eClaims Training

Level 201: Business

Published December 2012

Revised 2/28/13

Welcome

Introductions

- Tim Purcell, WCB eGov Director
- Mary Beth Goodsell, eClaims Program Manager
- Laurie Hart, Albany District Manager, eClaims Working Team
- Scott Winne, Lead Technical Designer

Housekeeping

Handouts

- Training Slides
  - Level 201 Business
  - Level 301 Technical

- Reference Materials
  - Today's process vs. Tomorrow's EDI process
  - Sequencing Flowchart
  - Quick Code Reference List

201 (Business) Agenda

Begin at 9:00 AM

- Overview of eClaims
  - eClaims Benefits
  - IAIABC
- Resources
  - IAIABC website
  - WCB eClaims website
- Trading Partners
- Claims EDI
  - Basic Lingo; MTC, FROI, SROI
  - New form template
  - Event Table
- Walk thru-FROI & SROI
  - NYS Filing Instructions
  - NYS Scenarios
- NYS Sequencing Flowchart

Break (10:30 - 10:45 AM)

- Legacy Claims
- Element Requirement Table
- Event Benefits and Sweeps
- Adjustments, Credits and Redistributions

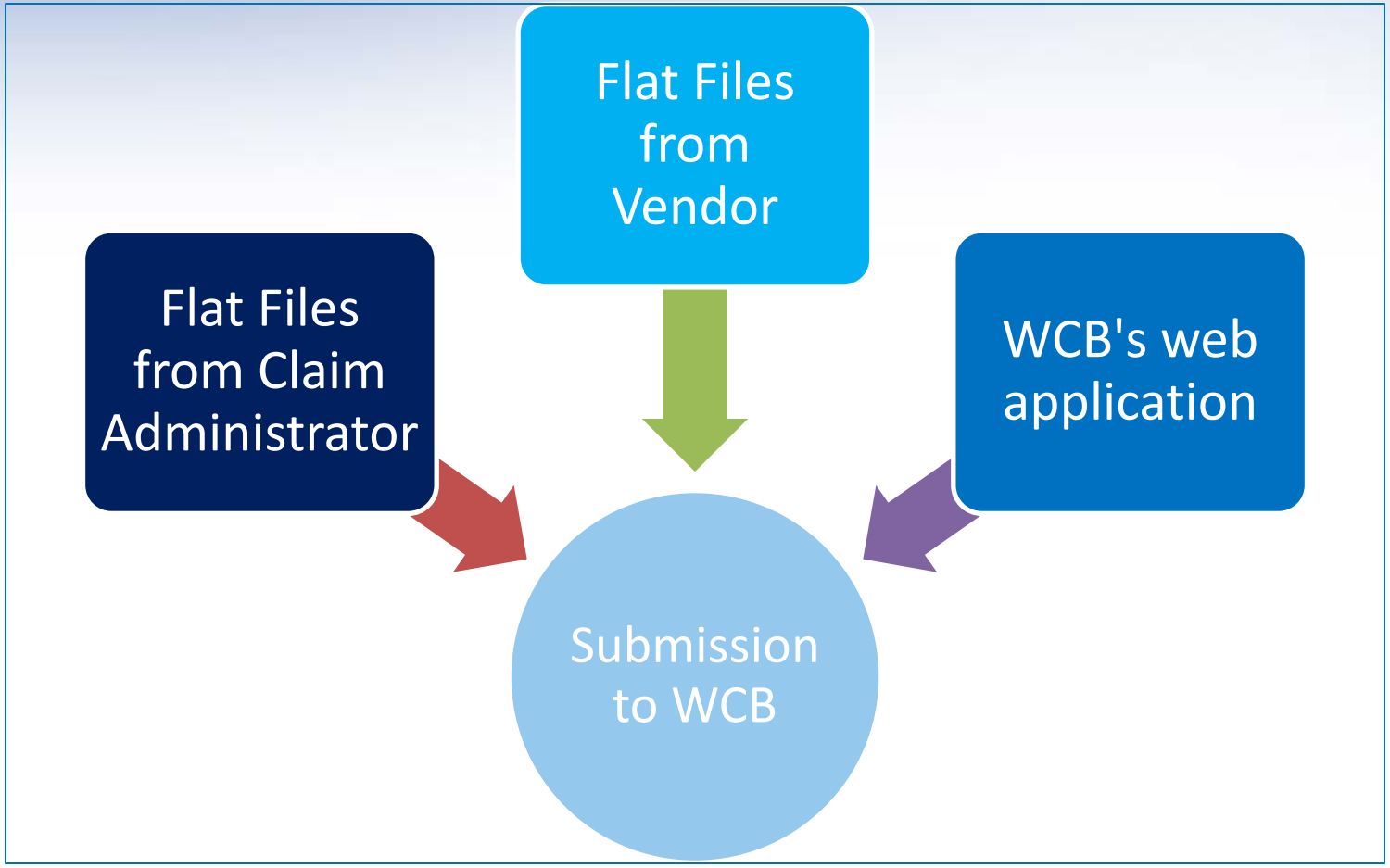
Lunch (Noon - 1:00 PM)

- NYS DN Reporting Specifics
- Edit Matrix
- Acknowledgment
- Web Data Entry Application
- NYS Implementation Timeline
- Next Steps
- Questions

Break (2:00 - 2:15 PM)

- 301 Technical Training

Submission Options



eClaims Benefits

Process

- Establishes single, consistent format
- Incorporates claims information quickly
- Reduces costs
- Streamlines WCB case assembly
- Decreases duplicate filings

Data Accessibility

- Increases quality and timeliness
- Provides information on performance
- Supplies data for policy decisions

Improves timely delivery of benefits to injured workers

IAIABC

- International Association of Industrial Accidents Boards and Commissions : www.iaiabc.org
- Non-profit trade association since 1914
- Represents government agencies that administer workers' compensation systems
- Develops standards for workers' compensation processes

IAIABC

- 1990: IAIABC membership adopted IAIABC Committee's proposal to develop standards for communicating data electronically between providers, payers, and state administrators via EDI.
- 1993: Claims Release 1
- 2000: Claims Release 2
- 2005: Claims Release 3

WCB Website

Go to

www.wcb.ny.gov

and click on NYS eClaims logo

Skip to Content

New York State | State Agencies | Search NY.GOV

Workers' Compensation Board | eClaims

Search WCB | Search | About Us | Contact Us | Forms | District Offices | Home | Change Font Size | Glossary of WCB Terms

NYS eClaims

- Overview
- Presentations
- News
- NY Requirement Tables
- eClaims Benefits
- Implementation Plan
- Implementation Guide
- Training
- FAQs

Send your questions to: eClaims@wcb.ny.gov

eClaims Overview

The Board is adopting a national standard for claim administrators to electronically submit employer claims data. The standard is the International Association of Industrial Accident Boards and Commissions' (IAIABC) Claims Electronic Data Interchange (EDI) Release 3.0. This electronic filing of claims data will be implemented in phases, beginning in spring 2013, and will provide timely, accurate, and credible electronic reporting.

More than 30 states currently use or are actively planning to use the IAIABC EDI standard for claim submissions. Most national carriers already utilize the standard in those jurisdictions. The technology is recognized as the national best practice for First Report of Injury/Subsequent Report of Injury (FROI/SROI), and has a proven track record.

The Board is collaborating with claim administrators in the workers' compensation industry to ensure that this transition to electronic filing is as seamless as possible. Electronic claims filing supports the Board's continuing effort to improve services to injured workers of New York and their employers. In fact, based on the experience of other states that have implemented the IAIABC standard, the Board anticipates that its adoption in New York will yield significant benefits.

The Board is supporting transparent and continuous two-way communications with all stakeholders impacted by this transition. As a first step, the Board's Office of Stakeholder Outreach and Education requested that insurance carriers, self-insurers and third party administrators provide their departmental contact information. This contact information enhanced the Board's capacity to directly interact with appropriate individuals from these stakeholders.

For more information on the IAIABC Claims Release 3.0, please visit the EDI Implementation Guide section of the IAIABC website at: www.iaiabc.org.

Questions can be directed to: eClaims@wcb.ny.gov

eClaims News

October 31, 2012

- Subject Number 046-489: Workers' Compensation Board Announces Publication of eClaims Requirement Tables and Implementation Schedule for Mandatory EDI Claims Reporting
- NY Requirement Tables
- eClaims Implementation Guide
- eClaims Implementation Plan *Updated*

September 28, 2012

- Subject Number 046-494: Workers' Compensation Board Announces eClaims Training Schedule for Mandatory Electronic Claims Filing Process

Trading Partners

Who is a Trading Partner?

- An entity that enters into an agreement with WCB to exchange data electronically

- Can be an Insurance Company, TPA, or Self-Insured Employer

Note: All TPAs must be licensed by the WCB Licensing Unit and have an assigned "T" number in order to be able to submit data electronically.

Trading Partners

Trading Partners must have a clear understanding of:

- When data is to be provided
- What data is expected
- How data will be validated
- What data format is to be used
- What vehicle is to be used to transport the data, i.e. how you plan to submit data to WCB (Flat File or Web Data Entry application)

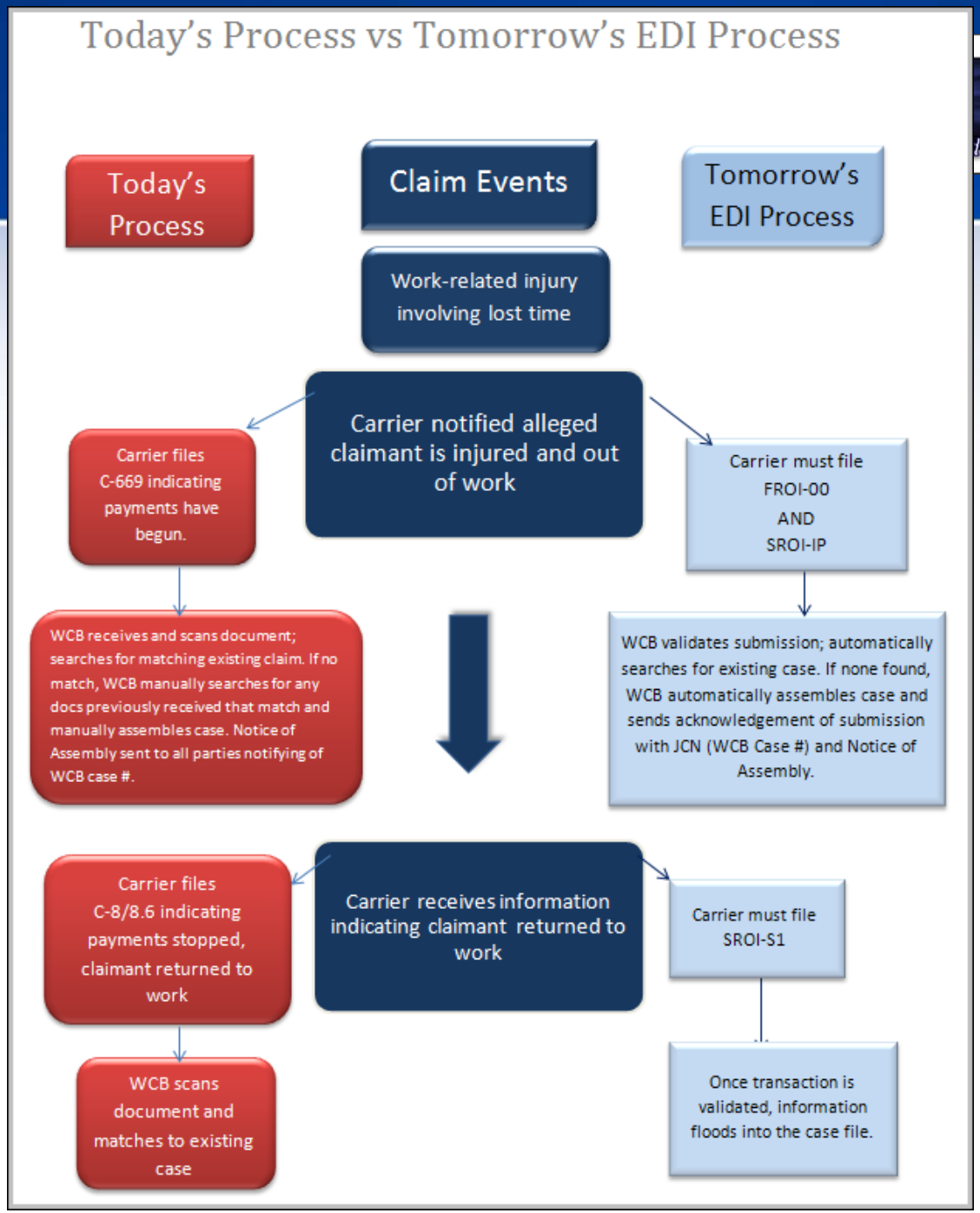
Trading Partner Registration

- Trading Partner registration is now available
- Trading Partner agreements must be submitted at least 60 calendar days prior to testing date to allow for approval and entry into the Board's system
- WCB urges all Trading Partners to register as soon as possible

EDI

Today's way on the left; after EDI implementation on the right.

This is one of the handouts.



Section 110

Section 110 of Workers' Compensation Law will remain in effect

- Some Claim Administrators already file C-2s as the Employer's designee
- The filing of the FROI by the Claim Administrator *will* satisfy the Employer's filing requirement
- The filing of the paper First Report of Injury (C-2) *will not* satisfy the eClaims filing requirement

EMPLOYER'S REPORT OF WORK-RELATED INJURY/ILLNESS C-2

State of New York - Workers' Compensation Board

If one of your employees has a work-related injury or illness, you must complete and file this form within 10 days of the injury/illness or be subject to a penalty. For additional information on filing this form please refer to Workers' Compensation Law Section 110 at the end of this form. Type or print neatly.

WCB Case Number (If you know it): _____ Date of Injury/Illness: 08 / 09 / 2010

Carrier Case Number (If you know it): YZCC 56600 Date of this Report: 03 / 04 / 2011

A. EMPLOYER INFORMATION

1. Employer: ZIRVALE CONSTRUCTION 2. Employer FEIN: _____
3. Mailing Address: 260 MADISON AVE NEW YORK, NY 10017
4. Location Address (If different): 260 MADISON AVE NEW YORK NY 10017
5. Phone Number: (_____) 6. Nature of Business or Industry Code: _____
7. OSHA Case Number (If known): _____ 8. NY UI Employer Reg Number: _____

B. INSURANCE CARRIER / SELF-INSURED EMPLOYER

If individually self-insured, enter your Board W Number and skip to Section C.

1. Board W Number: W _____ 2. Carrier/Group Name: _____
3. Policy Number: 75POLDUMMY Policy Period: From: 01/01/1931 To: 12/31/2021
4. If Carrier Unknown, Insurance Agent Name: _____ 5. Phone Number: (_____)

C. EMPLOYEE'S PERSONAL INFORMATION

1. Name: [redacted] First MI [redacted] Last 2. Date of Birth: ___/___/___
3. Mailing Address: 1717 EAST 16TH ST APT 4G BROOKLYN NY 11229
4. Social Security Number: XXX-XX-9999 5. Contact Phone Number: (_____) 6. Gender ☐ Male ☐ Female

D. EMPLOYEE'S INJURY OR ILLNESS

1. Time of day employee began work on date of injury: _____ ☐ AM ☐ PM 2. Time of Injury: _____ ☐ AM ☐ PM
3. Has the employee given you notice of injury/illness? ☐ Yes ☐ No
   If yes, notice was given to: _____ ☐ orally ☐ in writing Date notice provided: ___/___/___
   If available, attach a copy of the employee's written notice and medical notes, and the employer's incident report.
4. Have you given the employee a Claimant Information Packet? ☐ Yes ☐ No If yes, give date: ___/___/___
5. Where did the injury/illness happen (e.g., 1 Main St., Pottersville, at the front door): _____
   NEW YORK NY 10017
6. Was this location where the employee normally worked? ☐ Yes ☐ No If no, why was the employee there? _____
7. Employee's supervisor: _____ 8. Did supervisor see injury happen? ☐ Yes ☐ No ☒ Unknown
9. Did anyone else see the injury happen? ☐ Yes ☐ No ☒ Unknown If yes, give name(s): _____
10. What was the employee doing when he/she was injured or became ill? (e.g., unloading a truck, stocking a shelf, typing annual report)
    UNKNOWN ACTIVITY

78999/9999/CLAIM # YZCC 56600/4298335

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

www.wcb.state.ny.us

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EMPLOYEE'S NAME [redacted] First MI [redacted] Last DATE OF INJURY/ILLNESS: 06 / 09 / 2010

D. EMPLOYEE'S INJURY OR ILLNESS *continued*

11. How did the injury/illness occur? (e.g., the employee tripped over a pipe and fell on the floor)
ALLEGING HEAD, RT SHOULDER, BACK, AND NECK.

12. Explain fully the nature of the employee's injury/illness; list body parts affected (e.g., twisted left ankle and cut to forehead):
NOC SPEC INJURIES, ALL OTHERS NOT CLASSIFIED, UNKNOWN, UPPER BACK AREA (THORIAC AREA)

13. Was an object (e.g., forklift, hammer, acid) involved in the injury/illness? ☐ Yes ☐ No If yes, what was it?

14. Was the injury the result of the use or operation of a licensed motor vehicle? ☐ Yes ☒ No

If yes, ☐ employee's vehicle ☐ employer's vehicle ☐ other vehicle License plate number (if known):

If employer's vehicle was involved, give name and address of your motor vehicle insurance carrier:

15. Did the injury/illness result in the employee's death? ☐ Yes ☒ No If yes, what was the date of death? ___/___/___

Name and address of the nearest relative:

E. MEDICAL TREATMENT

1. What was the date of the employee's first treatment? ___/___/___ ☐ None received ☒ Unknown

2. Where did the employee receive first medical treatment for this injury/illness? ☐ On site ☐ Doctor's office ☐ Emergency Room ☐ Clinic/Hospital/Urgent Care ☐ Hospital Stay over 24 hours ☐ Unknown

Who treated the employee and where?

3. Is the employee still being treated for this injury/illness? ☐ Yes ☐ No ☒ Unknown If yes, name and address of treating doctor(s):

4. To your knowledge, did the employee have another work-related injury to the same body part or a similar illness while working for you?

