



**Workers'
Compensation
Board**

eClaims October Webinar

AGENDA

01  Claims EDI R3.1 News

02  eClaims Topics

03  Questions?

Claims EDI R3.1 News



**Workers'
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Board**

Claims EDI R3.1 News

- The March 2021 implementation date will be postponed until later in 2021, but no earlier than July 2021.
- This extension will allow the Board to perform an accurate and successful implementation of Claims EDI R3.1, while providing additional time for all Trading Partners to complete preparations for the R3.1 transition.
- We will communicate the new go-live date with you as soon as possible.

Claims EDI R3.1 News

- The September 15th webinar slide deck and video recording are now available on the [eClaims Presentation page](#).
- The following Requirement Tables have been updated:
 - [NYS R3.1 Element Requirements](#)
 - [NYS eClaims EDI R3.1 Change Log](#)

Claims EDI R3.1 News

Document	Description of Change
Element Requirements – SROI Conditional Requirements	Correction. New Edit. Added a new condition to DN0084 so that it is now required if the BTC is 530.
Item	
DN0084 (Permanent Impairment Percentage)	

Claims EDI R3.1 News

Document	Description of Change
Element Requirements – FROI Element Requirements	Correction. Added DN0437 back to the FROI Element Requirements for clerical purposes.
Item	
DN0437 (Employee Individual Taxpayer Identification Number)	

eClaims Topics

0154-111 Edit Issue

- Recently discovered Trading Partners are sending JCN and other data in Employee ID Assigned by Jurisdiction field.
- Senders are encouraged to review this Data Element in their system and fix data as NY will be fixing the edit issue to enforce the current edit.
- Senders should file a FROI-02 when they can obtain the Social Security Number (SSN).
 - Claim administrators may look in eCase to verify if an SSN is on any paper documents or on the Case Info tab.
- Edit Matrix and Data Element Requirements can be found [here](#).

0154-111 Edit Issue

■ DN Error Message:

Sorted by Error Message & DN					
DN	IAIABC Data Element Name			Jurisdiction will apply edits?	Population Restrictions Indicator
					001 Mandatory field not present
					018 Number of Days Worked must be 0-7
					019 Days must be 0-6
					028 All digits must be 0-9
					029 Must be a valid date (CCYYMMDD)
					030 Must be A-Z, 0-9, or spaces
					031 Must be a valid time
					033 Must be <= Date of Injury
					034 Must be >= Date of Injury
					035 Must be >= Initial Date Disability Began
					036 Must be <= Employee Date of Death
					037 Must be <= Maintenance Type Code Date
					038 Must be >= Start Date
					039 No match on database
					040 All digits cannot be the same
					041 Must be <= current date
					042 Not statutorily valid
					044 Value is > required by jurisdiction
					045 Value is < required by jurisdiction
					050 No matching Subsequent Report (A49)
					053 No matching First Report of Injury (I48)
					054 Must be valid occurrence for segment
					055 Must be < Employee Date of Hire
					057 Duplicate Batch/Transaction
					058 CodeID invalid
					059 Non-match data value not consistent with value previously reported
					060 Previous paper documentation not received
					061 Event Table criteria not met
					062 Required segment not present
					063 Invalid event sequence
					064 Invalid data relationship
					065 Corresponding report/data not found
					066 Invalid record/transaction count
					067 Must be >= Policy Effective Date
					068 Must be <= Policy Expiration Date
					100 No leading/trailing/blank spaces
					101 MTC not approved for production
					102 Must be <= Initial Date Disability Began
					103 Same code received in multiple variable segments
					104 Must be >= Current Date Disability Began
					105 Must be <= Current Date Disability Began
					106 Invalid batch structure
					107 Variable segment counter > maximum value allowed
					108 Expired field not present
					109 Must be >= Employee Date of Hire
					110 Date Must be >= Jurisdiction Implementation Date
					111 Must be valid content
					112 Must be >= Initial Date Last Day Worked
					113 Must be >= Initial Return to Work Date
					114 Must be >= Current Date Last Day Worked
					117 Match data value not consistent with value previously reported
					118 Trading Partner not approved to submit data for Insurer/Claim Admin

Edit Matrix Population Legend:

F = Edit applies to the data elements deemed essential for a transmission/transaction to be processed.

L = * Not grayed out: Edit applies to the data elements based on the requirements indicated on the Element Requirement Table.

* Grayed out: The standard edit will not be applied by the jurisdiction.

