

eClaims Training

for Claims Adjusters and Business Staff

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Welcome



Introductions

- Michael Hunter, Sr. Administrative Analyst

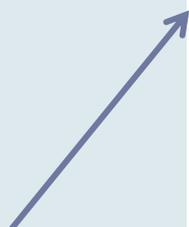
WCB Website

www.wcb.ny.gov

click on:



And you will see



The screenshot shows the homepage of the Workers' Compensation Board eClaims website. At the top, there is a navigation bar with the text "Workers' Compensation Board" and the "eClaims" logo. Below this is a search bar and a menu with links for "About Us", "Contact Us", "Forms", and "District Offices". On the right side, there are icons for "Home", "Change Font Size", and "Glossary of WCB Terms". The main content area is titled "eClaims Overview" and contains several paragraphs of text. On the left side of the main content area, there is a vertical menu with links for "Overview", "Presentations", "News", "NY Requirement Tables", "Transaction Reports for Mailing to Parties", "eClaims Benefits", "Implementation Plan", "Implementation Guide", "Training", "FAQs", "Trading Partner Registration", and "Trading Partner On-line Services". At the bottom of the menu, it says "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.iaabc.org.

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

eClaims News

April 30, 2013

- [Test and Implementation Schedule Updated](#)

April 16, 2013

- [Subject Number 046-522: New Printable eClaims Transaction Reports Available for Mailing to Parties](#)

April 5, 2013

- [NY Requirement Tables Rev. 4/5/2013](#)
- [eClaims Implementation Guide Rev. 4/5/2013](#)

Also:

www.twitter.com/NYSWorkersComp

and

Look for us on Facebook

<https://www.facebook.com/NYSWCB>

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

Trading Partners



Who is a Trading Partner?

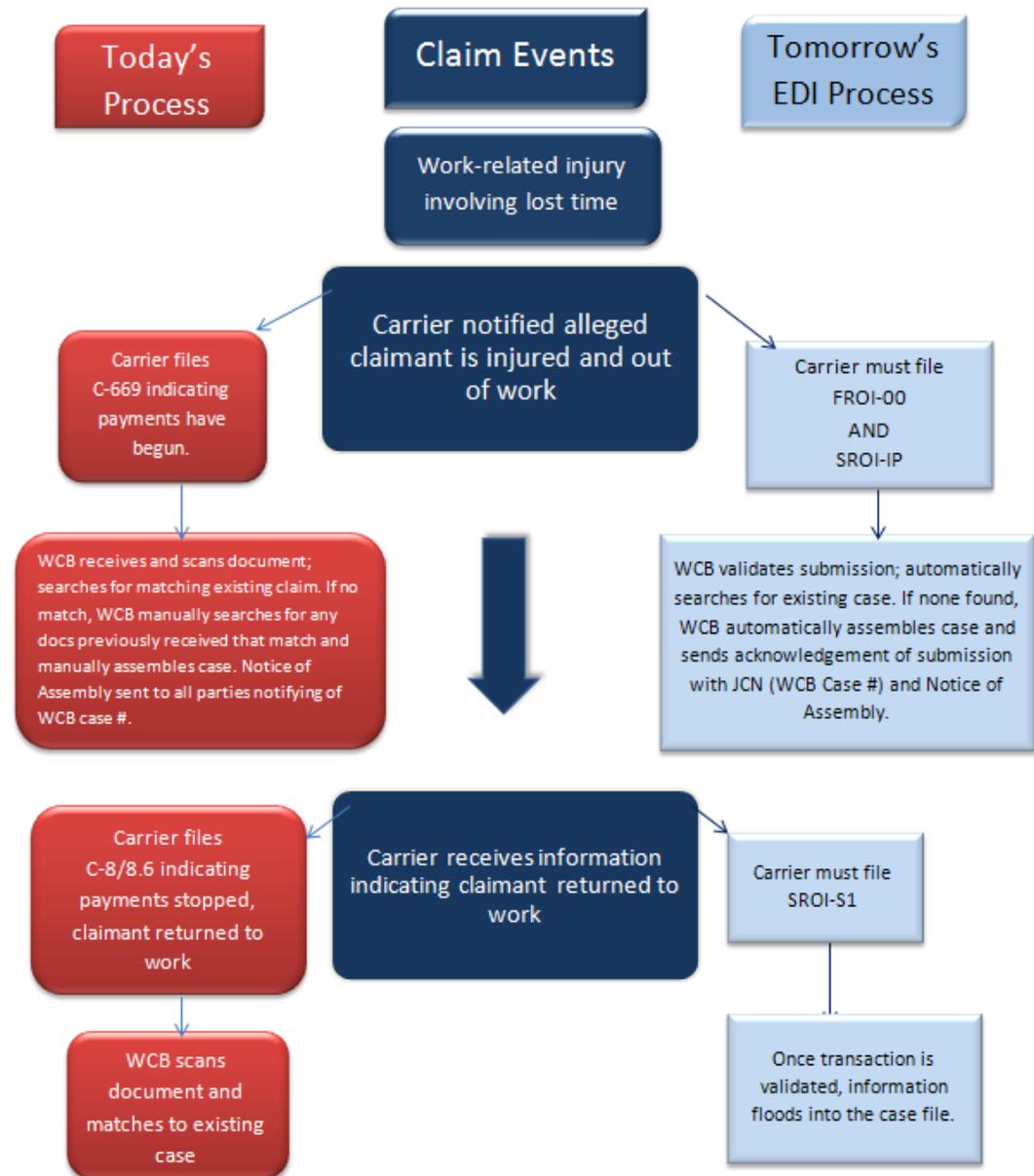
- An entity that enters into an agreement with WCB to exchange data electronically
- Can be an Insurance Company, TPA, or Self-Insured Employer