☐ Yes ☐ No If yes, name the doctor(s) who treated the previous injuries/illnesses (if known):

F. RETURN TO WORK

1. Did the employee stop work because of his/her injury/illness? ☐ Yes ☐ No If yes, on what date? ___/___/___

2. Has the employee returned to work? ☐ Yes ☐ No

If yes, on what date? ___/___/___ ☐ regular duty ☐ limited duty

3. If the employee has returned to limited duty, what are his/her average gross earnings per week?

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EMPLOYEE'S NAME [redacted] First MI [redacted] Last DATE OF INJURY/ILLNESS: 08 /09 /2010

G. EMPLOYEE'S WORK INFORMATION on the date of the injury or illness

1. Date the employee was hired: ____/____/____
2. What was the employee's job title? _____
3. What types of activities did the employee normally perform at work? (Attach job description if available.) _____

H. EMPLOYEE'S PAYROLL INFORMATION on the date of the injury or illness

1. Employee's gross pay in an average week was: $ _____
2. Did the employee receive lodging or tips in addition to pay? ☐ Yes ☐ No If yes, describe: _____
3. Employee's job was (check one): ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Volunteer ☒ Other: _____
4. Which days of the week did the employee usually work? ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.
5. Was the employee paid for a full day on the day of the injury/illness? ☐ Yes ☐ No
6. Did you continue to pay the employee after the injury/illness (e.g., sick leave, vacation, disability, regular salary)? ☐ Yes ☐ No

I. ADDITIONAL INFORMATION

An employer or carrier, or any employee, agent, or person acting on behalf of an employer or carrier, who KNOWINGLY MAKES A FALSE STATEMENT OR REPRESENTATION as to a material fact in the course of reporting, investigation of, or adjusting a claim for any benefit or payment under this chapter for the purpose of avoiding provision of such payment or benefit SHALL BE GUILTY OF A CRIME AND SUBJECT TO SUBSTANTIAL FINES AND IMPRISONMENT.

The above information is true to the best of my knowledge and belief.

If prepared by the employer:

Signature of Person Preparing Form: _____ Date: _____

Print Name: _____ Title: _____ Phone Number: (_____)_____

If prepared by a Third Party on Behalf of the Employer:

Signature of Person Preparing Form: _____ Date: ____/____/____

Print Name: [redacted] Phone Number: (877)489-9222

Company Name and A[redacted]

Name & Phone Number of Person Who Provided Information Necessary to Prepare This Form: CLAIM PREPARER

Reports should be filed by sending directly to the appropriate WCB district office (DO) at the address below with a copy sent to the insurance carrier:

Albany DO - 100 Broadway-Menands, Albany NY 12241 866-750-5157 (for accidents in the following counties: Albany, Clinton, Columbia, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Ulster, Warren, Washington)
Binghamton DO - State Office Building, 44 Hawley Street, Binghamton NY13901 866-802-3604 (for accidents in the following counties: Broome, Chemung, Chenango, Cortland Delaware, Otsego, Schuyler, Sullivan, Tioga, Tompkins)
Buffalo DO - Statler Towers, 107 Delaware Avenue, Buffalo NY 14202 866-211-0945 (for accidents in the following counties: Cattaraugus, Chautauqua, Erie, Niagara)
Rochester DO - 130 Main Street West, Rochester NY 14614 866-211-0944 (for accidents in the following counties: Allegany, Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming, Yates)
Syracuse DO - 935 James Street, Syracuse NY 13203 866-802-3790 (for accidents in the following counties: Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence)
Downstate Centralized Mailing - PO Box 5205, Binghamton NY, 13902-5205 for all DO's in NYC 800-877-1373; in Hempstead 888-805-3630; in Hauppauge 866-661-5354; in Peekskill 866-749-5552 (for accidents in the following counties: Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Westchester)

78999/9999/CLAIM # YZCC 56600/4296335

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WORKERS' COMPENSATION BOARD

F20475

State of New York - Workers' Compensation Board

First Report of Injury
Report Type (MTC) 00-Original

This is information submitted to the New York State Workers Compensation Board.
Do not mail this form to the Board.

Employee Name Thomas Lee Jones

WCB Case Number (JCN) A1345678 **Date of Injury** 09/15/2012

Claim Administrator Claim Number 10266545 **Maintenance Type Code Date** 09/25/2012

Claim Type M Medical Only **WCB Received Date** 09/28/2012

INSURANCE CARRIER INFORMATION

Insurer Name Liberty Mutual Insurance Company **FEIN** 22-2336666

Insurer Type I Insurer **Carrier ID No.** W123456

CLAIM ADMINISTRATOR INFORMATION

Name Broadspire TPA

Info/Attn Atten: Barbara Johnson

Address PO Box 998

City Rochester **State** NY

Postal Code 12345-1111 **Country** USA

FEIN 12-5563251 **TPA ID No.** T123456

EMPLOYEE INFORMATION

First Name Thomas **Middle Name/Initial** Lee

Last Name Jones **Suffix**

Mailing Address 25 Pennsylvania Avenue

City Pleasantville **State** NY

Postal Code 10019-1234 **Country** USA

Phone Number: 5184441133 **Gender** M Male

Date of Birth 05/17/1971 **Date of Hire** 08/08/2008

Employee ID Type S Employee Social Security Number **Employee ID** xxxxx6789

Occupation Description Maintenance Worker

Manual Classification 7998 HARDWARE STORE-RETAIL

DRAFT

EMPLOYEE INJURY

Time of injury: 12:30

Date Employer Had Knowledge of the Injury: 09/15/2012

Initial Date Last Day Worked: 09/15/2012

Date Employer Had Knowledge of Date of Disability: 09/15/2012

Initial Date Disability Began: 09/15/2012

Date Claim Administrator Had Knowledge of Disability: 09/16/2012

Full Wages Paid for Date of Injury: Y

Employer Paid Salary in Lieu of Compensation: N

Death Result of Injury: N No

Date of Death:

Number of Dependents: 3

Nature of Injury: 52 Strain or Tear

Part of Body: 41 Upper Back Area

Cause of Injury: 27 From Liquid or Grease Spills

Type of Loss: 01 Traumatic Injury

Accident/Injury Description

Walking down the hall way and slipped

RETURN TO WORK

Initial Return to Work Date: 09/27/2012

Physical Restrictions: Y

Return To Work Type: A Actual

Return To Work Same Employer: Y

ACCIDENT LOCATION AND WITNESSES

Premises: E Employer

Organization Name: ACME Corporation

Street: 20 State Street

State: NY

City: Albany

Postal Code: 12212

County/Parish: Albany

Country: USA

Location Narrative: Walking down the hall and slipped on spilled water

Witnesses	Business Phone Number
John Smith	5185559898

MEDICAL TREATMENT

Initial Treatment: 4 Hospitalization > 24 hours

Managed Care Org.: 03 The claim's medical losses are administered by a Preferred Provider Organization.

Managed Care Org. ID: 000000004 Magna Care

DRAFT

EMPLOYEE PAYROLL INFORMATION

Employment Status 1 Regular/Full-time Employee

Wages $852.12 **Wage Period** Weekly **Number of Days Worked Per Week** 5

EMPLOYER INFORMATION

Name ACME Corporation **Employer FEIN** xxxxx6789

UI Number 225634 **Industry Code** 000001

Info/Attn Atten: Human Resources

Mailing Address 20 State Street

City Albany **State** NY

Postal Code 12212 **Country** USA

Physical Addr 20 State Street

City Albany **State** NY

Postal Code 12212 **Country** USA

Contact Name Mary Smith

Contact Business Phone Number 5186561478

INSURED INFORMATION

Insured Name ACME Corporation **Insured FEIN** xxxxx4321

Insured Type I Insured **Insured Location ID** 2

Policy Number ID 5B6645S

Policy Effective Date 04/01/2009 **Policy Expiration Date** 11/11/2012

DRAFT

FROIs and SROIs

Claim Event – an incident that requires you to report information to WCB

First Report of Injury (FROI) -

- may contain information on Claim Administrator, employee, employer, accident information

Subsequent Report of Injury (SROI) –

- may contain information on indemnity payments, non-indemnity payments, reason(s) why claim is not being paid

A report of an event is identified or described using a **Maintenance Type Code (MTC)**

Examples: In FROI-04 and SROI-04, 04 is the MTC that indicates this is a denial.

Maintenance Type Codes (MTCs)

What are Maintenance Type Codes (MTCs)?

- Further describes *type* of FROI or SROI being submitted
- Used to report business (claim) events
- Examples of MTCs
  - FROI-UR Upon Request
  - FROI-00 Original Report
  - FROI-01 Cancel Report
  - FROI-02 Change Report
  - SROI-IP Initial Payment
  - SROI-S1 Suspension
  - SROI-RB Reinstatement
  - SROI-SA Sub Annual Report

FROIs and SROIs

EDI means some paper forms will no longer be used to report claims events to the Board.

Form ID	EDI Submission
C-2, VF-2, VAW-2*	FROI
C-669	FROI or SROI
C-7	FROI or SROI
C-8/8.6	SROI

Note: Some parties will still need to receive paper copies of some forms.
The C-11 and C-240 will still be paper forms.

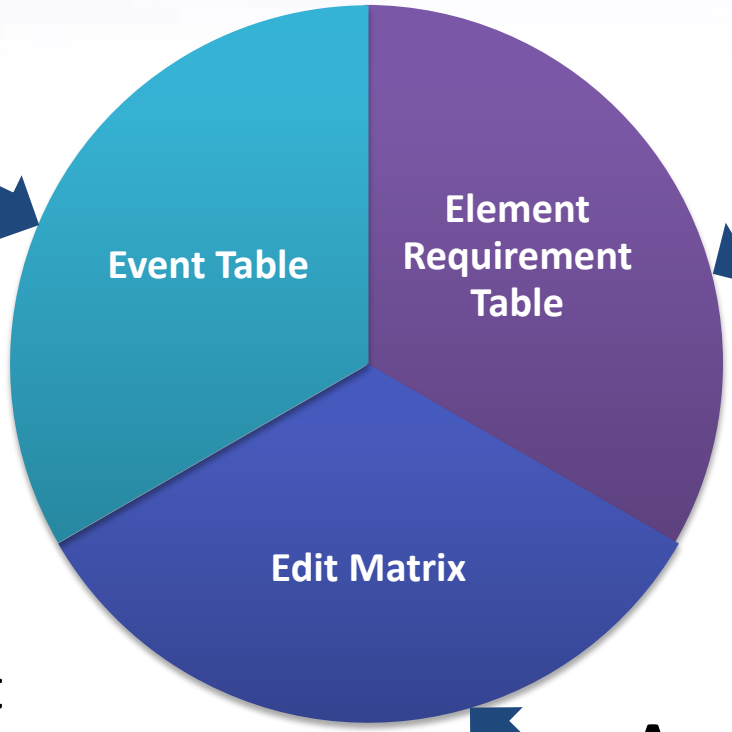
*Employers will still be able to file a C-2, VF-2, VAW-2 but Insurers won't.

Claims EDI Tables

EDI Reporting requirements are defined on the following tables:

1. **Required Report(s)**

2. **Data needed on the Report(s)**



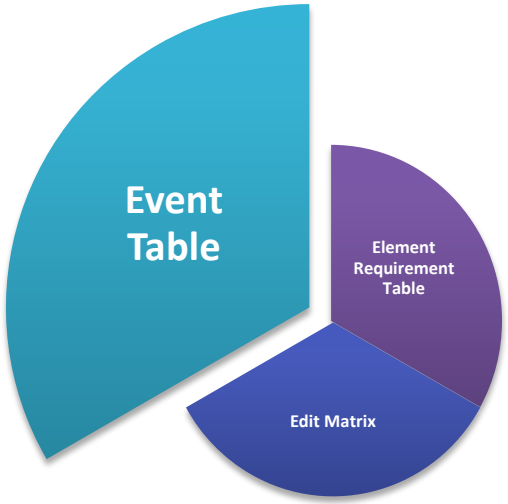
3. **Applied Editing**

Note: Only transactions that pass all edits are duly filed

Event Table

Event Table—Required reports

- Includes *Form to MTC Crosswalk*
- What events need to be reported
  - Note that SROI-SA Sub Annual is new report
- When to file based on laws and regulations
- What, if any, required paper form mailings need to be sent to parties



FROI Form to MTC Crosswalk

Partial list of FROI Form to MTC Crosswalk

First Report of Injury (FROI - 148 & R21) Form to MTC Crosswalk			
Paper Equivalent Form(s)	**MTC**	**MTC Description**	**MTC Definition**
C-2, VF-2, VAW-2 with C-669	00	Original	The original/initial first report transmitted between partners, including the re-transmission of a first report that was rejected due to a critical error.
EC-1.1, EC-84 or correspondence	01	Cancel	The original first report was sent in error.
EC-1.1, EC-84 or correspondence	02	Change	The claim administrator initiates a Change MTC when it identifies a change in a data element designated on the Element Requirement Table.
C-2, VF-2, VAW-2 with C-7	04	Denial	The entire claim is being denied.
NA	AQ	Acquired Claim	Minimal data sent to report that a new claim administrator has acquired the claim.
C-2, VF-2, VAW-2 with C-669	AU	Acquired/ Unallocated	The equivalent of an initial first report (MTC 00) filed by a new claim administrator in response to an AQ transaction that has been rejected because of no claim match on database or when an AU is sent in lieu of an AQ based on the Jurisdiction's Event Table.

FROI Event Table

The First Report of Injury (FROI) Event Table is designed to provide information integral for a sender to understand New York's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

Interpreting New York's requirements: For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From). If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated. When multiple events for an MTC are listed, the report is due on whichever due date is greater.

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	FROI	00	Original	3= Jurisdiction Defined	TBD		C = Lost time of one day beyond the working day or shift on which the accident occurred as defined by §110(2) and proposed amendment to NYCRR §300.22.	Lost Time >= 1 Day	18	C	J=Report Trigger	Statement of Rights Form C-430S. If carrier has a Diagnostic Testing Network, DT-1 should also be sent	EE
3.0	FROI	00	Original	3= Jurisdiction Defined	TBD		J = Jurisdiction Defined. Any claim that will require medical treatment beyond ordinary first aid or more than two treatments by a person rendering first aid as defined by §110(2) and proposed amendment to NYCRR §300.22.	NA	18	C	J=Report Trigger	Statement of Rights Form C-430S. If carrier has a Diagnostic Testing Network, DT-1 should also be sent	EE
3.0	FROI	00	Original	3= Jurisdiction Defined	TBD		J = Jurisdiction Defined. Occupational Disease - A disease resulting from the nature of employment and contracted therein as defined by §2 and proposed amendment to NYCRR §300.22.	NA	18	C	J=Report Trigger	Statement of Rights Form C-430S. If carrier has a Diagnostic Testing Network, DT-1 should also be sent	EE
3.0	FROI	00	Original	3= Jurisdiction Defined	TBD		J = Jurisdiction Defined. Notification of injury due within 10 days after the employer first has knowledge of the disability event as defined by proposed amendment to NYCRR §300.22.	NA	10	C	C= Employer Notification	Statement of Rights Form C-430S. If carrier has a Diagnostic Testing Network, DT-1 should also be sent	EE

MTC Filing Instructions

These Filing Instructions summarize the MTC that must be filed to report a specific claim event and the filing due dates for that Claim Event				
ID	**Scenario**	**Description**	**Filing Requirements**	
			MTC	**Due Date**
Medical Only				
1	**No Lost Time**	The injured worker will require medical treatment beyond ordinary first aid or more than two treatments by a person rendering first aid as defined by §110(2) and proposed amendment to NYCRR §300.22. This includes an occupational disease as defined by §2. There is no lost time beyond the working day or shift on which the accident occurred as defined by §110(2) and proposed amendment to NYCRR §300.22. **Important:** Statement of Rights Form C-430S to be sent to the claimant by Claim Administrator. If carrier has a Diagnostic Testing Network, Form DT-1 should also be sent to the claimant.	**FROI 00**	Within **18 days** after the disability event or within **10 days** after the employer has knowledge of the disability event, whichever period is the greater.

FROI-00 No Lost Time

FROI-00 Scenario

Claimant has NOT lost any time from work

Employee John Doe missed the last step getting off a ladder at the employer's jobsite located at 1234 Broadway, Albany, NY and sprained his right ankle on **August 1, 2012** at 1:00 p.m. He started work at 7:00 a.m. Doe's foreman, Jane Smith, witnessed the accident. The employee **continued to work that day**. Mr. Doe began experiencing worsening pain after leaving work at the end of his shift and sought treatment **beyond ordinary first aid**. Mr. Doe was initially treated and released from the Emergency Room of Albany Memorial Hospital. Doe's foreman **reported the injury on August 3, 2012** to the Insurer / Claim Administrator.

On August 8, 2012, the Claim Administrator determined that the claim is compensable. The Claim Administrator reported the loss information to the NYS Workers' Compensation Board by sending the Original First Report of Injury **(FROI 00)** to the NYSWCB on **August 8, 2012**.

SEQUENCE OF BUSINESS EVENTS (MTC):

Event 1: FROI MTC 00 – Original First Report

Acquired Claims

FROI: AQ

- A new Claim Administrator becomes responsible for a claim
  - New Claim Administrator submits FROI-AQ within 10 days of acquisition

FROI: AU

- Claim Administrator may submit FROI-AU instead of FROI-AQ when Claim Administrator has all required data

or

- Claim Administrator must send FROI-AU if FROI-AQ is rejected by WCB (acknowledgement of TR) because there is no matching case (FROI)
  - New Claim Administrator submits FROI-AU within 30 days of receiving a TR

Acquired Claims

Acquired Claims				
27	**New Claim Administrator**	A new Claim Administrator becomes responsible for a Claim **Important:** FROI-AQ to be sent to claimant and claimant attorney(if any), if none has been previously sent.	**FROI AQ**	Within **10 Days** after acquisition of claim
28	**New Claim Administrator Pays Benefits**	A new Claim Administrator makes payment of benefits to an injured worker. **Important:** FROI-AQ to be sent to claimant and claimant attorney(if any), if none has been previously sent. SROI-AP to be sent to claimant and claimant attorney(if any).	**FROI AQ + SROI AP**	**FROI AQ:** Within **10 days** after the acquisition of the claim. **SROI AP:** Within **16 days** after payments are made by the new Claim Administrator.
30	**Unreported Claim Acquired**	A new Claim Administrator becomes responsible for a claim that has not been reported to the Board. OR A new Claim Administrator is not aware that a FROI 00 or FROI UR was previously submitted for a claim. **Important:** FROI-AU to be sent to claimant and claimant attorney(if any), if none has been previously sent. When **SROI AP** is filed, SROI-AP to be sent to claimant and claimant attorney(if any).	**FROI AU + SROI AP**	**FROI AU:** Within **10 days** after the acquisition of the claim. **SROI AP:** Within **16 days** after payments are made by the new Claim Administrator.

