eClaims August Webinar
AGENDA

01  eClaims EDI R3.1 Recent News

02  eClaims EDI R3.1 Topics

03  Questions?
eClaims EDI R3.1
News
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
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
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.
Website Changes
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:

<table>
<thead>
<tr>
<th>Item #</th>
<th>Document Description</th>
<th>Item</th>
<th>Description of Change</th>
<th>Publish Date</th>
<th>Implementation date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DN Reporting Requirements Specific to NYS</td>
<td>DN0036 (Part Of Body Injured Code)</td>
<td>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.</td>
<td>6/12/2020</td>
<td>3/15/2021</td>
</tr>
</tbody>
</table>
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
Questions?
GET INVOLVED / STAY INFORMED

Visit the eClaims website at wcb.ny.gov for eClaims news, engagement opportunities and to register for email updates.

For eClaims EDI R3.1 upgrade questions, email eClaims31@wcb.ny.gov

For eClaims EDI R3.0 questions, email eClaims@wcb.ny.gov

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Thank You