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. If you are an Insurer without a TPA, you will report yourself on transactions as both the Insurer and Claim Administrator.

Today vs. EDI

Today's "paper" process is on the left, while tomorrow's "electronic" Claims EDI process is on the right.

Today's Process vs Tomorrow's EDI Process



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

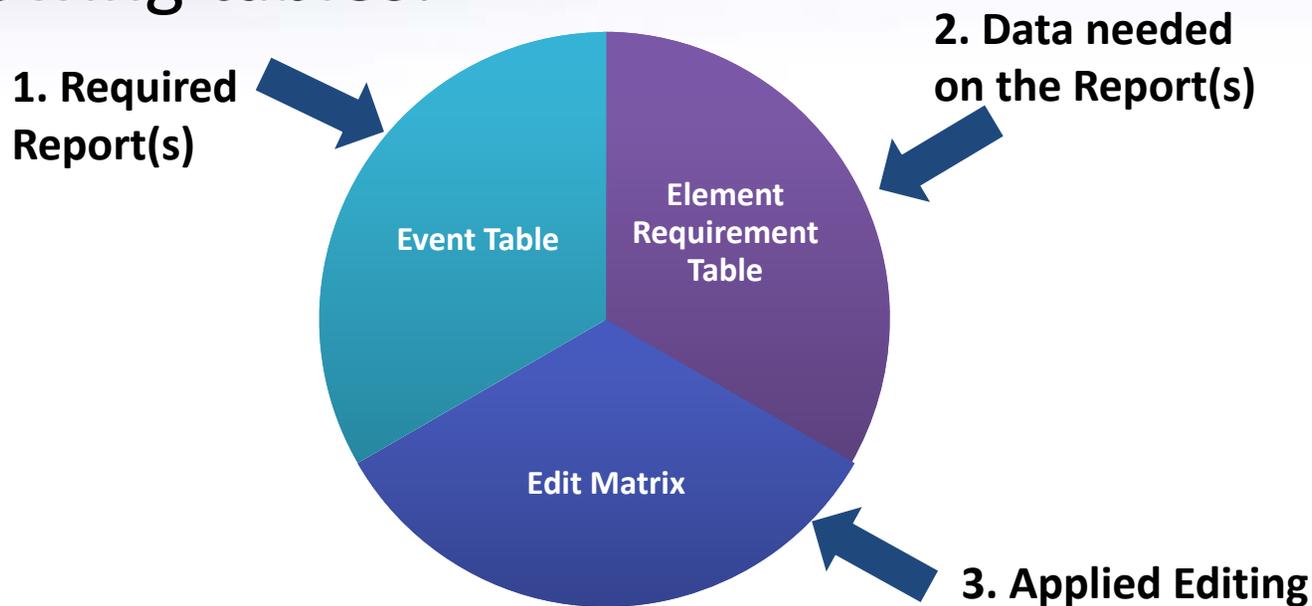
Note: Some parties will still need to receive paper copies of some forms.