FROI-AQ Scenario

New Claim Administrator Acquires Claim from Another Administrator

The Claim Administrator transferred a claim (whether open or closed) to another Claim Administrator, Great Lakes Claims on **November 15, 2012.** The original claim administrator had filed an FROI when the claim was initially reported.

The new Claim Administrator, Great Lakes Claims, reported the acquisition to the NYS Workers' Compensation Board by sending Acquired **(FROI AQ)** transaction report to the NYSWCB on **November 19, 2012**.

SEQUENCE OF BUSINESS EVENTS (MTC):
Event 1: FROI MTC AQ – Acquired Claim, First Report of Injury

FROI-01 Cancel

Administrative				
34	**Cancel Claim**	A **FROI 00** was sent to the Board in error and the Claim Administrator seeks to cancel the claim. Note: If any MTC's other than FROI-00 have been accepted or other documents for this claim exist in the Electronic Case Folder, the **FROI 01** will not be accepted. The Claim Administrator must submit Form RFA-2 to the Board.	**FROI 01**	Immediately upon knowledge of the error

- FROI-01 reports cancellation of entire claim.
- FROI-01 must be filed as soon as Claim Administrator knows of the error.
- WCB will *not accept* an FROI-01 if there are SROIs or other documents in the Case Folder. **The Claim Administrator will have to submit an RFA-2 to WCB to request cancellation.**

FROI-01 Scenario

Claim Administrator submits Cancellation of Claim which was submitted in Error

Employee John Doe slipped on a wet floor while working for the ABC Supermarket in **Pittsfield, MA** on August 1, 2012. Mr. Doe also lives in **Pittsfield, MA.** The claimant did NOT seek any treatment for the injury and continued to work without interruption. The employer notified the Claim Administrator of the injury on **August 3, 2012**.

On August 8, 2012, the Claim Administrator reported the loss information to the NYS Workers' Compensation Board by sending the Original First Report of Injury **(FROI 00)** to the NYSWCB on **August 8, 2012**. On **August 10, 2012**, the Claim Administrator was informed that this is **NOT a New York claim and should in fact be a Massachusetts claim**. The Claim Administrator reported the error and cancellation to the NYS Workers' Compensation Board by sending the cancellation **(FROI 01)** to the NYSWCB on **August 10, 2012**.

SEQUENCE OF BUSINESS EVENTS (MTC):
Event 1: FROI MTC 00 – Original First Report
Event 2: FROI MTC 01 – Cancel

SROI Form to MTC Crosswalk

Subsequent Report of Injury (SROI A49 & R22) Form to MTC Crosswalk			
Paper Equivalent	**MTC**	**MTC Description**	**MTC Definition**
EC-1.1, EC-84 or correspondence	02	Change	The claim administrator initiates a Change MTC when it identifies a change in a data element designated on the Element Requirement Table.
C-7	04	Denial	The entire claim is being denied.
C-8/8.6	AP	Acquired/ Payment	The claim administrator who acquired the claim has processed AP Acquired/Payment – the first payment of indemnity benefits.
C-8/8.6	CA	Change in Benefit Amount	The Net Weekly Amount (DN0087) for this benefit type has changed from the previously reported Net Weekly Amount (DN0087).

Partial list of SROI Form to MTC Crosswalk

SROI-AP Acquired Payment

- Acquiring claim administrator reports its first indemnity payments on the AP transaction

- Include the totals of indemnity and medicals paid by prior claim administrator(s)

Denials: FROI-04 and SROI-04

Denials				
8	**Full Denial of Claim**	When the right to compensation is controverted by the Claim Administrator, as defined by §25(2)(a). **Important:** FROI-04 to be sent to claimant, claimant attorney(if any), health providers and disability carrier.	**FROI 04**	Within **18 days** after the disability event or within **10 days** after the employer has knowledge of the disability event, whichever period is the greater.
9	**Full Denial of Claim**	When the right to compensation is controverted by the Claim Administrator, as defined by §25(2)(a) or §25(2)(b). **Important:** SROI-04 to be sent to claimant, claimant attorney(if any), health providers and disability carrier.	**FROI 00** **+** **SROI 04**	**FROI 00:** Within **18 days** after disability event or within **10 days** after the employer first has knowledge of the disability event, whichever period is the greater. **SROI 04:** Within **18 days** of the disability event or within **10 days** after the employer first has knowledge of the disability event, or within **25 days** of Indexing, whichever period is the greater.

SROI-04 Scenario

Claim Administrator Denies Claim in its Entirety after submitting FROI 00

Employee John Doe fell off a ladder at the employer's jobsite on **August 1, 2012** at 1:00 p.m. The employee was sent to the hospital and initially treated and released from the Emergency Room of Albany Memorial Hospital. Doe's foreman **reported the injury on August 3, 2012** to the Insurer / Claim Administrator.

On August 8, 2012, the Claim Administrator reported the loss information to the NYS Workers' Compensation Board by sending the Original First Report of Injury **(FROI 00)** to the NYSWCB. On August 10, 2012, the employer received the results of the employer's mandatory toxicology screening performed at the hospital and learned that John Doe was intoxicated at the time of his accident. They immediately inform the Claim Administrator of this information.

On **August 10, 2012**, the Claim Administrator determined that the claim is **NOT** compensable due to this intoxication. The Claim Administrator reported the denial information to the NYS Workers' Compensation Board by sending the Denial Subsequent Report of Injury **(SROI 04)** to the NYSWCB on **August 10, 2012**.

SEQUENCE OF BUSINESS EVENTS (MTC):
Event 1: FROI MTC 00 – Original First Report
Event 2: SROI MTC 04 – Denial Subsequent Report

SROI-PD Partial Denial

Denials				
10	**Partial Denial**	Denying indemnity in whole, not medical per NYCRR §300.22. The claim is not disputed, but payment for lost time has not begun. Medical will be paid by the Claim Administrator. **Note:** Examples are unrelated condition, no medical evidence of compensable lost time. Form C-8.1 must be used to deny medical. **Important:** SROI-PD to be sent to claimant and claimant attorney(if any).	**FROI 00 + SROI PD**	**FROI 00:** Within **18 days** after the disability event or within **10 days** after the employer has knowledge of the disability event, whichever period is the greater. **SROI PD:** Within **18 days** of the disability event or within **10 days** after the employer first has knowledge of the disability event, whichever period is the greater.

Mapped to our C-669 for claims that are not Disputed but payment has not begun because lost time exceeds 7 days, no medical evidence indicating disability beyond 7 days (when such evidence is available, carrier must commence payment).

Note: In Volunteer firefighters' and ambulance workers' cases, 7 day waiting period does not apply.

SROI-PD Scenario

Claim Administrator Accepts Medical and Denies Indemnity in Full

Employee John Doe continued to work until **August 15, 2012**, when Doe sought further treatment from his primary care doctor. The claimant informed his employer on August 16, 2012, that he could not work due to his injury. The employer immediately informed the Claim Administrator. As of **August 27, 2012**, the claimant and their provider had not forwarded a medical report indicating that the claimant was disabled from working.

On August 27, 2012, the Claim Administrator determined that they would not pay **indemnity** benefits as there was **no medical evidence of disability** but they were not denying payment of medical treatment. The Claim Administrator reported the Partial Denial to the NYS Workers' Compensation Board by sending the Partial Denial **(SROI PD)** to the NYSWCB on **August 27, 2012**.

SEQUENCE OF BUSINESS EVENTS (MTC):

Event 1: FROI MTC 00 – Original First Report

Event 2: SROI MTC PD – Partial Denial

SROI-CD Compensable Death

Initial Payments				
4	**Causally Related Death Beneficiary Investigation**	The injured worker has died and the death is related to employment, but no payments are being made pending further beneficiary investigation. **Note:** If death does not occur on the same day as accident, a **FROI 00** needs to be filed for both the accident claim and the death claim.	**FROI 00 + SROI CD**	**FROI 00:** Within **18 days** of the disability event or within **10 days** after the employer has knowledge of the disability event, whichever period is the greater. **SROI CD:** Within **18 days** after Date of Death or within **10 days** after the employer first has knowledge of the death, which period is the greater.

Mapped to our C-669 for cases that are not Disputed but payment has not begun because you are awaiting information as to dependents, if any, or dependency proofs-accidental death not controverted.

SROI-CD Scenario

Same Date of Death and Accident – with Dependents

Employee John Doe fell from a ladder at the employer's jobsite located at 1234 Broadway, Albany, NY and suffered a serious head injury on **August 1, 2012** at 1:00 p.m. The employee was immediately transported to the Emergency Room of Albany Memorial Hospital and was **pronounced dead on August 1, 2012**. Doe's foreman **reported the injury and death on August 3, 2012** to the Insurer / Claim Administrator.

The Claim Administrator attempted to contact Mr. Doe's widow, Mary Doe, to verify her relationship but was unable to get in touch with her immediately. The Claim Administrator reported the loss to the NYS Workers' Compensation Board by sending both the Original First Report of Injury **(FROI 00)** and Compensable Death **(SROI CD)** transaction reports to the NYSWCB on **August 8, 2012.**

SEQUENCE OF BUSINESS EVENTS (MTC):

Event 1: FROI MTC 00 – Original First Report

Event 2: SROI MTC CD – Compensable Death

NOTES: If death does **NOT** occur on the **SAME** day as accident, a **FROI-00** needs to be filed for **BOTH** the accident claim and the death claim.

The AFF-1, C-62, C-64, and C-65 are still required for all Death Cases

SROI-EP
Employer Paid Lost Time

Initial Payments				
3	**Employer Paid Lost Time**	The injured worker has lost time beyond the working day or shift on which the accident (includes occupational disease) occurred as defined by §110(2) and wages are paid by the Employer per §25(1)(c). **Important:** Statement of Rights Form C-430S to be sent to the claimant by Claim Administrator. If carrier has a Diagnostic Testing Network, Form DT-1 should also be sent to the claimant.	**FROI 00 + SROI EP**	**FROI 00:** Within **18 days** of the disability event or within **10 days** after the employer has knowledge of the disability event, whichever period is the greater. **SROI EP:** Within **18 days** of the disability event or within **10 days** after the employer has knowledge of the disability event, or within **25 days** of Indexing, whichever period is the greater.

Mapped to our C-669 for cases that are not disputed but payment has not begun because full wages are being paid by employer during disability.
A reimbursement request must be filed by the employer if reimbursement is requested.

SROI-EP Scenario

Employer Paid Wages in lieu of compensation

Employee John Doe fell from a ladder at the employer's jobsite located at 1234 Broadway, Albany, NY and broke his right leg on **August 1, 2012** at 1:00 p.m. He started work at 7:00 a.m. Doe's foreman, Jane Smith, witnessed the accident. The employee left work immediately after the injury and **has not returned to work**. Mr. Doe was initially treated and released from the Emergency Room of Albany Memorial Hospital and referred for follow up with a local orthopedic doctor. The employer has **continued to pay Mr. Doe's wages since his injury.** Doe's foreman **reported the injury on August 3, 2012** to the Insurer / Claim Administrator.

On August 8, 2012, the Claim Administrator determined that the claim is compensable. The **employer continues to pay Mr. Doe full wages in lieu of compensation**. The Claim Administrator reported the loss and payment information to the NYS Workers' Compensation Board by sending both the Original First Report of Injury **(FROI 00)** and Employer **(SROI EP)** transaction reports to the NYSWCB on **August 8, 2012**.

SEQUENCE OF BUSINESS EVENTS (MTC):

Event 1: FROI MTC 00 – Original First Report

Event 2: SROI MTC EP – Employer Paid

SROI-IP Initial Payment

Initial Payments				
2	**Insurer Paid Lost Time**	The injured worker has lost time beyond the working day or shift on which the accident (includes occupational disease) occurred as defined by §110(2) and benefits are paid by the Claim Administrator per §25(1)(c). **Important:** Statement of Rights Form C-430S to be sent to the claimant by Claim Administrator. If carrier has a Diagnostic Testing Network, Form DT-1 should also be sent to the claimant.	**FROI 00 + SROI IP**	**FROI 00:** Within **18 days** after the disability event or within **10 days** after the employer has knowledge of the disability event, whichever period is the greater. **SROI IP:** Within **18 days** of the disability event or within **10 days** after the employer has knowledge of the disability event, whichever period is the greater.

Mapped to our C-669 for cases that are not disputed and payment has begun. This is also used to show that temporary payment of compensation and prescribed medicine has begun without prejudice and without admitting liability (Sec. 21-a WCL)

SROI-IP Scenario

Disability is Immediate & Continuous

Employee John Doe fell from a ladder at the employer's jobsite located at 1234 Broadway, Albany, NY and broke his right leg on **August 1, 2012** at 1:00 p.m. He started work at 7:00 a.m. Doe's foreman, Jane Smith, witnessed the accident. The employee left work immediately after the injury and **has not returned to work**. Mr. Doe was **advised to remain out of work** by his orthopedic doctor. Doe's foreman **reported the injury on August 3, 2012** to the Insurer / Claim Administrator.

The Claim Administrator **issued a check on August 15, 2012** to the injured employee, for **Temporary Total Disability Benefits**, for the period **August 2, 2012 through August 15, 2012 and continuing**.

The Claim Administrator reported the loss and initial payment information to the NYS Workers' Compensation Board by sending both the Original First Report of Injury **(FROI 00)** and Initial Payment **(SROI IP)** transaction reports to the NYSWCB on **August 8, 2012 (FROI) and August 15, 2012 (SROI)**.

<u>SEQUENCE OF BUSINESS EVENTS (MTC)</u>:

Event 1: FROI MTC 00 – Original First Report

Event 2: SROI MTC IP – Initial Payment

Benefit Changes

SROI-CA - Change in Benefit Amount only used when:

- Indemnity benefits are currently being paid **and**
- The Net Weekly Amount changes due to recalculation of Gross Weekly Amount or application of adjustments and/or credits

OR

- The Net Weekly Amount changes after a Suspension and an adjustment check is issued for the same period of indemnity previously paid

SROI-CB - Change in Benefit Type only used when:

- Indemnity benefits are currently being paid **and**
- A new Benefit Type Code (BTC) begins **and**
- The previous Benefit Type Code ends or is reclassified **and**
- No break in benefit periods

Note that an RFA-2 is required to request reduction or suspension of a rate that has been directed by the Board pursuant to 12 NYCRR 300.23.

Benefit Changes

Payment Changes				
6	**Benefit Rate Changes**	Notification of change in benefit rate based upon payroll information received by the Claim Administrator is required per NYCRR §300.23. **Important:** SROI-CA with supporting documentation to be sent to claimant and claimant attorney(if any).	**SROI CA**	Within **16 Days** of change in benefit rate
7	**Benefit Type Changes**	Notification of change in benefit type based upon medical information received by the Claim Administrator is required per NYCRR §300.23. **Important:** SROI-CB with supporting documentation to be sent to claimant and claimant attorney(if any).	**SROI CB**	Within **16 Days** of change in benefit type

Mapped to our C-8/8.6. Note that an RFA-2 is required to request reduction or suspension of a rate that has been directed by the Board pursuant to 12 NYCRR 300.23.

SROI-CA Scenario

Benefit Rate Change due to subsequent payroll data

Employee John Doe remained out of work. On August 31, 2012, the Claim Administrator receives the C-240 payroll data from the employer. Upon inspection they determine that for the 52 weeks prior the claimant actually had an **average weekly wage of $1,500**. The Claim Administrator **issued a check on August 31, 2012** for **an adjustment to the benefit rate for period August 2, 2012 through August 31, 2012**.

The Claim Administrator reported the adjustment in rate due to payroll date by sending the Change in Benefit Amount **(SROI CA)** transaction report to the NYSWCB on **August 31, 2012**.

SEQUENCE OF BUSINESS EVENTS (MTC):

Event 1: FROI MTC 00 – Original First Report

Event 2: SROI MTC IP – Initial Payment

Event 3: SROI MTC CA – Change in Benefit Amount

SROI-CB Scenario

Claimant medical indicates change in degree of disability

Employee John Doe remained out of work and was receiving ongoing payments. On **September 12, 2012**, the Claims Administrator is notified by John Doe's doctor that the he is **no longer at a Total Disability** and is now at a **Moderate Temporary Partial Disability as of September 5, 2012**. John Doe's employer cannot accommodate the work restrictions. The Claim Administrator modified the payments to reflect a **Temporary Partial Disability** and **issued a check on September 19, 2012** to the injured employee for the period **September 5, 2012 through September 19, 2012 and continuing**.

The Claim Administrator reported the adjustment in rate based upon the medical report by sending the Change in Benefit Type **(SROI CB)** transaction report to the NYSWCB on **September 19, 2012**.

SEQUENCE OF BUSINESS EVENTS (MTC):

Event 1: FROI MTC 00 – Original First Report

Event 2: SROI MTC IP – Initial Payment

Event 3: SROI MTC CB – Change in Benefit Type

Note that an RFA-2 is required to request reduction or suspension of a rate that has been directed by the Board pursuant to 12 NYCRR 300.23.

FROI or SROI 02 Change

- Use an 02 Change transaction to report a change in data only if no other transaction is intended to serve that purpose

- Use the MTC 02 (unless another MTC applies) whenever a data element marked FY, Y, or YC on the Element Requirement table has changed

- Data element marked with an FC or M ***MUST*** be included in the 02 Change transaction. All of the previously reported data should be submitted as well.

FROI-02 Scenario

Claimant has NOT lost any time from work but has moved to a new address

Employee John Doe, sought medical treatment on **August 1, 2012**, from his primary care physician due to ongoing pain from his injury of July 31, 2012. After receiving the medical report on **August 5, 2012**, the Claim Administrator determined that the claim is compensable and reported the loss information to the NYS Workers' Compensation Board by sending the Original First Report of Injury **FROI-00** –on **August 25, 2012,** the claimant notified the Claim Administrator that he moved across town and has a new Street address. The Claim Administrator sends the new address on Change **(FROI 02)** to the NYSWCB on **August 26, 2012**.