Jurisdiction will apply edits?:

F = Essential data element; must be edited for successful transaction processing

Y = Yes - indicates that all edits marked for the data element will be applied; some may be based on conditions defined in the Element Requirement Table

N = No - indicates that none of the standard edits marked for the data elements will be applied

For Population Restrictions:

For Data Elements that have certain "population values" allowed for specific data elements, a "P" is indicated in the "Population Restrictions Indicator" column and the associated data element population restriction is detailed in the Population Restrictions Table.

0154-111 Edit Issue

■ FROI Element Requirements:

REC	DN#	DATA ELEMENT NAME	FORMAT	Format	00	01	02	04	AQ	AU	UR for legacy cases
	0154	Employee ID Assigned by Jurisdiction	15 A/N	15 A/N	MC	MC	fy	MC	MC	MC	MC

■ FROI Conditional Requirement:

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0154	Employee ID Assigned by Jurisdiction	MTC 00, 01, 04, AQ, AU, UR: Required if Employee Type Qualifier=A (Employee ID Assigned by Jurisdiction), only when Social Security Number is not available. Please refer to Population Restrictions Table or Implementation Guide for instructions.	Required when DN0270 (Employee ID Type Qualifier) = A (Employee ID Assigned by Jurisdiction).

0154-111 Edit Issue

■ SROI Conditional Requirement:

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0154	Employee ID Assigned by Jurisdiction	MTC ALL: Required if Employee Type Qualifier=A (Employee ID Assigned by Jurisdiction), only when Social Security Number is not available. Please refer to Population Restrictions Table or Implementation Guide for instructions.	Required if DN0270 (Employee ID Type Qualifier) = A (Employee ID Assigned by Jurisdiction)

■ Population Restriction:

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0154	Employee ID Assigned by Jurisdiction	111	Must be valid content	DN0154 (Employee ID Assigned By Jurisdiction) is to be initially created by the Claim Administrator by combining other DNs in the following format: (a) first 6 characters being DN0052 (Employee Date of Birth) in YYMMDD format or 6 nines if it is not known, (b) followed by the first character of DN0044 (Employee First Name). (c) followed by up to the first 8 characters of DN0043 (Employee Last Name), if available.	must be in the required format for NYS WCB

New Benefit Change Reason Code

- New Issue Resolution Request (IRR) CLM900 (DN0439) to be published in the IAIABC Implementation Guide of January 2021.
- Definition: A code reported at the Claim level identifying the reason the Benefit Type Code (BC) or Net Weekly Amount has changed. This is not at the Benefit segment level.

New Benefit Change Reason Code

- Data Processing (DP) Rule: This Data Element (DN) can only be required or reported on a SROI Maintenance Type Code (MTC) CB or Change in Benefit Amount (CA). 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 DN elsewhere in the standard.

New Benefit Change Reason Code

- Element Requirements: IAIABC Change Log ERT 197
- Mandatory for CA/CB
- For SROI-02, Add - N, Update - Y, Remove - N
- Added to R22, position 634, format 1 A/N
- Added Error 058 (Code ID Invalid) for DN0439
- Edit Matrix - IAIABC Change Log EM 127 to add Valid Values:
 - A: Independent Medical Exam (IME) or Claim Administrator Consultant
 - B: Employee Treating Physician medical report
 - C: Recalculation of Net Weekly Amount based on Wage Statement
 - D: Jurisdiction Directed
 - E: Stipulated or negotiated Net Weekly Amount (not jurisdiction directed)

New Benefit Change Reason Code

■ Current

- How do I reference a document on a SROI-CB or SROI-CA in compliance with 12 NYCRR 300.23(a) since these transactions do not allow a narrative field in IAIABC Claims EDI R3.0?

The Board has determined that a correspondence must be filed within three days of the SROI-CB or SROI-CA indicating therein the document ID number(s) and the date(s) of the supporting documentation (such as an IME-4) along with a summary of the specific findings within that/those document(s) that purportedly supports the reduction in the payment rate. If CA/CB is rejected, then the correspondence should be submitted within five days. The correspondence referenced can be either mailed or emailed to wcbclaimsfilings@wcb.ny.gov.

Note: The Board notes that the compliance process as set forth in the preceding paragraph should be viewed as a short-term solution pending the anticipated implementation of OnBoard, the Board's new online claims system, and adoption of IAIABC Claims EDI R3.1.

New Benefit Change Reason Code

■ Future

- Trading Partners will no longer need to send a correspondence as the new data element with the appropriate value of “A” (Independent Medical Exam or Claim Administrator Consultant) alerts the Board to the basis for the change in benefits.

Questions?



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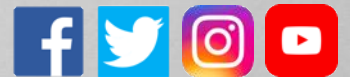
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Visit the eClaims website at wcb.ny.gov for eClaims news, engagement opportunities and to register for email updates.

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