The C-11, C-240, C-107 (Employer Reimbursement Request) will still be paper forms.

Claims EDI Tables



EDI Reporting requirements are defined on the following tables:



Note: Only transactions that pass all edits are duly filed. If utilizing a Vendor, they typically should apply edits to your transactions prior to submission (or will return rejection reasons to you from WCB). If utilizing WCB Web Data Entry it will give error immediately and give you chance to fix & submit immediately.

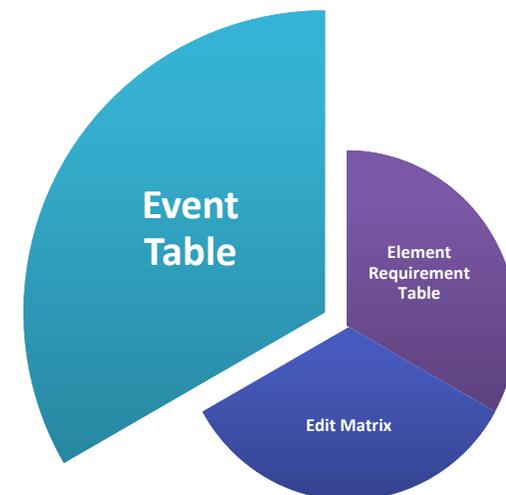
Event Table



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
- **NYS Event Table can be found on WCB website.**

http://www.wcb.ny.gov/content/ebiz/eclaims/ReqTables/NYS_R3_EventTable.xls



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 00 – Original First Report with Claim Type Code of “M” Medical Only
(Paper Equivalent: C-2 & C-669 with Box 16a checked)**

FROI-04 & SROI-04 Notice of Controversy



How to controvert a claim with Claims EDI?

- FROI-04 and SROI-04 replace the C-7
- FROI-04 to deny at the onset (no FROI-00 filed)
- SROI-04 to deny after FROI filing
- Paper Document to POI's – discussed further in Legal slides.
- PH-16.2 is unchanged.

NOTE: To deny additional injury sites and/or medical issues the Claim Administrator **should continue** to use the **C-8.1 Process** and/or **Medical Treatment Guidelines Process**.

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

Partial Denial



How do we accept medical but deny indemnity?

- **SROI-PD can be sent to deny indemnity in part or whole**
- **This can include, but not limited to, no medical evidence of disability beyond the waiting period.**

NOTE: To deny additional injury sites and/or medical issues the Claim Administrator **should continue** to use the **C-8.1 Process** and/or **Medical Treatment Guidelines Process**.

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

Initial Payment



- Designates payments have begun and are *continuing to the claimant*.
- Equivalent of C-669 with box 15a or b.
- Should be followed up with proper SROI suspension.
- Should be SROI-EP if Employer is paying wages. Then, SROI-IP if carrier picks up payments (ie. accruals exhausted).

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)**.

SEQUENCE OF BUSINESS EVENTS (MTC):

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 Gross and Net Weekly Amount change due to a change in the disability rate (ie. change in TPD from 75% to 50%).

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: If both SROI-CA and CB are appropriate, you can file the SROI-CB.

Note: RFA-2 is still 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
- Match Data Elements require an 02 Change. If those are changed on another transaction, you would receive a rejection.
- Whenever you have the JCN (WCB#) this field should be populated – even on the FROI.

Match Data Elements can only be changed on a MTC 02 Change transaction. Only one Match Data Element can be changed on the same MTC 02 Change transaction. If more than one Match Data Element is changed on the same MTC 02 Change transaction, an error message 117- Match data value not consistent with value previously reported will be returned resulting in a TR-Transaction Rejected acknowledgment. Note: Data Elements within the 'Transaction Grouping' are not applicable to the MTC 02 Change transaction.