SEQUENCE OF BUSINESS EVENTS (MTC):

Event 1: FROI MTC 00 – Original First Report
Event 2: FROI MTC 02 – Change Report

SROI-S1 Suspension Return to Work or Medically Determined/Qualified to Return to Work

Suspensions				
12	**Return to Work**	A Claim Administrator has received notice of return to work by the injured worker as defined by NYCRR §300.23 and §25(1)(b). **Important:** SROI-S1 to be sent to claimant and claimant attorney(if any).	**SROI S1**	Within **16 days** after payments have been stopped

SROI-S1 Scenario

Indemnity Suspended - Claimant has returned to work full duty

Employee John Doe remained out of work. On **September 27, 2012**, the Claim Administrator receives notification that John Doe **returned to work on September 26, 2012 with no restrictions**. The Claim Administrator mails John Doe his final indemnity check on September 27, 2012.

The Claim Administrator reported the suspension of benefits by sending the Suspension **(SROI S1)** transaction report to the NYSWCB on **September 27, 2012**.

SEQUENCE OF BUSINESS EVENTS (MTC):
Event 1: FROI MTC 00 – Original First Report
Event 2: SROI MTC IP – Initial Payment
Event 3: SROI MTC S1 – Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work

SROI-S4 Suspension, Claimant Death

Suspensions				
17	**Death of Claimant**	A Claim Administrator making payments has received proof that an injured worker has passed away. **Important:** SROI-S4 with supporting documentation to be sent to claimant and claimant attorney(if any).	**SROI S4**	Within **16 days** after payments have been stopped

SROI-S4 Scenario

Different Date of Death and Accident

Employee John Doe remained out of work on a Permanent Partial Disability.

On **November 27, 2012**, John Doe entered the local hospital for an authorized back surgery. While the surgery was taking place John Doe died due to the surgery. The Claim Administrator was notified on **November 30, 2012** by Doe's widow of his death.

The Claim Administrator, **for the date of accident February 2, 2004** reported the suspension of benefits and death information to the NYS Workers' Compensation Board by sending Claimant Death **(SROI S4)** transaction reports to the NYSWCB on **November 30, 2012**.

SEQUENCE OF BUSINESS EVENTS (MTC):

Event 1: FROI MTC 00 – Original First Report

Event 2: SROI MTC IP – Initial Payment

Event 3: SROI MTC S4 – Suspension, Claimant Death

SROI-S4 Scenario-continued

After suspending benefits, the Claim Administrator verified there was a widow and that all children were grown and not eligible dependents. Based on Mr. Doe's wage ($600.00 per week), Doe's widow is entitled to death benefits of $400.00 per week.

On **December 7, 2012**, the Claim Administrator issued a check for the first installment of death benefits to Mrs. Mary Doe as well as reimbursing the widow for $3,100 in funeral expenses she incurred. The Claim Administrator reported the loss and initial payment information to the NYS Workers' Compensation Board by sending both the **FROI 00** and the Initial Payment **(SROI IP)** reports to the NYSWCB on **December 7, 2012**. The Claim Administrator **uses November 27, 2012 as the date of accident/death** on the new submissions.

As the Original Date of Accident is Prior to January 1, 2008 On the FROI 00, the Claim Administrator would enter the dates for DN0040 (Date Employer Had Knowledge of Injury), DN0041 (Date Claim Administrator Had Knowledge of Injury), and DN0281 (Date Employer Had Knowledge of Date of Disability) as the original date of injury and not the date of knowledge of the new death claim.

SEQUENCE OF BUSINESS EVENTS (MTC):

Event 4: FROI MTC 00 – Original First Report (for death)

Event 5: SROI MTC IP – Initial Payment

SROI-S7 Suspension, Benefits Exhausted

Suspensions				
19	**Benefits Exhausted**	Entitlement of the injured worker to benefits has been exhausted as defined by NYS WCL. **Note:** Applies to end of schedule loss of use with future payments and end of permanent partial disability payments **Important:** SROI-S7 to be sent with supporting documentation, when required, to claimant and claimant attorney(if any).	**SROI S7**	Within **16 days** after payments have been stopped

SROI-S7 Scenario

Claimant is Classified as PPD and Exhausts their Benefits

Employee John Doe, continued to remain out of work. On August 15, 2012 a hearing was held and it was determined by the Workers' Compensation Law Judge that the claimant had a permanent partial disability (PPD) with continuing payments at the PPD rate from August 15, 2012 and were **subject to a statutory benefits cap of 300 weeks**. The Claim Administrator reported the payment information to the NYS Workers' Compensation Board by sending **SROI CB** transaction report to the NYSWCB on **August 23, 2012**.

On **May 15, 2018**, the Claim Administrator determines that the claimant has exhausted the benefit amount of 300 weeks of compensation and stopped payment to the claimant.

The Claim Administrator reported the suspension to the NYS Workers' Compensation Board by sending the Suspension, Benefits Exhausted **(SROI S7)** transaction report to the NYSWCB on **May 22, 2018**.

SEQUENCE OF BUSINESS EVENTS (MTC):

Event 1: FROI MTC 00 – Original First Report

Event 2: SROI MTC IP – Initial Payment

Event 3: SROI MTC CB – Change in Benefit Type

Event 4: SROI MTC SA – Sub Annual Report

Event 5: SROI MTC S7 – Suspension, Benefits exhausted

SROI-PY: Payment

Awards				
31	**Payment of Awards**	Payments of compensation are made according to the terms of an award are payable within 10 days from the date decision duly filed per §25(3)(f). **Important:** SROI-PY to be sent to claimant and claimant attorney(if any).	**SROI PY**	Within **16 Days** after the payment is made.
32	**Lump Sum Payment**	The reporting of the payment to an injured worker after a §32 Waiver Agreement is approved by the Board. **Note:** **SROI SD** must also be filed, when a claimant is receiving weekly payments prior to the approval of a §32 Waiver Agreement. **Important:** SROI-PY to be sent to claimant and claimant attorney(if any).	**SROI PY**	Within **16 Days** after the payment is made.
33	**Payment of Penalties**	The reporting of penalties that are paid to an injured worker or the Board. **Important:** SROI-PY to be sent to claimant and claimant attorney(if any).	**SROI PY**	Within **16 Days** after the payment is made.

SROI-PY Scenario

Section 32 Settlement Closes Medical and Indemnity

Employee John Doe continued out of work for several months. On November 13, 2012, the Claim Administrator offered the claimant a Section 32 Settlement in the amount of $20,000 (including a $2,000 attorney's fee) to settle the medical and indemnity on the claim as well as suspend the continuing payments on the date of the hearing. John Doe accepts the Claim Administrator's offer. The signed paperwork was forwarded to the NYSWCB immediately.

A hearing was held on **December 14, 2012**, in which the agreement was **approved** by the Board and the **Notice of Approval was issued on December 31, 2012**. The Claim Administrator reported the suspension of claimant's weekly payments as of December 14, 2012 to the NYS Workers' Compensation Board by sending a Suspension **(SROI SD)** transaction report to the NYSWCB on **December 18, 2012**.

On January 3, 2013, the Claim Administrator issued payment to the claimant and claimant's attorney and reported the payments to the NYS Workers' Compensation Board by sending Payment Report **(SROI PY)** to the NYSWCB on **January 3, 2013.**

<u>SEQUENCE OF BUSINESS EVENTS (MTC)</u>:

Event 1: FROI MTC 00 – Original First Report

Event 2: SROI MTC IP – Initial Payment

Event 3: SROI MTC SD – Suspension, Directed by Jurisdiction

Event 4: SROI MTC PY – Payment Report

SROI-SA Sub-Annual

Periodic Reports				
40	**Sub-Annual Reports for Open Claims**	If no resolution has been issued stating no further action or the claim has been Reopened after such a resolution has been issued, then the case is considered open. **Note:** A final **SROI SA** is required after a case has been designated as No Further Action since the last periodic report. This final **SROI SA** is to be filed **180 days** after the date of injury or **180 days** after the last **SROI SA** that was sent.	**SROI SA**	Initial **SROI SA: 180 Days** from date of injury; or if no date of injury is identified, then **180 Days** from **FROI** filing Subsequent **SROI SA:** Every **180 Days** after initial **SROI SA** filing, until case is designated as No Further Action
41	**Sub-Annual Reports for No Further Action Claims with ongoing indemnity benefits**	If a resolution has been issued stating no further action and the Claim Administrator is paying ongoing indemnity benefits, **SROI SA** is to be filed **180 days** after the date of injury or **180 days** after the last **SROI SA** that was sent. .	**SROI SA**	Initial **SROI SA: 180 Days** from date of injury; or if no date of injury is identified, then **180 Days** from **FROI** filing Subsequent **SROI SA:** Every **180 Days** after initial **SROI SA** filing, until **SROI MTC** that suspends payments is filed

SROI-SA Scenario

Claimant remains out of work and continues receiving payments 180 days from date of accident

Employee John Doe, continued out of work on a Temporary Partial Disability at the same rate. On February 1, 2013, the claimant had been out of work for 180 days and per Board Filing Requirements the Claim Administrator was due to file a Sub-Annual Report due to the continuing payments.

The Claim Administrator reported the Sub-Annual Report to the NYS Workers' Compensation Board by sending a Sub-Annual Report **(SROI SA)** transaction report to the NYSWCB on **February 1, 2013**.

SEQUENCE OF BUSINESS EVENTS (MTC):

Event 1: FROI MTC 00 – Original First Report

Event 2: SROI MTC IP – Initial Payment

Event 3: SROI MTC CB – Change in Benefit Type

Event 4: SROI MTC SA –Sub Annual Report (Ongoing Every 180 Days)

Reporting data

- Claim Administrators should always submit most current data on each MTC
- Data may be removed in WCB system if a space is sent on the MTC where data had previously been sent

Sequencing

Processing Rules
(Refer to NYS IG for complete details)

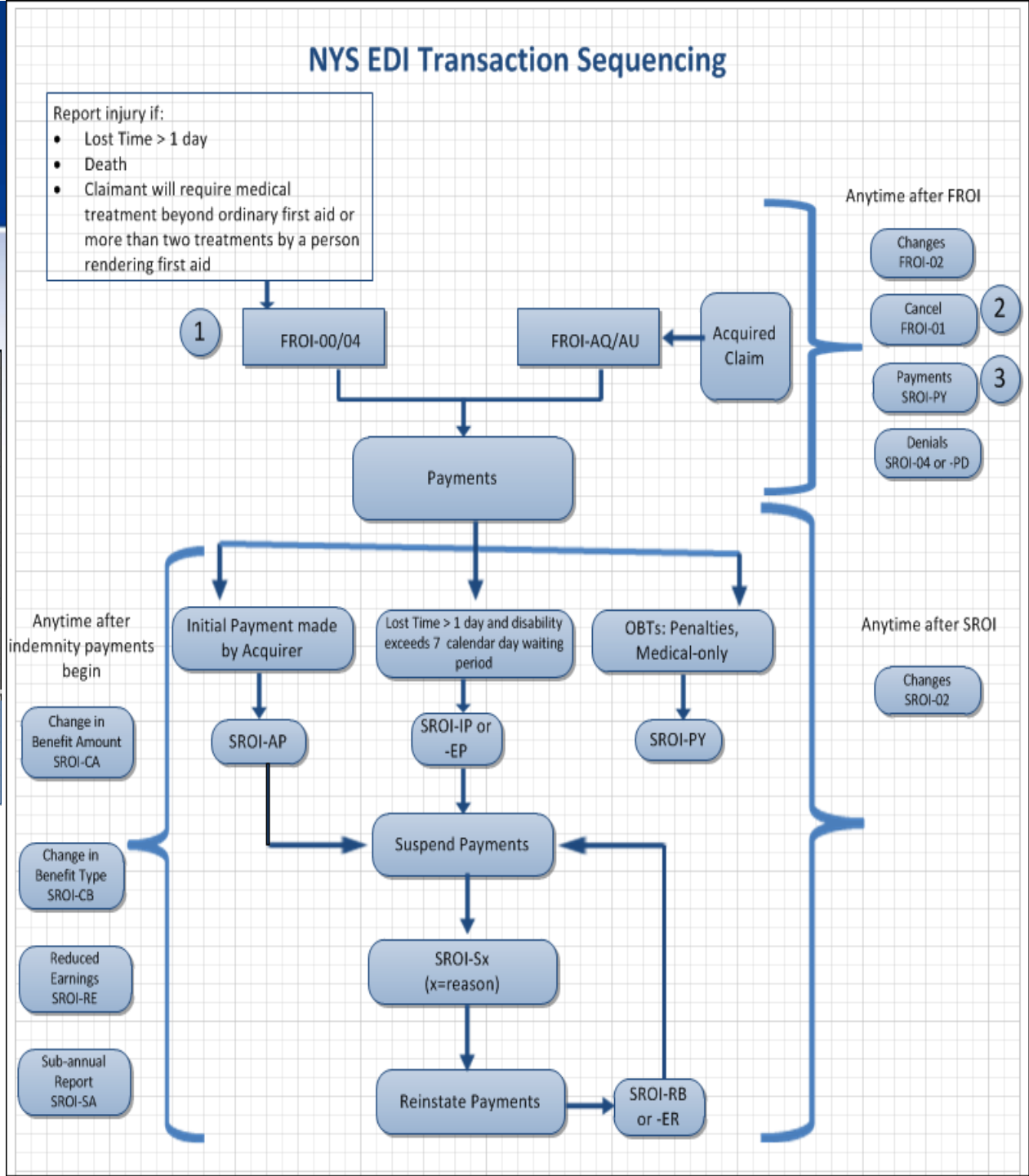
1 FROI-00 must include DN0074 (claim type) which indicates acceptance of claim

Claim Types:
- M = Medical,
- I = Lost Time/Indemnity,
- N = Notification Only and must be followed by MTC indicating acceptance or SROI-04 (denial).

2 FROI-01 can be filed *only* if FROI-00 is already in file. Otherwise, correspondence must be sent to WCB requesting the case be cancelled.

3 A PY can be filed to show payment per a Notice of Decision which includes, but is not limited to, 5xx BTCs.

This is one of your handouts.



Legacy Claims

- A legacy claim is any claim that already exists in the WCB database and has been assigned a JCN aka WCB# at the time the claim administrator begins the use of EDI.
- The WCB will provide each trading partner with a data file(s) containing their legacy claims before their EDI implementation date.

Legacy List

CIS Description	CIS Length	IA's Description	IA's DN #	Notes
1. WCB's Case ID	8	Jurisdiction Claim Number	DN0005	
2. Claimant's First Name	20	Employee First Name	DN0044	
3. Claimant's Middle Initial/Name	30	Employee Middle Initial/Name	DN0045	When exists.
4. Claimant's Last Name	20	Employee Last Name	DN0043	
5. Claimant's Title	5	Employee Last Name Suffix	DN0255	When exists.
6. Claimant's SSN	9	Employee SSN	DN0042	When exists.
7. Claimant's Date of Birth	10	Employee Date of Birth	DN0052	When exists, in [m]m/[d]d/yyyy format.
8. Accident Date's Year	4	Date of Injury's Year	DN0031	When exists, in yyyy format.
9. Accident Date's Month	2	Date of Injury's Month	DN0031	When exists, in [m]m format.
10. Accident Date's Day	2	Date of Injury's Day	DN0031	When exists, in [d]d format.
11. Carrier Case ID	20	Claim Administrator Claim Number	DN0015	When Carrier W# is the Primary Insurer. This value is what exists in CIS. It may or may not be Carrier's or Claim Administrator's.
12. Carrier W#	7			
13. Carrier Name	30	Insurer Name	DN0007	
14. Primary Insurer Indicator	1			When Carrier W# is the Primary Insurer, then "Y" for yes, otherwise "N" for no
15. Case Open Indicator	1			If WCB has decided to take no further action, then this value is "N" for no; otherwise, "Y" for yes

Legacy Claim Process

1. When reportable event occurs on a claim for which a FROI has yet to be filed, Claim Administrator reviews extract file from NYS Workers' Compensation Board.

2. If case is listed in the extract file, Claim Administrator files FROI-UR.

3. If case is not listed in the extract file, Claim Administrator files FROI-00 or FROI-AU.

4. Claim Administrator files SROI-UR to summarize historical information regarding the claim.

5. Claim Administrator files appropriate SROI.

Quick Code Reference Guide

Important codes can be found on the **Claims R3 Quick Code Reference Guide**. These include MTCs, Benefit Type Codes (BTCs), and Other Benefit Type Codes (OBTs). If code is crossed off, then NYS does not accept it.

