 upgrade questions, email [eClaims31@wcb.ny.gov](mailto:eClaims31@wcb.ny.gov)

For eClaims EDI R3.0 questions, email [eClaims@wcb.ny.gov](mailto:eClaims@wcb.ny.gov)

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# Thank You



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