GROUPING	DN	DATA ELEMENT NAME	New Claims	Existing Claims
			(FROI-00/04/AQ/AU/UR)	(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
Transaction	0295	Maintenance Type Correction Code (DN0002-From Original Transaction)		
	0296	Maintenance Type Correction Code Date (DN0003-From Original Transaction)		
	0002	Maintenance Type Code		P
	0003	Maintenance Type Code Date		

*When a JCN is given on a new claim it will be validated against the Board's case to make sure it has at least one match for the following: Claim Administrator Claim Number (DN0015), Employee SSN (DN0042), Date of Injury (DN0031), Employee Last Name (DN0043), and Employee Date of Birth (DN0052). If none of them match, then error message 117 (Match data value not consistent with value previously reported) will be returned on JCN (DN0005) with the Element Error Text (DN0291) of "Is WCB Case but not DN15/31/42/43/52. Check eCase."

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
(EDI equivalent of submitting a C-8/8.6 today)**

SROI-PY: Payment Report



Awards				
30	Payment of Awards	<p>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).</p> <p>Important: SROI-PY to be sent to claimant and claimant attorney(if any).</p> <p>Note: If a more appropriate MTC should be filed to note the Award that MTC should be filed in place of the SROI-PY. For example, a WCLJ directed a Change in Benefit Type and the SROI-CB was sent in place of a SROI-PY as the SROI-CB was most appropriate per the NYS Event Table.</p>	SROI PY	Within 16 Days after the payment is made.
31	Lump Sum Payment	<p>The reporting of the payment to an injured worker after a §32 Waiver Agreement is approved by the Board.</p> <p>Note: SROI SD must also be filed, when a claimant is receiving weekly payments prior to the approval of a §32 Waiver Agreement.</p> <p>Important: SROI-PY to be sent to claimant and claimant attorney(if any).</p>	SROI PY	Within 16 Days after the payment is made.
32	Payment of Penalties	<p>The reporting of penalties that are paid to an injured worker.</p> <p>Important: SROI-PY to be sent to claimant and claimant attorney(if any).</p>	SROI PY	Within 10 Days after the imposition of the penalty.

SROI-SA (Sub-Annual)



- New Reporting requirement for NYS.
- Will provide aggregate totals (sweeps) on payments made to date including medical, indemnity, attorney fees and penalties.
- SROI-SA is due 180 days from the date of accident (or when no date of accident or partial date of accident, then due from filing date of first FROI).
 - Date of Accident in January would be due in July and January
- Due if the case is considered “open” or “closed with continuing indemnity payments”.
- Open is defined as:
 - 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. If a resolution has been issued stating that no further action (NFA) is planned at this time, but indemnity benefits are continuing, the case is considered open.
 - Open can be a Medical Only (NLT) or Medical & Indemnity claim in which there is no decision stating NFA.
 - Open can be a case that is No Further Action with continuing indemnity payments.

Further information can be found at:

http://www.wcb.ny.gov/content/ebiz/eclaims/ReqTables/NYS_R3_EventTable.pdf

<http://www.wcb.ny.gov/content/ebiz/eclaims/faqs.jsp#periodics>

Events and Sweeps



- **Event**—this is why you are filing the report
 - IP – beginning payments at TTD
 - CB – changing benefits from one Benefit Type (stopping) to another Benefit Type (starting). For example TTD to TPD.
 - S1 – stopping a particular benefit (ie. TPD)
- **Sweep**—compilation or cumulative list of all payments to date included in addition to the event being reported.
 - SROI-UR (Legacy Claims) and SROI-SA (Sub-Annual) are cumulative or sweep reports.
- 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.
 - Example, SROI-S1 – sweep of the TTD and event is suspension of TPD.

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

Sweep reporting within an Event (CB) Example



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

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)
 - Blank end date denotes continuing ACR
- Weekly Amount of ACR

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 Claim Process FROI & SROI-UR's



1. When reportable event (per NYS Event Table) 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.
Note: A JCN/WCB# does not guarantee the claim was contained in the Extract File.
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 (ie. indemnity benefits) regarding the claim.
5. Claim Administrator files appropriate SROI. For example, SROI-S4 due to claimant passing away.