See Section 6 – Data Dictionary from the IAIABC Implementation Guide for full definitions

Dated 10/15/12 NYS Claims R3 Quick Code Reference List

MAINTENANCE TYPE CODE (MTC's) (DN0002)			
FIRST REPORT:			
00	Original	AQ	Acquired Claim
01	Cancel	~~CC~~	~~Correction~~
02	Change	~~UI~~	~~Under-Investigation~~
04	Denial	UR	Upon Request
AU	Acquired/Unallocated		
SUBSEQUENT REPORT:			
02	Change	PD	Partial Denial
04	Denial	PY	Payment Report
~~AB~~	~~Add Concurrent Benefit Type~~	RB	Reinstatement of Benefit
AP	Acquired/Payment	RE	Reduced Earnings
CA	Change in Benefit Amount	S1	Suspension, RTW or Medically Determined/Qualified to RTW
CB	Change in Benefit Type		
CD	Compensable Death	S2	Suspension, Medical Non-Compliance
~~CO~~	~~Correction~~	~~S3~~	~~Suspension, Administrative Non-Compliance~~
EP	Employer Paid	S4	Suspension, Claimant Death
ER	Employer Reinstatement	S5	Suspension, Incarceration
~~FN~~	~~Final~~	~~S6~~	~~Suspension, Claimant's Whereabouts Unknown~~
IP	Initial Payment		
~~P1~~	~~Partial Suspension, RTW or Med Determined/Qualified to RTW~~	S7	Suspension, Benefits Exhausted
		~~S8~~	~~Suspension, Jurisdiction Change~~
~~P2~~	~~Partial Suspension, Medical Non-Compliance~~	~~S9~~	~~Suspended Pending Settlement Approval~~
		SD	Suspension, Directed By Jurisdiction
~~P3~~	~~Partial Suspension, Administrative Non-Compliance~~	SJ	Suspended Pending Appeal or Judicial Review
		~~UI~~	~~Under-Investigation~~
~~P4~~	~~Partial Suspension, Employee Death~~	UR	Upon Request
~~P5~~	~~Partial Suspension, Incarceration~~	~~VE~~	~~Volunteer~~
~~P7~~	~~Partial Suspension, Benefits Exhausted~~	~~AN~~	~~Annual~~
		~~BM~~	~~Bi-Monthly~~
~~P9~~	~~Partially Suspended Pending Settlement Approval~~	~~BW~~	~~Bi-Weekly~~
		~~MN~~	~~Monthly~~
~~PJ~~	~~Partially Suspended Pending Appeal or Judicial Review~~	~~QT~~	~~Quarterly~~
		SA	Sub-Annual

BENEFIT TYPE CODE (DN0085)			
REGULAR BENEFIT TYPES:		LUMP SUM PAYMENTS/SETTLEMENTS:	
010	Fatal	270	EP Temporary Partial
020	Permanent Total	~~440~~	~~Vocational Rehab Maintenance~~
~~021~~	~~Permanent Total Supplemental~~	500	Unspecified Lump Sum Pmt/Settlement
030	Permanent Partial/Scheduled	~~601~~	~~Medical Lump Sum Pmt/Settlement~~
040	Permanent Partial/Unscheduled	~~610~~	~~Fatal Lump Sum Pmt/Settlement~~
050	Temporary Total	~~620~~	~~Permanent Total Lump Sum Pmt/Settlement~~
~~061~~	~~Temporary Total Catastrophic~~	~~621~~	~~Perm Total Supp Lump Sum Pmt/Settlement~~
070	Temporary Partial	~~624~~	~~Employer Paid Lump Sum Pmt/Settlement~~
080	Employer's Liability	530	Perm Partial Sch Lump Sum Pmt/Settlement
090	Permanent Partial Disfigurement	540	Perm Partial Unsch Lump Sum Pmt/Settlement
210	Employer Paid Fatal Benefits	~~641~~	~~Voc Rehab Maint Lump Sum Pmt/Settlement~~
~~230~~	~~Employer Paid Permanent Partial Scheduled~~	~~550~~	~~Temporary Total Lump Sum Pmt/Settlement~~
240	Employer Paid (EP) Unspecified	~~651~~	~~Temp Total Cat Lump Sum Pmt/Settlement~~
~~242~~	~~EP Voc Rehab Maintenance~~	~~670~~	~~Temporary Partial Lump Sum Pmt/Settlement~~
250	EP Temporary Total	~~680~~	~~Employrs Liability Lump Sum Pmt/Settlement~~
~~251~~	~~EP Temp Total Catastrophic~~	590	Perm Partl Disfigure Lump Sum Pmt/Settlement

CLAIM TYPE CODE (DN0074)	
M	Medical Only
I	Indemnity
N	Notification Only
B	Became Medical Only
L	Became Lost Time

INSURED TYPE CODE (DN0184)	
I	Insured
S	Self-Insured
U	Uninsured

INSURER TYPE CODE (DN0185)	
I	Insurer
S	Self-Insurer
G	Guarantee Fund

TYPE OF LOSS CODE (DN0290)	
01	Traumatic Injury
02	Occupational Disease
03	Cumulative Injury (other than disease)

WAGE PERIOD CODE (DN0063)			
FROI:		SROI:	
01	Weekly	01	Weekly
~~02~~	~~Bi-Weekly~~	04	~~Monthly~~
~~04~~	~~Monthly~~		
~~06~~	~~Daily~~		
~~07~~	~~Hourly~~		

LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293)	
SF	Settlement Full
SP	Settlement Partial
AS	Agreement Stipulated
AW	Award
AD	Advance
NS	Non-Specified Lump Sum Payment

NON-CONSECUTIVE PERIOD CODE (DN0212)	
W	Waiting Period
B	Benefit Period
A	Adjustment/Credit/Redistribution

NATURE OF INJURY CODE (DN0035)
http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx

CAUSE OF INJURY CODE (DN0037)
http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx

PART OF BODY INJURED CODE (DN0036)
http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx

Optional Not Processed

OTHER BENEFIT TYPE CODE (OBT's) (DN0216)	
300	Total Funeral Expenses
310	Total Penalties
311	Total Employee Penalties
320	Total Interest
321	Total Employee Interest
330	Total Employer's Legal Expenses
340	Total Claimant's Legal Expenses
350	Total Payments to Physicians
360	Total Hospital Costs
370	Total Other Medical
380	Total Vocational Rehabilitation Evaluation
390	Total Vocational Rehabilitation Education
400	Total Other Vocational Rehabilitation
420	Total Expert Witness Fees
421	Total Court Reporter Fees
422	Total Private Investigator Fees
430	Total Unallocated Prior Indemnity Benefits
440	Total Unallocated Prior Medical
450	Total Pharmaceutical Costs
455	Total Dental Expenses
460	Total Physical Therapy Costs
465	Total Chiropractic Expenses
470	Total Durable Medical Costs
475	Total Medical Travel Expenses
480	Total Employee Medical-Legal Costs
485	Total Empir/Clm Admin Med-Legal Costs
490	Total Agreed Upon/Directed Med-Legal Costs

BENEFIT ADJUSTMENT CODE (DN0092)	
A	Apportionment/Contribution
B	Subrogation
~~E~~	~~Employer Provided Pension~~
~~G~~	~~Age 65 Reduction~~
~~I~~	~~Intoxication/Drugs~~
J	Appeal Adjustment
~~L~~	~~Disability Insurance/Income~~
~~N~~	~~Non-Cooperation: Rehab, Training, etc~~
Q	Illegally Employed Minor
~~R~~	~~Social Security Retirement~~
~~S~~	~~Social Security Disability~~
T	Acceleration of benefits
~~U~~	~~Unemployment Compensation~~
~~V~~	~~Safety Violation (see Dictionary)~~
W	Partial Wage Continuation
X	Death Benefit Reduction
~~Y~~	~~Partial Reimburse Clmt Atty Fees~~
~~Z~~	~~2 Yrs Continuous Disability~~
1	Cost of Living Adjustment
2	Fraud/Misrepresentation

BENEFIT CREDIT CODE (DN0126)	
C	Overpayment Credit
M	~~Credit for Employer Provided Benefits in Excess of Covered Weekly Benefit~~
P	Advance

BENEFIT REDISTRIBUTION CODE (DN0130)	
H	Court-Ordered Lien against WC
K	Clmt Attorney Fees

INITIAL TREATMENT CODE (DN0039)	
0	No Medical Treatment
1	Minor On-Site Remedies by Employer
2	Minor Clinic/Hosp Remedies/Diagnostics
3	Emergency Evaluation, Diagnostic Testing, and Medical Procedures
4	Hospitalization > 24 hours
5	Future Major Med/Lost Time Anticipated

PARTIAL DENIAL CODE (DN0294)	
A	Denying Indemnity in Whole, not Medical
B	Denying Indemnity in Part, not Medical
~~C~~	~~Denying Medical in Whole, Not Indemnity~~
~~D~~	~~Denying Medical in Part, Not Indemnity~~
~~E~~	~~Denying Indemnity in Whole, Medical in Part~~
~~F~~	~~Denying Medical in Whole, Indemnity in Part~~
~~G~~	~~Denying Both Indemnity & Medical in Part~~

REDUCED BENEFIT AMOUNT CODE (DN0202)	
R	Reclassification of Benefit
S	Claim Settled Under Another DOI
N	No Money Settlement
D	Decrease in Indemnity

FULL DENIAL REASON CODE (DN0195)		
1	No Compensable Accident	
	A	Coming and Going
	B	Horseplay
	C	Willful Intent To Injure Oneself
	D	Not Statutory Definition of Accident
	E	Deviation From Employment
	F	Recreational Social Activity
	~~G~~	~~Traveling—Employee~~
	~~H~~	~~Subsequent Intervening Accident~~
2	No Causal Relationship	
	~~A~~	~~Idiopathic Condition~~
	~~B~~	~~Pre-existing Condition~~
	C	Stress non-work related
	D	No Medical Evidence of Injury
	E	No Injury Per Statutory Definition
	~~F~~	~~Accident not major contributing cause of injury~~
3	No Coverage	
	A	No Employee/Employer Relationship
	B	Independent Contractor
	C	Not Statutory Definition of Employee
	D	No Jurisdiction
	E	No Policy in Effect On Date of Accident
	F	Statute of Limitation Expired
	G	Statutory Exemptions (Sole Proprietor, Corporate Officer, etc)
	~~H~~	~~Elected Other Coverage (SI In Collective Bargaining Opted Out)~~
	~~I~~	~~Employee not reported to PEO~~
4	~~Evidence Use/Abuse~~	
	~~A~~	~~Injury Primarily Occasioned by Intoxication or Use of Any Drug~~
	~~B~~	~~Evidence Use/Abuse Violation of Drug Free Work Place Policy in effect~~
5	Other (Not Elsewhere Classified)	
	A	Failure To Report Accident Timely
	~~B~~	~~Right To Reserve~~
	~~C~~	~~Misrepresentation~~

EMPLOYMENT STATUS CODE (DN0058) (In Hierarchical Order)	
C	Piece Worker
~~9~~	~~Volunteer Worker~~
~~5~~	~~Seasonal Worker~~
A	Apprenticeship Full-time
~~B~~	~~Apprenticeship Part-time~~
1	Regular/Full-time Employee
2	Part-time Employee
3	Unemployed/Not Employed
6	Retired
4	On Strike
5	Disabled
7	Other

RETURN TO WORK TYPE CODE (DN0159)	
A	Actual
R	Released

EMPLOYEE ID TYPE QUALIFIER (DN0270)	
A	Employee ID Assigned by Jurisdiction
~~B~~	~~Employee Employment Visa~~
~~C~~	~~Employee Green Card~~
~~D~~	~~Employee Passport Number~~
S	Employee Social Security Number

APPLICATION ACKNOWLEDGMENT CODE (DN0111)	
HD	Batch Rejected
TA	Transaction Accepted
~~TE~~	~~Transaction Accepted with Error~~
~~TH~~	~~Transaction Rejected by Service Provider~~
TR	Transaction Rejected

TRANSACTION SET ID (DN0001)	
148	First Report
R21	First Report Companion Record
A49	Subsequent Report
R22	Subsequent Report Companion Record
AKC	Claims Acknowledgment Detail Record
~~ARG~~	~~Claims Re-Acknowledgment Detail Record~~
HD1	Transmission Header Record
TR2	Transmission Trailer Record

TEST/PRODUCTION CODE (DN0104)	
P	Production
T	Test (Pilot Parallel or Test)

LATE REASON CODE (DN0077)		
Delays		
	L1	No Excuse
	L2	Late Notification Employer
	L3	Late Notification Employee
	L4	Late Notification Jurisdiction Transfer
	L5	Late Notification Health Care Provider
	L6	Late Notification Assigned Risk
	L7	Late Investigation
	L8	Tech Processing Delay Computer Failure
	L9	Manual Processing Delay
	LA	Intermittent Lost Time Prior To 1st ~~Payment~~
	LB	Late notification/payment due to a Natural Disaster
	LC	Late notification/payment due to an act of Terrorism
Coverage		
	C1	Coverage Lack Of Information
Errors		
	E1	Wrongful Determination of No Coverage
	E2	Errors From Employer
	E3	Errors From Employee
	E4	Errors From Jurisdiction
	E5	Errors From Health Care Provider
	E6	Errors From Other Claim Admin/TA/TPA
Disputes		
	D1	Dispute Concerning Coverage
	D2	Dispute Concern Compensability in Whole
	D3	Dispute Concern Compensability in Part
	D4	Dispute Concerning Disability in Whole
	D5	Dispute Concerning Disability in Part
	D6	Dispute Concerning Impairment

ACCIDENT PREMISES CODE (DN0249)	
E	Employer
L	Lessee
X	Other

AGREEMENT TO COMPENSATE CODE (DN0075)	
W	Without Liability
L	With Liability

~~CLAIM STATUS CODE (DN0078)~~	
~~O~~	~~Open~~
~~C~~	~~Closed~~
~~R~~	~~Re-Open~~
~~A~~	~~Re-Open/Closed~~

EMPLOYEE GENDER CODE (DN0253)	
M	Male
F	Female
U	Unknown

EMPLOYEE MARITAL STATUS CODE (DN0254)	
U	Unmarried Widowed Divorced Single
M	Married
S	Separated
K	Unknown

DEATH RESULT OF INJURY CODE (DN0140)	
Y	Yes
N	No
U	Unknown

~~EMPLOYEE TAX FILING STATUS CODE (DN0168)~~	
~~A~~	~~Single~~
~~B~~	~~Single Head of Household~~
~~C~~	~~Married Filing Joint~~
~~D~~	~~Married Filing Separate~~

PRE-EXISTING DISABILITY CODE (DN0093)	
Y	Yes
N	No
U	Unknown

RECOVERY CODE (DN0226)	
800	Special Fund Recovery
810	Deductible Recovery
820	Subrogation Recovery
830	Overpayment Recovery
840	Unspecified Recovery
845	Apportionment/Contribution Recovery
850	Second Injury Fund
860	Future Credit Amount
~~865~~	~~Vocational Rehabilitation~~
866	Uninsured Employer
~~867~~	~~Excess Over 5 Lagging Industry Fund~~
~~868~~	~~Voluntarily Handicapped Fund~~
870	Other Funds
880	Voided Indemnity Benefit Check Recovery
890	Voided Other Benefit Check Recovery

DEPENDENT/PAYEE RELATIONSHIP CODE (DN0097)		
R	Relationship	
	2	Widow
	3	Widower
	4	Son/Daughter
	5	Brother/Sister
	6	Mother/Father
	7	Disabled Child
	8	Jurisdiction Fund/Estate
	9	Other
N	Numerical Birth Order (0-9)	
	0	Jurisdiction Fund

ACKNOWLEDGMENT TRANSACTION SET ID (DN0110)	
148	First Report
A49	Subsequent Report

INTERCHANGE VERSION ID (DN0105)	
148X0	First Report of Injury Release 2 Version 0
A49X0	Subsequent Report of Injury Release 2 Version 0
AKCX0	Claims Acknowledgment Detail Record Release 2 Version 0
~~ARGX0~~	~~Claims Re-Acknowledgment Detail Record Release 2 Version 0~~

Other Benefit Type Codes (DN0216)

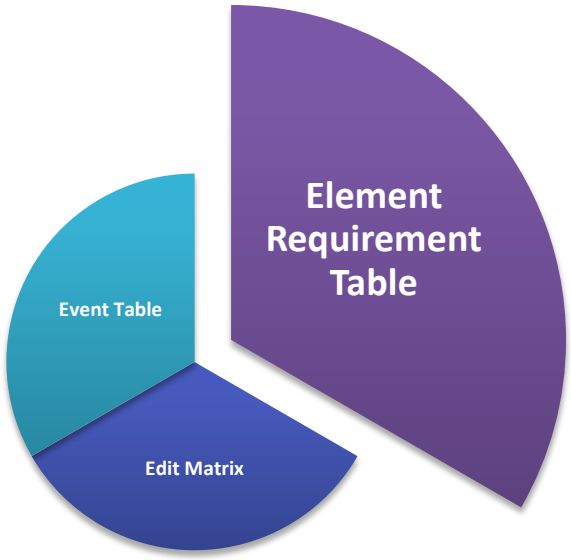
Optional (green highlight) = If sent, WCB will process/display.

Not Processed (yellow highlight) = If sent, WCB will not process/display.

This is one of your handouts.

Element Requirement Table

Data Element requirements are defined for each transaction (FROI or SROI) at the Maintenance Type Code (MTC) level on New York Element Requirement Table.



Element Requirement Table

Six worksheets in Element Requirement Table include:

- FROI Element Requirements
- FROI Conditions (for MCs)
- SROI Element Requirements
- SROI Conditions (for MCs)
- Event Benefit Segment Requirements
- Event Benefit Conditions (for MCs)

Note: NY has added two additional worksheets for informational purposes. They are Sweep Benefit Segment Rules and Benefit Segment Pre-Defined conditions. These are standards as stated in the IAIAIBC Implementation Guide.

Element Requirement Table-Requirements

Requirement Codes express a jurisdiction's requirements by data element and report type (FROI or SROI MTC's)

Requirement Codes are:

M(Mandatory), MC (Mandatory/Conditional), IA (If Applicable/Available), NA (Not Applicable), F (Fatal Technical), and X (Exclude)

fy Note: For MTC 02, per the Match Data Rules, only one Match Data element can be changed per transaction. Lower case requirement codes indicate these *Match Data* data elements. Exceptions: First & Last Name can be changed at the same time; and Employee ID Type Qualifier, Employee SSN, and Employee ID Assigned by Jurisdiction can be changed at the same time.

FROI Element Requirements

NYS eClaims Workers' Compensation Board

Partial Display of FROI:

REC	DN#	DATA ELEMENT NAME	Format	00	01	02	04	AQ	AU	UR for legacy cases
148	0016	Employer FEIN	9 A/N	MC	MC	fy	MC	MC	MC	MC
148	0021	Employer Physical City	15 A/N	MC	NA	Y	MC	IA	MC	MC
148	0022	Employer Physical State Code	2 A/N	MC	NA	Y	MC	IA	MC	MC
148	0023	Employer Physical Postal Code	9 A/N	MC	NA	Y	MC	IA	MC	MC
148	0025	Industry Code	6 A/N	MC	IA	Y	MC	IA	MC	MC
148	0027	Insured Location Identifier	15 A/N	IA	NA	IA	IA	IA	IA	IA
148	0028	Policy Number Identifier	18 A/N	MC	IA	Y	MC	IA	MC	MC
148	0029	Policy Effective Date	DATE	IA	IA	Y	MC	IA	IA	IA
148	0030	Policy Expiration Date	DATE	IA	IA	Y	MC	IA	IA	IA
148	0031	Date of Injury	DATE	M	M	fy	M	M	M	M
148	0032	Time of Injury	HHMM	IA	NA	IA	IA	IA	IA	IA

fy Note: For MTC 02, per the Match Data Rules, only one Match Data element can be changed per transaction. Lower case requirement codes indicate these Match Data data elements. Exceptions: First & Last Name can be changed at the same time; and Employee ID Type Qualifier, Employee SSN, and Employee ID Assigned by Jurisdiction can be changed at the same time.