For further information:

<http://www.wcb.ny.gov/content/ebiz/eclaims/ImpGuide/NYLegacyClaimTransitionToEDI.pdf>

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

Claims R3 Quick Code Reference List

MAINTENANCE TYPE CODE (MTC'S) (DN002)	
FIRST REPORT:	
00 Original	AC Acquired Claim
01 Cancel	CG Correction
02 Change	UI Under Investigation
04 Denial	UR Upon Request
AU Acquired/Unallocated	
SUBSEQUENT REPORT:	
02 Change	FD Partial Denial
04 Denial	PV 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	S2 Suspension, Medical Non-Compliance
CD Compensable Death - No Known Dependents/Payees	S3 Suspension, Administrative Non-Compliance
CC Correction	S4 Suspension, Claimant Death
EP Employer Paid	S5 Suspension, Incarceration
ER Employer Reinstatement	S6 Suspension, Claimant's Whereabouts Unknown
FN Final	S7 Suspension, Benefits Exhausted
IP Initial Payment	S8 Suspension, Jurisdiction Change
P4 Partial Suspension, RTW or Med Determined/Qualified to RTW	S9 Suspended Pending Settlement Approval
P5 Partial Suspension, Medical Non-Compliance	S0 Suspension Directed By Jurisdiction
P6 Partial Suspension, Administrative Non-Compliance	SJ Suspended Pending Appeal or Judicial Review
P4 Partial Suspension, Employee Death	UI Under Investigation
P6 Partial Suspension, Incarceration	UR Upon Request
P7 Partial Suspension, Benefits Exhausted	VE Volunteer
P9 Partially Suspended Pending Settlement Approval	AN Annual
PJ Partially Suspended Pending Appeal or Judicial Review	BM Bi-Monthly
	BW Bi-Weekly
	M Monthly
	Q Quarterly
	SA Sub-Annual

BENEFIT TYPE CODE (DN005)	
REGULAR BENEFIT TYPES:	
010 Fatal	LUMP SUM PAYMENTS/SETTLEMENTS:
020 Permanent Total	440 Voc Rehab Maintenance
021 Permanent Total Supplemental	500 Unspecified Lump Sum Pmt/Settlement
030 Permanent Partial/Scheduled	600 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
051 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	630 Perm Partial Sch Lump Sum Pmt/Settlement
080 Permanent Partial Disfigurement	640 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	650 Temporary Total Lump Sum Pmt/Settlement
240 Employer Paid (EP) Unspecified	651 Temp Total Cat Lump Sum Pmt/Settlement
241 EP Voc Rehab Maintenance	670 Temporary Partial Lump Sum Pmt/Settlement
250 EP Temporary Total	680 Emps Liability Lump Sum Pmt/Settlement
251 EP Temp Total Catastrophic	690 Perm Part Disfigure Lump Sum Pmt/Settlement

CLAIM TYPE CODE (DN0074)	
M Medical Only	I Insured
T Indemnity	S Self-Insured
N Notification Only	U Uninsured
B Became Medical Only	
L Became Lost Time	

TYPE OF LOSS CODE (DN0290)	
01 Traumatic Injury	I Insurer
02 Occupational Disease	S Self-Insurer
03 Cumulative Injury (other than disease)	G Guarantee Fund

WAGE PERIOD CODE (DN0063)	
FROL: Weekly	OT Weekly
01 Weekly	01 Weekly
02 Bi-Weekly	04 Monthly
04 Monthly	
06 Daily	
07 Hourly	

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

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

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

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

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

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

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

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	430 Total Unallocated Prior Indemnity Benefits
440 Total Unallocated Prior Medical	450 Total Pharmaceutical Costs
460 Total Dental Expenses	470 Total Physical Therapy Costs
480 Total Chiropractic Expenses	490 Total Durable Medical Costs
491 Total Medical Travel Expenses	492 Total Employee Medical-Legal Costs
493 Total Empl/Clim Adm Med-Legal Costs	494 Total Agreed Upon/Directed Med-Legal Costs

BENEFIT ADJUSTMENT CODE (DN0092)	
A Apportionment/Contribution	B Subrogation
C Employer-Provided Pension	D Age 65 Reduction
E Intoxicants/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	W Partial Wage Continuation
X Death Benefit Reduction	Y Partial Reimburse/Clnt 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 Clnt Attorney Fees