M (Mandatory)
MC (Mandatory/Conditional)
IA (If Applicable/Available)
NA (Not Applicable)
F (Fatal Technical)
X (Exclude)
FY (Fatal yes change) ***Essential data elements which are necessary for a transmission/ transaction that can be changed on a MTC 02.***

YC: Yes Change Conditional - Data element are expected to be sent on an MTC 02 Change transaction if the data element changes under IAIABC predefined conditions.

Y (Change allowed) ***limited to 02 Change***
N (No Change) ***limited to 02 Change***

CANNOT CHANGE RED REQUIREMENTS AS THESE ARE SET BY IAIABC

FROI Conditional Requirements

Partial Display of FROI Conditions:

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)
0016	Employer FEIN	MTC 04: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident or No Coverage - No Jurisdiction. MTC 00, 01, AQ, AU, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.
0017	Insured Name	MTC 04: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident or No Coverage - No Jurisdiction. MTC 00, AU, UR: Required if Employment Status Code Value = 9 (Volunteer). Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.
0019	Employer Physical Primary Address	MTC 00, 04, AU, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.
0021	Employer Physical City	MTC 00, 04, AU, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08
0022	Employer Physical State Code	MTC 00, 04, AU, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.
0023	Employer Physical Postal Code	MTC 00, 04, AU, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.

SROI Element Requirements

NYS eClaims Workers' Compensation Board

Partial Display of SROI:

REC	DN#	DATA ELEMENT NAME	FORMAT	02	04	AP	CA	CB	CD	EP	ER	IP	PD	PY	RB	RE	S1	S2	S4	S5	S7	SD	SJ	UR for legacy cases	SA Periodic
A49	0055	Employee Number of Dependents	2 N	IA	IA	MC	IA	MC	X	MC	MC	MC	IA	MC	MC	NA	NA	NA	NA	NA	MC	MC	MC	MC	NA
A49	0069	Pre-existing Disability Code	1 A/N	IA	IA	IA	NA	NA	IA	IA	NA	IA	IA	IA	NA	NA	NA	NA	NA	NA	NA	NA	NA	IA	NA
A49	0056	Initial Date Disability Began	DATE	Y	IA	IA	NA	NA	MC	MC	NA	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	NA
A49	0070	Date of Maximum Medical Improvement	DATE	IA	X	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	NA
A49	0072	Current Return to Work Date	DATE	Y	IA	IA	NA	MC	X	IA	IA	IA	IA	IA	IA	X	MC	NA	NA	NA	NA	NA	NA	MC	NA
A49	0057	Employee Date of Death	DATE	Y	MC	MC	NA	NA	MC	MC	NA	MC	MC	MC	NA	X	X	NA	NA	X	NA	NA	NA	MC	NA
A49	0063	Wage Period Code	2 A/N	Y	IA	MC	IA	IA	IA	IA	IA	MC	IA	MC	IA	IA	IA	IA	IA	IA	IA	IA	IA	MC	NA
A49	0064	Number of Days Worked Per Week	1 N	Y	IA	IA	NA	NA	IA	IA	NA	IA	IA	IA	NA	IA	NA	NA	NA	NA	NA	NA	NA	IA	NA
A49	0031	Date of Injury	DATE	fy	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
A49	0026	Insured Report Number	25 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
A49	0015	Claim Administrator Claim Number	25 A/N	fy	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F

fy Note: For MTC 02, per the Match Data Rules, only one Match Data element can be changed per transaction. Lower case requirement codes indicate these Match Data data elements. Exceptions: First & Last Name can be changed at the same time; and Employee ID Type Qualifier, Employee SSN, and Employee ID Assigned by Jurisdiction can be changed at the same time.

M (Mandatory)
MC (Mandatory/Conditional)
IA (If Applicable/Available)
NA (Not Applicable)
F (Fatal Technical)
X (Exclude)
FY (Fatal yes change) ***Essential data elements which are necessary for a transmission/ transaction that can be changed on a MTC 02.***

YC: Yes Change Conditional - Data element are expected to be sent on an MTC 02 Change transaction if the data element changes under IAIABC predefined conditions.

Y (Change allowed) ***limited to 02 Change***
N (No Change) ***limited to 02 Change***

CANNOT CHANGE RED REQUIREMENTS AS THESE ARE SET BY IAIABC

SROI Conditional Requirements

NYS eClaims Workers' Compensation Board

Partial Display of SROI Conditions:

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)
0005	Jurisdiction Case Number	MTC 04, AP, CD, EP, IP, PD, PY, UR: Required when Maintenance Type Code Date is more than one calendar week after the creation of the acknowledgement file with the FROI, since its acceptance has Jurisdiction Claim Number value to be used on this SROI (and all future SROIs).
0016	Employer FEIN	MTC ALL: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident or No Coverage - No Jurisdiction.
0042	Employee SSN	MTC ALL: Required if Employee ID Type Qualifier = S (Employee Social Security Number).
0052	Employee Date of Birth	MTC ALL: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.
0055	Employee Number of Dependents	MTC AP, CB, EP, ER, IP, PY, RB, S7, SD, SJ, UR: Required when a death has occurred and Employee Date of Death is not null.
0056	Initial Date Disability Began	MTC CD, EP, IP, PD, PY, RB, RE, Sx, SD, SJ, UR: Required If the injury which has caused or will cause a loss of time from regular duties of one day beyond the working day or shift on which the accident occurred or death occurs after date of injury.
0057	Employee Date of Death	MTC 04, AP, CD, EP, IP, PD, PY, UR: Required if a death has occurred.
0063	Wage Period Code	MTC AP, IP, PY, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 and Average Wage or Concurrent Employer Wage are present. The Wage Period Code for the Concurrent Employer is always equivalent to the Wage Period Code for the primary employer.

Event Benefit Segment Requirements

Variable Segments Benefits					E0	E0	E1	E2	E0	E1	E1	E0	E0	E1	E1	E1	E1	E1	E1	E1	E1	E1	E0	E0
					02	04	AP	CB	CD	ER	IP	PD	PY	RB	RE	S1	S2	S4	S5	S7	SD	SJ	UR	SA
R22	0085	Benefit Type Code		3 A/N	FC																			
R22	0002	Maintenance Type Code		2 A/N	YC																			
R22	0174	Gross Weekly Amount		$9.2	N																			
R22	0175	Gross Weekly Amount Effective Date		DATE	Y																			
R22	0087	Net Weekly Amount		$9.2	N																			
R22	0211	Net Weekly Amount Effective Date		DATE	Y																			
R22	0088	Benefit Period Start Date		DATE	Y																			
R22	0089	Benefit Period Through Date		DATE	Y																			
R22	0090	Benefit Type Claim Weeks		4 N	YC																			
R22	0091	Benefit Type Claim Days		1 N	YC																			
R22	0086	Benefit Type Amount Paid		$9.2	YC																			
R22	0192	Benefit Payment Issue Date		DATE	YC																			

For MTC's: 02, 04, AP, CA, CB, EP, ER, IP, PD, PY (Benefit Type Codes other than 5XX), RB, RE, S1, S2, S4, S5, S7, SD, SJ, UR, SA:

E0, E1 and E2 labels on the Benefits title line shows the minimum number of segments by MTC (see Variable Segment Pop. Rules in Section 4)

Benefit Type Code (DN0085) is pre-populated in the Benefits segment because the segment cannot be sent without this data element.

"Sweep Benefits Segment Rules and Lump Sum Payment/Settlements from Variable Segment Population Rules in Section 4 apply to "non-event" Benefits segments

Benefits segments should not be expected on CD, MTC Transactions

Benefits segment requirements for UR MTC transactions, when applicable may vary at the request of the jurisdiction

Event Benefit Segment Requirements

NYS eClaims Workers' Compensation Board

For MTC's: 02, 04, AP, CA, CB, EP, ER, IP, PY (Benefit Type Codes other than 5XX), RB, RE, S1, S2, S4, S5, S7, SD, SJ, UR, SA:

Legend:
F = Fatal Technical
MC = Mandatory/Conditional
NA = Not applicable
R = Restricted
X = Exclude

	Benefit Type	*0085 Benefit Type Code*	*0002 MTC*	*0174 Gross Weekly Amount*	*0175 Gross Wkly Amt Eff Date*	*0087 Net Weekly Amount*	*0211 Net Wkly Amt Eff Date*	*0088 Ben Period Start Date*	*0089 Ben Period Thru Date*	*0090 Ben Type Claim Weeks*	*0091 Ben Type Claim Days*	*0086 Ben Type Amount Paid*	*0192 Benefit Payment Issue Date*
Fatal	010	**MC**	**F**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**
Permanent Total	020	**MC**	**F**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**
Permanent Total Supplemental	021	**R**	**F**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Permanent Partial Scheduled	030	**MC**	**F**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**
Permanent Partial Unscheduled	040	**MC**	**F**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**
Temporary Total	050	**MC**	**F**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**
Temporary Total Catastrophic	051	**R**	**F**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Temporary Partial	070	**MC**	**F**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**
Employer's Liability	080	**MC**	**F**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**
Permanent Partial Disfigurement	090	**MC**	**F**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**
Employer Paid Fatal Benefits	210	**MC**	**F**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**
Employer Paid Permanent Partial Scheduled	230	**R**	**F**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Employer Paid Unspecified	240	**MC**	**F**	**X**	**X**	**X**	**X**	**MC**	**MC**	**X**	**X**	**X**	**MC**
Employer Paid Vocational Rehab Maintenance	242	**R**	**F**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Employer Paid Temporary Total	250	**MC**	**F**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**
Employer Paid Temporary Total Catastrophic	251	**R**	**F**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Employer Paid Temporary Partial	270	**MC**	**F**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**	**MC**
Vocational Rehabilitation Maintenance	410	**R**	**F**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**

Event Benefit Conditional Requirements

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0085	Benefit Type Code	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0086	Benefit Type Amount Paid	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0087	Net Weekly Amount	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0088	Benefit Period Start Date	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0089	Benefit Period Through Date	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0090	Benefit Type Claim Weeks	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0091	Benefit Type Claim Days	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0174	Gross Weekly Amount	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0175	Gross Weekly Amount Effective Date	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0192	Benefit Payment Issue Date	Must be present on the Initial Payment of indemnity benefits for the claim. MTC-UR: This field should be populated with the Benefit Payment Issue Date of the first payment made to the claim	Mandatory if Maintenance Type Code (MTC) = AP, IP or PY and Benefit Type Code = 0xx
211	Net Weekly Amount Effective Date	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present

Event Benefit Segment Requirements

Variable Segments Benefits					E0	E0	E1	E2	E0	E1	E1	E0	E0	E1	E1	E1	E1	E1	E1	E1	E1	E1	E0	E0
					02	04	AP	CB	CD	ER	IP	PD	PY	RB	RE	S1	S2	S4	S5	S7	SD	SJ	UR	SA
R22	0085	Benefit Type Code																						
R22	0002	Maintenance Type Code																						
R22	0174	Gross Weekly Amount																						
R22	0175	Gross Weekly Amount Effective Date																						
R22	0087	Net Weekly Amount																						
R22	0211	Net Weekly Amount Effective Date																						
R22	0088	Benefit Period Start Date																						
R22	0089	Benefit Period Through Date																						
R22	0090	Benefit Type Claim Weeks																						
R22	0091	Benefit Type Claim Days																						
R22	0086	Benefit Type Amount Paid																						
R22	0192	Benefit Payment Issue Date																						

- E0=A Benefits segment will not be expected for the MTC if indemnity benefits have not been paid. (04-Denial, PD-Partial Denial)
- E1=At least 1 Benefits segment should be expected for the MTC if indemnity benefits have been paid.
- E2=At least 2 Benefits segments should be expected for the MTC. (CB-Change Benefit Type)

Events and Sweeps

- **Event**—this is why you are filing the report (Initial Payments, Return to work, Change)
- **Sweep**—compilation or cumulative list of all payments to date included in addition to the event being reported.
  - A **periodic report** or Sub-Annual (SA) is a cumulative or sweep report.
- A **Sweep** Benefit Segment is sent with any Event Benefit Segment if the *current* Event being reported has a BTC that is *different* from the BTC previously reported. The Sweep is an accumulated report of the previous BTC.

Sweep Rules

A Sweep Benefit **must** include:

- Benefit Type Code (BTC)
- Benefit Period Start Date
- Benefit Period Through Date
- Benefit Type Claim Weeks
- Benefit Type Claim Days
- Benefit Type Amount Paid

- DN0088 Benefit Period Start Date
  - For MTC's (on non-acquired claims) that are *not* starting or reinstating a Benefit Type Code
- The Benefit Period Start Date is the **earliest** date for that BTC, regardless of whether multiple benefits periods have been paid for that BTC.

A Sweep Benefit Segment does ***not*** include:

- MTC
- Gross Weekly Amount and Effective Date
  - Net Weekly Amount and Effective Date
  - Benefit Payment Issue Date

SROI Sweep Example – Part 1

Claimant is Classified as PPD

Employee John Doe remained out of work and was receiving ongoing payments. On **September 12, 2012**, the Claims Administrator is notified by John Doe's doctor that the he is **no longer at a Total Disability** and is now at a **Moderate Temporary Partial Disability as of September 6, 2012**. John Doe's employer cannot accommodate the work restrictions. The Claim Administrator modified the payments to reflect a **Temporary Partial Disability** and **issued a check on September 19, 2012** to the injured employee for the period **September 6, 2012 through September 19, 2012 and continuing**.

The Claim Administrator reported the adjustment in rate based upon the medical report by sending the Change in Benefit Type **(SROI CB)** transaction report to the NYSWCB on **September 19, 2012**.

Employee John Doe, continued to remain out of work. On October 17, 2012 a hearing was held and it was determined by the Workers' Compensation Law Judge that the claimant had a **Permanent Partial Disability** with continuing payments from October 17, 2012. The Claim Administrator reported the payment information to the NYS Workers' Compensation Board by sending **SROI CB** transaction report to the NYSWCB on **October 23, 2012**.

SEQUENCE OF BUSINESS EVENTS (MTC):

Event 1: FROI MTC 00 – Original First Report

Event 2: SROI MTC IP – Initial Payment

Event 3: SROI MTC CB – Change in Benefit Type

Event 4: SROI MTC CB – Change in Benefit Type

Sweep reporting within an Event (CB) Example – Part 1

DN	Data Element	Sweep Benefit	Event Benefit	Event Benefit
0085	Benefit Type Code	Temporary Total	Temporary Partial	Permanent Partial Scheduled
0002	Maintenance Type Code	N/A	CB	CB
0174	Gross Weekly Amount	N/A	$350.00	$350.00
0175	Gross Weekly Amount Effective Date	N/A	September 6, 2012	October 17, 2012
0087	Net Weekly Amount	N/A	$350.00	$350.00
0211	Net Weekly Amount Effective Date	N/A	September 6, 2012	October 17, 2012
0088	Benefit Period Start Date	August 2, 2012	September 6, 2012	October 17, 2012
0089	Benefit Period Through Date	September 5, 2012	October 16, 2012	October 23, 2012
0090	Benefit Type Claim Weeks	5	5	1
0091	Benefit Type Claim Days	0	4	0
0086	Benefit Type Amount Paid	$3,500.00	$2,030.00	$350.00
0192	Benefit Payment Issue Date	N/A	October 23, 2012	October 23, 2012

SROI Sweep Example – Part 2

Claimant is Classified as PPD and has another period of Total Disability

On October 17, 2012 a hearing was held and it was determined by the Workers' Compensation Law Judge that the claimant had a **Permanent Partial Disability** with continuing payments from October 17, 2012. The Claim Administrator reported the payment information to the NYS Workers' Compensation Board by sending **SROI CB** transaction report to the NYSWCB on **October 23, 2012**.

Employee John Doe remained out of work and was receiving ongoing payments. On **December 12, 2012**, the Claims Administrator is notified by John Doe's doctor that the he had an emergency surgery and is now **Temporary Total Disability as of December 12, 2012**. The Claim Administrator modified the payments to reflect a **Temporary Total Disability** and **issued a check on December 19, 2012** to the injured employee for the period **December 12, 2012 through December 19, 2012 and continuing**.

The Claim Administrator reported the adjustment in rate based upon the medical report by sending the Change in Benefit Type **(SROI CB)** transaction report to the NYSWCB on **December 19, 2012**.

<u>SEQUENCE OF BUSINESS EVENTS (MTC)</u>:

Event 1: FROI MTC 00 – Original First Report
Event 2: SROI MTC IP – Initial Payment
Event 3: SROI MTC CB – Change in Benefit Type
Event 4: SROI MTC CB – Change in Benefit Type
Event 5: SROI MTC CB – Change in Benefit Type

Sweep reporting within an Event (CB) Example – Part 2

DN	Data Element	Sweep Benefit	Event Benefit	Event Benefit
0085	Benefit Type Code	Temporary Partial	Permanent Partial Scheduled	Temporary Total
0002	Maintenance Type Code	NA	CB	CB
0174	Gross Weekly Amount	NA	$350.00	$700.00
0175	Gross Weekly Amount Effective Date	NA	October 17, 2012	August 2, 2012
0087	Net Weekly Amount	NA	$350.00	$700.00
0211	Net Weekly Amount Effective Date	NA	October 17, 2012	August 2, 2012
0088	Benefit Period Start Date	September 6, 2012	October 17, 2012	December 12, 2012
0089	Benefit Period Through Date	October 16, 2012	December 11, 2012	December 19, 2012
0090	Benefit Type Claim Weeks	5	8	6
0091	Benefit Type Claim Days	4	0	1
0086	Benefit Type Amount Paid	$2,030.00	$2,800.00	$4,340.00
0192	Benefit Payment Issue Date	NA	December 19, 2012	December 19, 2012

Adjustments, Credits and Redistributions

DN0092 Benefit Adjustment Code-a code identifying reductions or increases applied to the Gross Weekly Amount, resulting in a new Net Weekly Amount for a specific benefit type.