INITIAL TREATMENT CODE (DN0039)	
0 No Medical Treatment	1 Minor On-Site Remedies by Employer
2 Minor Clinio/Hosp Remedies/Diagnostics	3 Emergency Evalution, 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	D Denying Medical in Part, Not Indemnity
B Denying Indemnity in Part, not Medical	E Denying Indemnity in Whole, Medical in Part
C Denying Medical in Whole, Not Indemnity	F Denying Medical in Whole, Indemnity in Part
D Denying Medical in Part, Not Indemnity	G Denying both Indemnity & Medical in Part

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

Claims R3 Quick Code Reference List

FULL DENIAL REASON CODE (DN0188)	
1 No Compensable Accident/Not in Course and Scope of Employment	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 Fraying Activity
	H Subsequent Intervening Accident
	I Presumption of compensability, as defined by juris., does not apply
2 No Causal Relationship	JA Impaired Condition
	JB 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 Excludes Other Coverage (Auto, Workers Compensation, Other) - Employee/Contractor to RPO
4 Subsequent Unavailability	A Injury Primarily Occasioned by Intoxication or Use of Any Drug
	B Substance Use/Abuse, Violation of Drug-Free Work-Place Policy
6 Other (Not Elsewhere Classified)	A Failure to Report Accident Timely
	B Right-to-Reserve
	C Misrepresentation

EMPLOYMENT STATUS CODE (DN0068) (In Hierarchical Order)	
C Piece Worker	8 Seasonal Worker
9 Volunteer Worker	A Apprenticeship Fulltime
B Apprentice/Parttime	B Apprentice/Parttime
1 Regular/Fulltime Employee	2 Part-time Employee
3 Unemployed/Not Employed	6 Retired
4 On Strike	5 Disabled
7 Other	

RETURN TO WORK TYPE CODE (DN0189)	
A Actual	R Released

WORK WEEK TYPE CODE (DN0204)	
S Standard Work Week	F Faxed Work Week
V Varied Work Week	

WORK DAYS SCHEDULED CODE (DN0206)	
S Scheduled	N Not Scheduled

EMPLOYEE ID TYPE QUALIFIER (DN0270)	
A Employee ID Assigned by Jurisdiction	G Employee Green Card
E Employee Employment-Use	H Employee Passport Number
F Employee Green Card	S Employee Social Security Number

APPLICATION ACKNOWLEDGMENT CODE (DN0111)	
HD Batch Rejected	TD Transaction Accepted
HA Transaction Accepted	TE Transaction Accepted with Error
TD Transaction Rejected by Service Provider	TR Transaction Rejected

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

LATE REASON CODE (DN0077)	
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 Pymnt
LB Late notification/payment due to a Natural Disaster	LC Late notification/payment due to an act of Terrorism

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

AGREEMENT TO COMPENSATE CODE (DN0076)	
W Without Liability	L With Liability

EMPLOYEE GENDER CODE (DN0065)	
M Male	F Female
U Unknown	

CLAIM STATUS CODE (DN0073)	
Open	Closed
Re-Open	Re-Close

EMPLOYEE MARITAL STATUS CODE (DN0064)	
U Unmarried, Widowed, Divorced, Single	M Married
S Separated	K Unknown

DEATH RESULT OF INJURY CODE (DN0148)	
Y Yes	N No
U Unknown	

PRE-EXISTING DISABILITY CODE (DN0088)	
Y Yes	N No
U Unknown	

EMPLOYEE TAX FILING STATUS CODE (DN0144)	
A Single	B Single-Head of Household
C Married/Filing Joint	D Married/Filing Separate

RECOVERY CODE (DN0228)	
800 Special Fund Recovery	820 Subrogation Recovery
830 Deductibles Recovery	835 Overpayment Recovery
840 Unspecified Recovery	845 Apportionment/Contribution Recovery
850 Second Injury Fund	860 Future Credit Amount
866 Vocational Rehabilitation	866 Uninsured Employer
867 Benefits-Burn-B-Logging-Industry-Fund	868 Vocational-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 (DN0106)	
14830 First Report of Injury, Release 3, Version 0	A4930 Subsequent Report of Injury, Release 3, Version 0
AKC30 Claims Acknowledgment Detail Record, Release 3, Version 0	ARC30 Claim Re-Acknowledgment Detail Record, Release 3, Version 0

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

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.