A=Apportionment/contribution

B=Subrogation (Third Party Offset)

J=Appeal Adjustment

DN0126 Benefit Credit Code-a code identifying a reduction that is applied to the Gross Weekly Amount to yield a new Net Weekly Amount to recoup monies previously paid.

C=Overpayment

P=Advance

DN0130 Benefit Redistribution Code-a code indicating that a portion of the Net Weekly Amount is being directed to another party on behalf of the employee or beneficiary, but which does not reduce the Gross Weekly Amount or affect the Net Weekly Amount.

H=Court Ordered Lien

K=Claimant Attorney Fees

Adjustments, Credits and Redistributions

These codes should be sent with every SROI report when the injured worker is not receiving the full weekly compensation amount due.

The proper code must be reported when it is being applied to the Benefits being reported on the SROI.

Must include:

- ACR Code
- ACR Start Date
- ACR End Date (when applicable)
- Weekly Amount of ACR

Benefit Redistribution Scenario

Child support lien

Employee John Doe fell from a ladder at the employer's jobsite located at 1234 Broadway, Albany, NY and broke his right leg on **August 1, 2012** at 1:00 p.m. The employee left work immediately after the injury and **has not returned to work**.

A Court-ordered child support in the amount of $50 per week has been assessed against Mr. Doe's compensation to be paid directly to Mr. Doe's ex-wife.

The Claim Administrator **issued a check on August 15, 2012** to the injured employee, for **Temporary Total Disability Benefits**, for the period **August 2, 2012 through August 15, 2012 and continuing**. The Claim Administrator also issued a check to the ex-wife for the same period's child support.

The Claim Administrator reported the loss and initial payment information to the NYS Workers' Compensation Board by sending both the Original First Report of Injury **(FROI 00)** and Initial Payment **(SROI IP)** transaction reports to the NYSWCB on **August 8, 2012 (FROI) and August 15, 2012 (SROI)**.

SEQUENCE OF BUSINESS EVENTS (MTC):

Event 1: FROI MTC 00 – Original First Report

Event 2: SROI MTC IP – Initial Payment with DN0130 Benefit Redistribution code

DN Reporting Requirements Specific to New York State

DN	DN Name	NYS Data Requirement
DN0015	Claim Administrator Claim Number	Only the first 20 characters of the Claim Administrator Claim Number - DN0015 will appear in the Carrier Case Number field in eCase. Additional characters beyond the 20th will not be displayed.
DN0017	Insured Name	For Volunteer Firefighter (VF) and Volunteer Ambulance Worker (VAW) claims, use the Insured Name - DN0017 of the Political Subdivision/Fire District (Ambulance Company).
DN0018	Employer Name	Only the first 30 characters of the Employer Name - DN0018 will appear in the Employer Name field in eCase. Additional characters beyond the 30th will be displayed in the 2nd Employer Name field.
DN0038	Accident/Injury Description Narrative	Every site of injury must be specifically detailed in Accident/Injury Description Narrative - DN0038. For extremities left or right must be detailed. Part of Body Injured Code - DN0036 does not provide information regarding more then one site of injury and does not specify left or right for extremities. This information **must** be provided in Accident/Injury Description Narrative - DN0038.
DN0043	Employee Last Name	Only the first 20 characters of the Employee Last Name - DN0043 will appear in the Claimant Last Name field in eCase. Additional characters beyond the 20th will be displayed in the 2nd Employee Name field.
DN0056	Initial Date Disability Began	"Initial" date values must not ever change unless they were incorrectly reported and are being changed via MTC 02.
DN0058	Employment Status Code	The value of 9 = Volunteer **must** be used for Volunteer Firefighter (VF) and Volunteer Ambulance Worker (VAW) claims. Use the value of 7 = Other for a per diem worker.
DN0059	Manual Classification Code	The value of 7711 **must** be used for Volunteer Firefighter (VF) claims and the value of 7730 **must** be used for Volunteer Ambulance Worker (VAW) claims.
DN0062	Wage	Wage - DN0062 is referenced on paper Form C-2.0 and is the **estimate** of the Average Weekly Wage provided by the employer. This is the gross wages of the claimant.
DN0065	Initial Date Last Day Worked	"Initial" date values must not ever change unless they were incorrectly reported and are being changed via MTC 02.
DN0068	Initial Return To Work	"Initial" date values must not ever change unless they were incorrectly reported and are being changed via MTC 02.
DN0069	Pre-Existing Disability Code	Pre-Existing Disability Code - DN0069 is referenced on paper Form C-2.0 and is used to indicate that the claimant had a prior injury to the same body part or similar illness while working for the current employer.
DN0072	Current Return to Work Date	"Current" data values must represent a *second* period of disability. They should be updated each time a new date is applicable to that field.
DN0074	Claim Type Code	Claim Type Code - DN0074 is used to determine the **acceptance** of a claim. The following values are acceptable when the Claim Administrator is initially reporting a claim: M = Medical Only, I = Lost Time/Indemnity, N = Notification Only Claim Type Code - DN0074 with a value of M = Medical Only or I = Lost Time/Indemnity indicates that the Claim Administrator has **accepted** the claim. Claim Type Code - DN0074 with a value of N = Notification Only indicates that the Claim Administrator has not yet accepted the claim. The Claim Administrator **must** follow up with an update to Claim Type Code - DN0074 indicating acceptance of the claim or timely file SROI 04, when the Board has received medical.
DN0075	Agreement to Compensate Code	For payment of benefits under Section 21-a or Section 25-1(f), use Agreement to Compensate Code - DN0075 with a value of W = Without Liability.
DN0085	Benefit Type Code	• 030 = PP Scheduled (use for SLU) • 040 = Permanent Partial Unscheduled (use for PPD with CCP) • 070 = Temporary Partial – (RE rate or partial when claimant is not working) • 090 = Permanent Partial Disfigurement (facial) • 5xx = Lump Sums (This is not just for Section 32 payments. This is for any payment that is made in one lump)

Partial list of DN's

NY Specific DN Information

DN0036 – Part of Body Injured Code

- Does not allow for more than one site of injury and or allow for left or right to be specified
- Therefore, this information ***can*** be provided in **DN0038** – Accident/Injury Description Narrative

NY Specific DN Information

DN0074 - Claim Type Code (FROI and SROI)

- Send "N"=Notification only
  - When Claim Administrator is unsure that they will be denying/accepting the claim at the time the FROI is filed
  - When Case is indexed, it must be followed up with an 02-Change or SROI showing "I"=Lost time/Indemnity or "M"=Medical only
- Send "I"=Lost time/Indemnity
  - Lost time beyond 7 days for standard workers
  - Any lost time for VF/VAW workers
- Send "M"=Medical only
  - No lost time beyond 7 days for standard workers
  - No lost time for VF/VAW workers
  - Possible schedule loss or disfigurement, but no loss of time from work at regular wages beyond 7 days

NY Specific DN Information-Wages

- **DN0062 – Wage (FROI only)**
  - ***Estimate*** of the Average Weekly Wage provided by the employer—the gross wages of the claimant
- **DN0286 – Average Wage (SROI only)**
  - statutory average weekly wage of claimant calculated using proper multiple in §14 and steps on Form C-240

Note: Concurrent wage references in IAIABC documentation is not the same NYS WCL §14-6 wages. Concurrent wage in IAIABC document refers to a concurrent benefit type that a claimant is entitled to in addition to Workers' Comp

NY Specific DN Information-Wages

- **DN0134 – Calculated Weekly Compensation Amount** –statutory rate of compensation for claimant; equals 2/3 of Average Wage (DN0286) and subject to the minimum and maximum rates defined by §15-6
- **DN0087 – Net Weekly Amount and DN0211 Net Weekly Amount Effective Date-**
  - amount *after* ACRs are applied
- **DN0174 – Gross Weekly Amount and DN0175 Gross Weekly Amount Effective Date–**
  - amount *before* ACRs are applied

NY Specific DN Information

- **DN0069 – Pre-Existing Disability Code**

  -used to indicate claimant had a prior injury to the same body part or similar illness while for the current employer

- **DN0075 – Agreement to Compensate Code**

  -use "W"=without liability to indicate payments under §21a or §25-1(f)

NY Specific DN Information
DN0198 – Full Denial Reason Codes

Form C-7 to Full Denial Reason Code mapping

C-7.0 Denial Reason	Full Denial Reason Code – DN0198
Prima facie medical evidence	2D - No medical evidence of injury
Accident within the meaning of WC Law	1D - Does not meet statutory definition of accident
	2C - Stress non-work related
	1C - Willful intent to injure oneself
	1F - Recreational/social activity
Accident arising in the course of employment	1I – Presumption does not apply [new to IAIABC standard in 2013]
Accident arising out of the course of employment	1A - Coming and going
	1E - Deviation from employment
	1B - Horseplay
Occupational disease within the meaning of WC Law	1D - Does not meet statutory definition of accident
Occupational disease arising out of and in the course of employment	1I - Presumption does not apply [new to IAIABC standard in 2013]
Notice (Section 18)	5A - Failure to report accident timely
Notice (Section 45)	5A - Failure to report accident timely
Employer-Employee relationship	3A - No employer/employee relationship
	3B - Independent contractor
	3C - Does not meet statutory definition of employee
	3G - Statutory exemptions
Causally related accident or occupational disease	2E - No injury per statutory definition
Causally related death	Use codes for Causally related accident or OD
Proper employer entity	3A - No employer/employee relationship
Cancelation of coverage	3E - No policy in effect on date of accident
Proper carrier	3E - No policy in effect on date of accident
Subject matter jurisdiction	3D - No jurisdiction
Timely filing (Section 28)	3F - Statute of limitation expired

NY Specific DN Information
Denial Reason narrative and Full Denial Reason codes

- Denial Reasons can be further clarified using DN0197 (Denial Reason Narrative).

- Any changes (FROI-02 or SROI-02) to DN0197 (Denial Reason Narrative) or DN0198 (Full Denial Reason Code) requires a paper form to the parties of interest as indicated on the NYS Event Table.

  Note: The term accident has been defined by the IAIABC to include Occupational Disease (this will be clarified in IAIABC Glossary in 2013)

- FROI-04 and SROI-04 do not require certification. FROI/SROI denial will be certified at the Pre-Hearing Conference using form OC-400.5.

NY Specific DN Information "Initial" DNs

- **DN0056 Initial Date Disability Began**
- **DN0065 Initial Date Last Day Worked**
- **DN0068 Initial Return To Work**

"Initial" date values must not ever change unless they were incorrectly reported and are being changed via MTC 02.

NY Specific DN Information "Current" DNs

- **DN0072 Current Return to Work Date**
- **DN0144 Current Date Disability Began**
- **DN0145 Current Date Last Day Worked**

"Current" data values must represent a ***subsequent*** period of disability. They should be updated each time a new date is applicable to that field.

NY Specific DN Information

VF/VAW Employment Status and Manual Classification Codes

FROI must include:

- **DN0058** (Employment Status Code) = 9 (Volunteer)
- **DN0059** (Manual Classification Code) = 7711 (VF) or 7370 (VAW)

NY Specific DN Information

VF/VAW Political Subdivision or District and Company

FROI-00/04/AU/UR must include the following DN's as mapped to the current Forms VF-2 and VAW-2:

- **DN0016 Employer FEIN** and **DN0018 Employer Name** for Political Subdivision or Fire/Ambulance District

- **DN0017 Insured Name** and **DN0314 Insured FEIN** for Fire/Ambulance Company

1. POLITICAL SUBDIVISION OR AMBULANCE DISTRICT	DN0016, DN0018
2. AMBULANCE COMPANY	DN0017, DN0314

VF/VAW Accident Premises Code

FROI-00/04/AU/UR must include **DN0249** (Accident Premises Code) as mapped to the current Forms VF-2 and VAW-2:

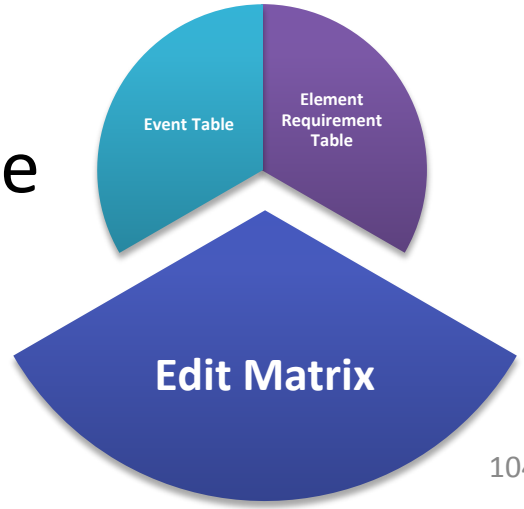
9. CHECK ONE: DN0249	☐ THE ABOVE-NAMED VOLUNTEER FIREFIGHTER WAS INJURED IN THE LINE OF DUTY WHILE SERVING WITH HIS/HER OWN FIRE COMPANY OR FIRE DEPARTMENT.	☐ THE ABOVE-NAMED VOLUNTEER FIREFIGHTER, MEMBER OF ANOTHER FIRE DEPARTMENT, WAS INJURED IN LINE OF DUTY AFTER HIS/HER SERVICES HAD BEEN ACCEPTED BY THE ABOVE-NAMED FIRE COMPANY OR FIRE DEPARTMENT.

For Volunteer Firefighter (VF) and Volunteer Ambulance Worker (VAW) claims, use the value of ***E = Employer*** when the claimant was injured working in an official capacity for the volunteer ***organization the claimant was a member of***. Use the value of ***X = Other*** when the claimant was injured working in an official capacity for a volunteer ***organization other than the one the claimant was a member of***.

Edit Matrix Table

- Contains the specific edits applied to reports to determine acceptability by WCB and the standard error messages for those edits when the data is not acceptable

- Contains proper sequence of submissions, acceptable code values, data used for matching to existing claims, and error messages associated with these edits



Six worksheets in Edit Matrix

- **DN-Error Message** – contains "standard" editing developed for Release 3
- **Value Table** – WCB's acceptable code values
- **Match Data** – which data elements will be used to determine if the information matches an existing claim or if a new claim must be created
- **Population Restrictions** – WCB restrictions applied to the data element(s)
- **FROI and SROI Sequencing Tables** – how WCB will apply sequencing edits and the order WCB expects specific events to be reported

DN Error Message Table

Sorted by Error Message & DN

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.

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 (148)	054 Must be valid occurrence for segment	055 Must be < Employee Date of Hire	057 Duplicate Batch/Transaction	058 Code/ID 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/embedded 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 Expected 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
0000	Entire Batch	Y	P	L																							L									L									L							L					
0001	Transaction Set ID	F		F																								L																													
0002	Maintenance Type Code	F	P	F																L			L	L			L	L			L		L	L	L					L															L		
0003	Maintenance Type Code Date	F	P	F				L				L							L															L																							
0004	Jurisdiction Code	F	P	F																L								L																													
0005	Jurisdiction Claim Number	Y	P	L													L																																					L			L	
0006	Insurer FEIN	F	P	F			L										L	L																					L														L			L	
0007	Insurer Name	Y		L																																																L			L	
0010	Claim Administrator Primary Address	Y		L																																			L																	
0011	Claim Administrator Secondary Address	N																																																						
0012	Claim Administrator City	Y		L																																			L																	
0013	Claim Administrator State Code	Y		L																								L																													
0014	Claim Administrator Postal Code	F	P	F													L											L						L																							
0015	Claim Administrator Claim Number	F	P	F																														F					L													L			L	
0016	Employer FEIN	Y	P	L			L										L	L																																			L			L	
0017	Insured Name	Y		L																																			L																	

Partial display of DN Error Message Table

DN Error Message for DN0031 Date of Injury

Sorted by Error Message & DN	**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.	**Jurisdiction will apply edits?**	**Population Restrictions Indicator**	Mandatory field not present	Must be a valid date (CCYYMMDD)	Must be <= Employee Date of Death	Must be <= Maintenance Type Code Date	Must be <= current date	Invalid data relationship	Must be <= Initial Date Disability Began	Must be <= Current Date Disability Began	Must be >=Employee Date of Hire	Date Must be >= Jurisdiction Implementation Date	Must be valid content	Match data value not consistent with value previously reported
DN	**IAIABC Data Element Name**			001	029	036	037	041	064	102	105	109	110	111	117
0031	Date of Injury	**Y**	**P**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**

Value Table

NYS eClaims Workers' Compensation Board

Partial List of Value Table:

DN	Element Name	Capture	Acceptable Code Value List - grayed out indicates that a value is 'Not Statutorily Valid'																						
0002	Maintenance Type Code (for FROI)	Y	00	01	02	04	CO	AQ	AU	UI	UR														
0002	Maintenance Type Code (for SROI)	Y	02	04	AB	AP	CA	CB	CD	CO	EP	ER	FN	IP	P1	P2	P3	P4	P5	P7	P9	PD	PJ	PY	
	Maintenance Type Codes (for SROI continued)		RB	RE	S1	S2	S3	S4	S5	S6	S7	S8	S9	SD	SJ	UI	UR	VE	AN	BM	BW	MN	QT	SA	
0039	Initial Treatment Code	Y	0	1	2	3	4	5																	
0053	Employee Gender Code	Y	F	M	U																				
0054	Employee Marital Status Code	Y	U	M	S	K																			
0058	Employment Status Code	Y	C	9	8	A	B	1	2	3	6	4	5	7	(see hierarchical order in dictionary)										
0063	Wage Period Code (FROI)	Y	01	02	04	06	07																		
0063	Wage Period Code (SROI)	Y	01	04																					
0069	Pre-Existing Disability Code	Y	Y	N	U																				
0073	Claim Status Code	N	O	C	R	X																			
0074	Claim Type Code	Y	M	I	N	B	L																		

- This shows the codes that WCB will accept
- WCB doesn't accept the codes that are grayed out

Match Data Table

Partial list of the Match Data table:

GROUPING	DN	DATA ELEMENT NAME	New Claims (FROI-00/04/AQ/AU)	Existing Claims (all others)
Claim	0004	Jurisdiction Code		
	0005	Jurisdiction Claim Number	*	P
	0015	Claim Administrator Claim Number	S	S
Claimant	**0270**	**Employee ID**	**P**	**S**
		▪ Employee SSN – Preferred (DN0042)		
		▪ Employee ID Assigned by Jurisdiction (DN0154)		
	0031	**Date of Injury**	**P**	**S**
	0043	Employee Last Name	S	S
	0044	Employee First Name	S	S
	0052	Employee Date of Birth	S	S
Claim Administrator	**0187**	**Claim Administrator FEIN**	**P**	**P**
	0014	Claim Administrator Postal Code		
Employer	0026	Insured Report Number		
	0016	**Employer FEIN**	**P**	S
	0023	Employer Physical Postal Code		
	0028	Policy Number Identifier		
Insurer	**0006**	**Insurer FEIN**	**P**	**P**

Purpose of table is match submitted data with WCB system to determine if the information matches an existing claim or if a new claim must be created.