DN Reporting Requirements Specific to New York State



DN	DN Name	NYS Data Requirement
DN0074	Claim Type Code	<p>For Dates of Accident prior to 1/1/2019 a code other than "N" is an acceptance of a claim. For dates of accident on or after 1/1/2019 this code represents the current classification of a claim. For dates of accident on or after 1/1/2019 the "acceptance" of a claim is indicated by Agreement to Compensate Code.</p> <p>o N = Notification of an Incident Only: Accident is reported but no medical report has been received. Therefore, an acceptance/denial is not required at this time. Can be used when Claim Administrator is unsure that they will be denying/accepting the claim at the time the FROI is filed. Please note that the Board should be notified of acceptance or denial within 18 days of the accident or 10 days of knowledge. If the Claim Administrator has no information concerning lost time or disability, it may wait and investigate before accepting or denying the claim. However, prompt investigation is needed as within 10 days of information from the employer that the claimant: (1) has lost time beyond the working day or shift (2) has returned to work; or (3) has medical treatment beyond ordinary first aid, an acceptance or denial must be filed. Under NYCRR §300.22(c) the Claim Administrator should not be waiting for indexing to file the initial acceptance or denial. However, the Claim Administrator retains the statutory right to controvert within 25 days of indexing. If the case is indexed, the Claim Administrator will not waive (25[2][b]) defenses when the denial is filed within 25 days of the date of indexing. NOTE: The date the medical bill is paid is unrelated to the Claims Administrator's responsibility to file the FROI-02 or SROI. If a medical bill is disputed after acceptance of a claim, a Form C-8.1 should be filed to dispute the bill.</p>
DN0074	Claim Type Code, continued	<p>o M = Medical Only: No lost time beyond 7 days for standard workers or No lost time for VF/VAW workers</p> <p>o W= Lost Time with No Paid Indemnity: Medical benefits may or may not have been paid on this claim but there is no lost time beyond 7 days for standard workers; No lost time for VF/VAW workers; lost time is within the waiting period or exceeds the waiting period and no indemnity benefits (including BTC 2xx) have been paid on the claim. (Example: Case with lost time not paid due to controversy or partial denial due to IME/medical report with no disability; medical report indicates claimant will be out of work for seven days or less and no subsequent medical report of disability beyond the waiting period)</p> <p>o P=Indemnity with No Lost Time Beyond Waiting Period: Section 32, Schedule loss or disfigurement, but no loss of time from work at regular wages beyond waiting period</p> <p>o I=Indemnity for Lost Time: Lost time beyond 7 days for standard workers or any lost time for VF/VAW workers</p> <p>o L=Became Indemnity for Lost Time: If previously reported as "I" = Indemnity for Lost Time or "B" = Became Medical Only, "L" can be used to show change in current claim type to Became Indemnity for Lost Time</p> <p>o B=Became Medical Only: If previously reported as "I" = Indemnity for Lost Time or "L" = Became Indemnity for Lost Time, "B" can be used to show change in current claim type to Became Medical Only if the date of accident is prior to 1/1/2019. If the date of accident is on or after 1/1/2019 the Claim Type Code can be listed as Became Medical Only if it was later determined that no lost time has occurred. Once Claim Type Code has been reported as I or L, the only change to B can occur if there was a mistake.</p>

**** This is only a 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) for Dates of Accident prior to 1/1/19:

- Send "N"=Notification of an Incident 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:
 1. Send "I"= Indemnity for Lost Time/Indemnity
 - Lost time beyond 7 days for standard workers
 - Any lost time for VF/VAW workers
 2. Send "M"= Medical Only
 - No lost time beyond 7 days for standard workers
 - No lost time for VF/VAW workers
 3. Send "W" = Lost Time with No Paid Indemnity
 - Medical may or may not have been paid but no lost time beyond 7 days for standard workers
 - No lost time for VF/VAW workers
 - Lost time is within the waiting period or exceeds the waiting period and no indemnity paid.