P = Primary match fields

S = Secondary match fields that are used when there is no match on primary fields

Populations Restrictions

Population Restrictions

- Go to the DN Error Message worksheet. If there is a "P" in the Restrictions Indicator column, look at this worksheet to find the corresponding entry.
- Each Restriction contains:
  - DN # and Name
  - Population Restriction
  - Element Error Number
  - Error Message
  - Error Text

Population Restriction for DN0031 Date of Injury

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0031	Date of Injury	064	Invalid data relationship	When DN0290 (Type of Loss Code) is 01 (Traumatic Injury), DN0031 (Date of Injury) must be a valid date (using all 8 digits in the format of CCYYMMDD).	must be a valid date when Type of Loss Code is 01
0031	Date of Injury	111	Must be valid content	A) When DN0031 (Date of Injury) has all 8 digits (in the format of CCYYMMDD showing 4 digit year, followed by 2 digit month, and followed by 2 digit day), it must be a valid date.	must be a valid date in the format of CCYYMMDD
0031	Date of Injury	111	Must be valid content	B) When DN0031 (Date of Injury) does not have all 8 digits (in the format CCYYMMDD showing 4 digit year, followed by 2 digit month, and followed by 2 digit day), it must have a year and 2 spaces for the month and/or day when unknown.	must be in the format of CCYYMMDD and have a year
0031	Date of Injury	117	Match data value not consistent with value previously reported	A) If DN0002 (Maintenance Type Code) is not 02, then this value must be the same as what was accepted on last MTC.	can only be changed on 02 (1@time* for Match Data)
0031	Date of Injury	117	Match data value not consistent with value previously reported	B) If DN0002 (Maintenance Type Code) is 02 and is having Error Message 117 occurring on it, then this Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.	is a Match Data Element being changed more 1@time*

FROI Sequencing Table

NYS eClaims Workers' Compensation Board

FROI and SROI sequencing are listed on separate worksheets

Partial list from FROI Sequencing Table:

This **FROI Sequencing Table** provides New York's MTC sequencing for incoming FROIs. It is meant to convey to the trading partner the sequencing rules that clarify how New York will apply Edit 063 - Invalid Event Sequence. **These edits will be applied on a per claim administrator basis for the current reporting responsibility.** See the Notes below this table for clarification on that and the full details of the sequencing edits that will be applied.

If your incoming FROI MTC is:	**[Edit #1] Allowed if your last accepted FROI MTC (besides any FROI-02) is listed here:** * None means that no FROIs have been accepted from you.	**[Edit #2] Allowed if any SROIs have been accepted from you:**
FROI-00	None* 01 04	Not applicable
FROI-01	00	No
FROI-02	00 04 AQ AU UR	Yes
FROI-04	None*	Not applicable
FROI-AQ	None*	Not applicable
FROI-AU	None*	Not applicable
FROI-UR	None*	Not applicable

Notes that apply to both FROIs and SROIs:

1. If your incoming FROI/SROI gets rejected due to one the FROI/SROI sequencing edits, make sure to check all Edit 063 (Invalid Event Sequence) returned with it, since in a few situations, there could be multiple.

SROI Sequencing Table

NYS eClaims Workers' Compensation Board

Partial list from SROI Sequencing Table:

If your incoming SROI MTC is:	[Edit #1] Allowed if your last accepted FROI MTC (besides any FROI-02) is listed here:	[Edit #2] Can this MTC be your first accepted SROI ?	[Edit #3] Allowed if any of these SROI MTCs have been previously accepted from you:	[Edit #4] Can this SROI MTC be accepted from you multiple times?	[Edit #5] Allowed if your last accepted SROI MTC (besides any SROI-02/CA/PD/PY/SA) is listed here:	[Edit #6] Must there be (or not be) ongoing indemnity payments occurring for this incoming SROI to be accepted?	[Expectation] An accepted SROI with this MTC indicates the following concerning ongoing indemnity payments (which is used for Edit #6 on future incoming SROIs):
SROI-02	00 AQ AU UR	No	*Any SROI*	Yes	04 AP CB CD EP ER IP RB RE S1 S2 S4 S5 S7 SD SJ UR		Still occurring or not
SROI-04	00 AQ AU UR	Yes		Yes	CD S1 S2 S4 S5 S7 SD SJ UR	Must not be	Still not occurring
SROI-AP	AQ AU	Yes		No	04 CD EP ER S1 S2 S4 S5 S7 SD SJ UR		Starts or continues
SROI-CA	00 AQ AU UR	No	AP IP UR	Yes	AP CB EP ER IP RB RE S1 S2 S4 S5 S7 SD SJ UR		Still occurring or not
SROI-CB	00 AQ AU UR	No	AP IP UR	Yes	AP CB EP ER IP RB RE UR	Must be	Still occurring
SROI-CD	00 AQ AU UR	Yes		Yes	04 S1 S2 S4 S5 S7 SD SJ UR	Must not be	Still not occurring
SROI-EP	00 AQ AU UR	Yes		No	04 AP CB CD IP RB RE S1 S2 S4 S5 S7 SD SJ UR		Starts or continues
SROI-ER	00 AQ AU UR	No	EP	Yes	04 CD S1 S2 S4 S5 S7 SD SJ UR	Must not be	Restarts
SROI-IP	00 UR	Yes		No	04 CD EP ER S1 S2 S4 S5 S7 SD SJ UR		Starts or continues

1. See the "Notes that apply to both FROIs and SROIs" underneath the FROI Sequencing Table.

Acknowledgment

Acknowledgment Record

- An acknowledgment is a transaction (automated response) returned by the jurisdiction as a result of an EDI report sent. It contains enough data elements to identify the original report sent and communicates any technical business issues found with the report.

Acknowledgment

There are two values for an individual transaction that a NYS Trading Partner could receive:

TA = Transaction Accepted

The transaction was accepted by the jurisdiction. No errors were found on the transaction.

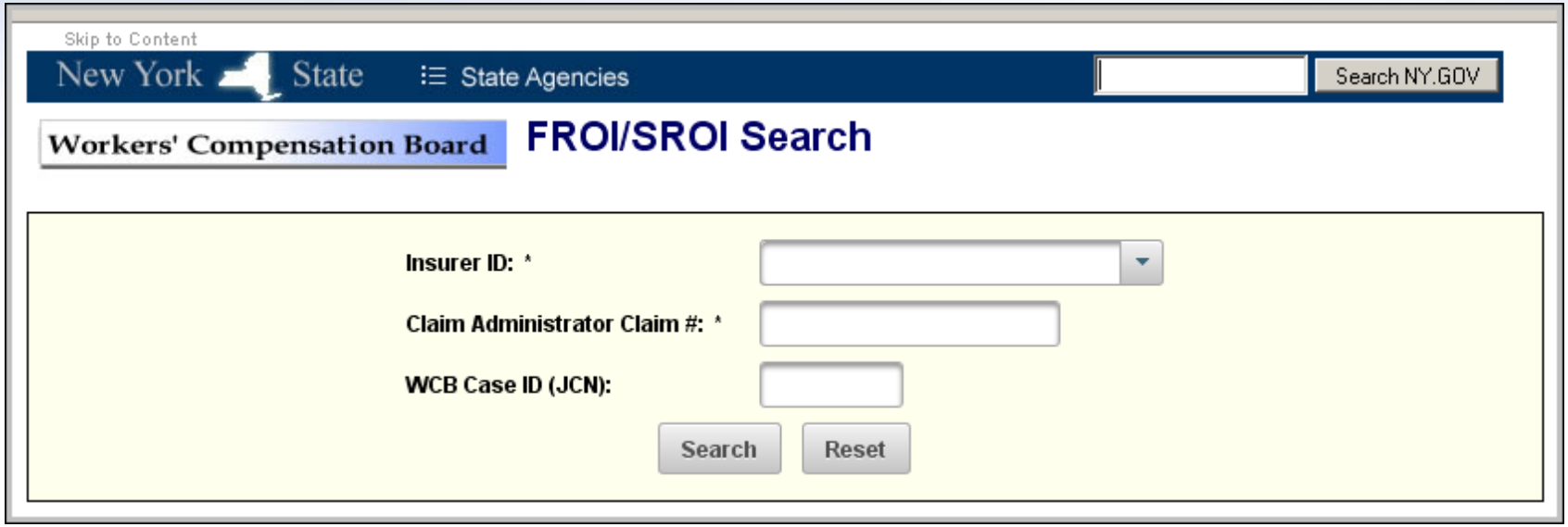
TR = Transaction Rejected

A business or technical error was found and the transaction was not accepted by the jurisdiction.

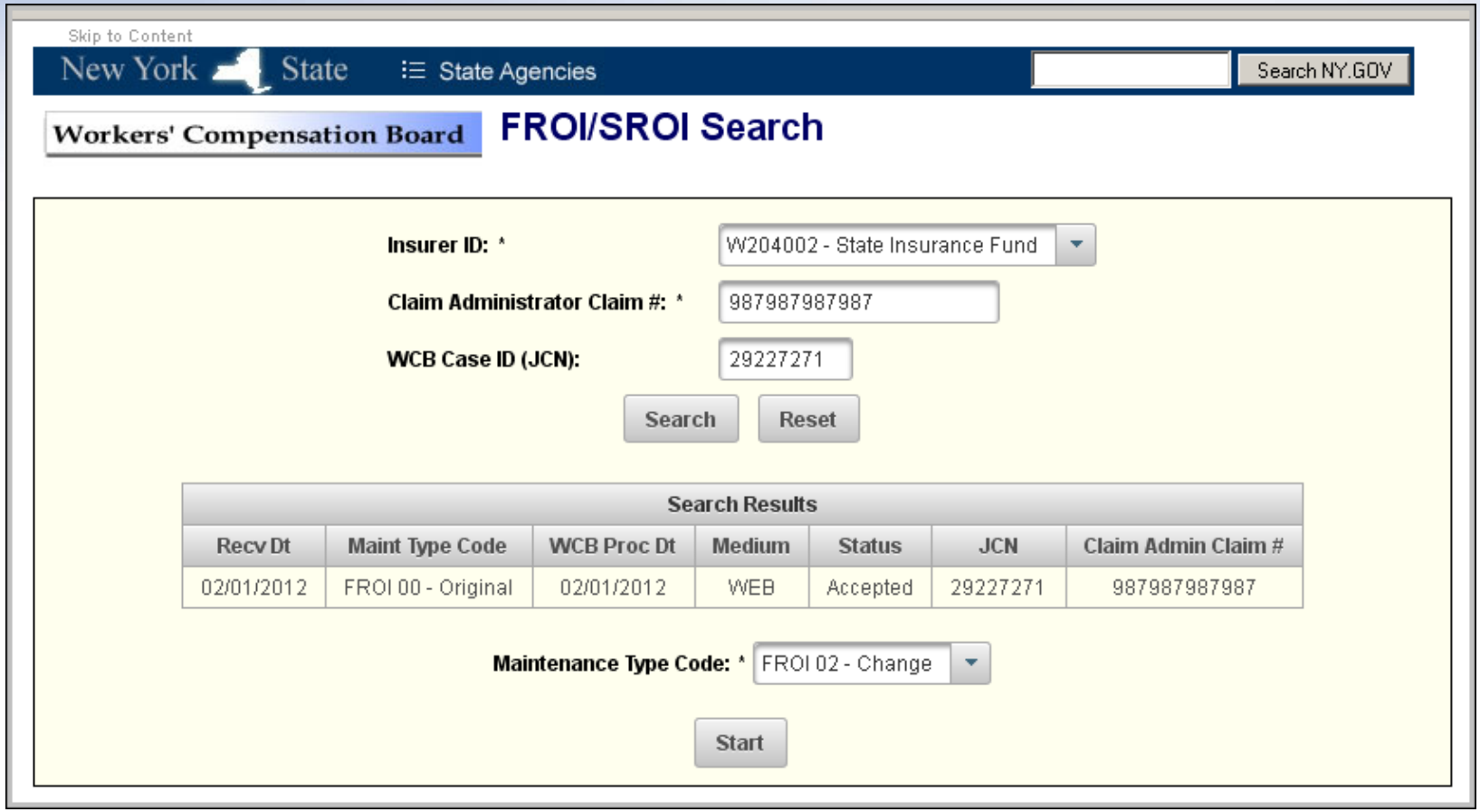
Acknowledgment

- Submitter is responsible for reviewing all acknowledgment files
- Rejected transactions must be analyzed so that appropriate data can be sent in the next file
  - **Note:** Rejected transactions are not duly filed. A fixed transaction should be resent since only accepted transactions are duly filed.
- Even accepted transactions need to be reviewed so that future transactions use the appropriate WCB# (JCN) on subsequent transactions

Web Data Entry application search



Web Data Entry application MTC



Web Data entry application

- "*" indicates a required field
- If required field is not entered, it will highlight
- MC edits will be applied after submission
- Drop downs for codes
- Immediate confirmation will be sent upon submission
- Real time with immediate entry in to eCase if report passes all edits

New York State | State Agencies | Search NY.GOV

Workers' Compensation Board — First Report of Injury

Maintenance Type Code: 02 - Change

Claim Administrator

Claim Number: * 987987987987 FEIN: ID:

Address

Name:

Information/Attention:

Address:

City: State: Postal Code:

Country Code: Alternate Postal Code:

Insurer

FEIN: ID: * Type Code: Name:

Policy

Number/ID: Effective Date: Expiration Date:

Employer

FEIN: Ui Num: Industry Code: Name:

Contact

Name: Bus Phone Num:

Physical Address

Address:

City: State: Postal Code:

Country Code:

Mailing Address

Information/Attention:

Address:

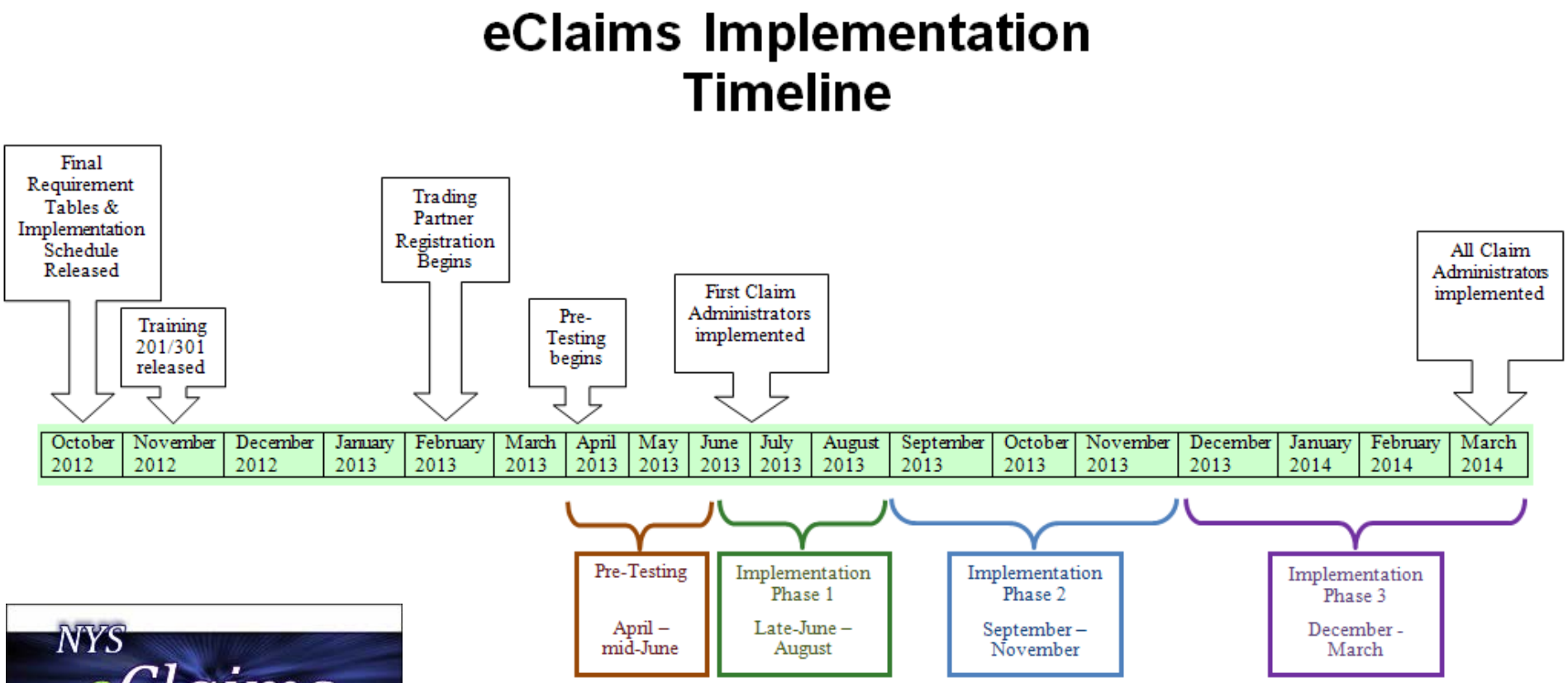
City: State: Postal Code:

Country Code:

Insured

FEIN: Type Code: Name:

NY Implementation Timeline



Next Steps for Trading Partners

- Business staff and IT staff work together to determine if you are going to file by flat file or use the Board's web data entry application.
- Understand Mandatory fields on Element Requirement Table and verify that you collect this data. Note: Web data entry application has same edits as flat file.
- Review the eClaims Implementation Schedule to identify your testing/implementation date.
- Review the IAIABC & eClaims Implementation Guide.
- Trading Partners should complete the registration process in February.

Questions/Comments?

Contact us

eclaims@wcb.ny.gov

Note: Some material in this course was taken from the IAIABC Claims EDI Release 3.0 information found at www.iaiabc.org