NY Specific DN Information



DN0074 - Claim Type Code (FROI and SROI) for Dates of Accident prior to Continued:

- **1/1/19** When Case is indexed, it must be followed up with an 02-Change or SROI showing:
 4. Send "P" = Indemnity with No Lost Time Beyond Waiting Period
 - Section 32, Schedule loss or disfigurement but no loss of time beyond waiting period
 5. Send "B" = Became Medical Only
 - Used to show change in current claim type to Became Medical Only
 6. Send "L" = Became Indemnity for Lost Time
 - Used to show change in current claim type to Became Indemnity for Lost Time

NY Specific DN Information



Common Errors/Issues seen with Claim Type Code:

- Claim Type Codes of Medical Only (M)/Became Medical (B) and Indemnity (I)/Became Lost Time (L) denote acceptance of the claim when you are submitting FROI/SROIs to WCB
 - Exception: 04's are assumed to be fully controverted.
- Claim cannot be changed back to “N” Notification Only after it has M, I, B, or L.
- Must be initially sent as N, I, or M
- Relaxed edit in place effective 2/27/2014 after N, I, M can be changed to anything other than N.

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, steps on Form C-240, and including wages from concurrent employment as defined by §14-6.

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

Note: If Gross and Net do not match, must have ACR or you may receive rejected transaction.

NY Specific DN Information



DN0075 – Agreement to Compensate Code – Dates of Accident Prior to 1/1/19:

L – With Liability

W – Without Liability

- 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 for Indemnity cases. Please note that Section 21-a no longer applies once Accident, Notice, and Causal Relation (or Occupational Disease, Notice, and Causal Relation) has been established or 365 days have passed since Benefit Payment Issue Date reported on the SROI-IP.
- Dates of Accident on or after 1/1/19 - Agreement to Compensate Code will replace Claim Type Code as the “acceptance” of a case and used in addition to the payment of benefits under Section 21-a or Section 25(1)(f) as stated above.

NY Specific DN Information

“Initial” DNs



- **DN0056 Initial Date Disability Began (IDDB)**
 - First Date of Disability/Waiting Period
 - If Full Wages Paid for Date of Injury, next qualifying business day after date of accident.
- **DN0297 Initial Date of Lost Time**
 - First date payable after waiting period requirements have been met. (May or may not match IDDB depending upon if waiting period is payable in claim.)
- **DN0065 Initial Date Last Day Worked**
- **DN0068 Initial Return To Work**

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

NY Specific DN Information

“Current” or “Latest” DNs



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

Note: “Current” or “Latest” data values must represent a subsequent period of disability. They should be updated each time a new date is applicable to that field.

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.
- If using a Vendor, they are returned to the Vendor. Trading Partners should coordinate with Vendors to get acknowledgements.
- If there is any delay between technical and business members of your organization for processing the acknowledgement file, you may consider registering for eClaims Inquiry application where you can check status of transactions as well as retrieve PDFs for accepted transactions.
- If using WCB Web Data Entry you will receive an immediate acknowledgement.

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



- 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

Legal/Filing Requirement Changes



Legal Changes and Filing Requirement Changes

Initial Filing



- C-2: employer's report of an injury [think § 110]
- FROI: carrier's initial filing regarding a claim. It is *gateway communication from the entity administering the claim*. [think §§ 25(1)(c) and 25(2)(a), and new reg]
- Some Claim Admins already file C-2s as Employer's designee
- The paper C-2 will not satisfy the eClaims filing requirement
- If timely for § 110 purposes, the FROI can serve as the employer report of injury too (new reg).

Note: Employers are still subject to §110 requirement that they retain injury report in their files for designated number of years (currently 18).

New 300.22



- Disability event:
” means any *accident*, including death resulting therefrom, occurring in the course of employment *or any alleged accident*, including death resulting therefrom, that results in personal 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 or alleged accident occurred, or which has required or will require *medical treatment beyond ordinary first aid* or more than two treatments by a person rendering first aid; *or any disease or alleged disease*, including death resulting therefrom, claimed to have been caused by the nature of the employment and contracted therein.”

New 300.22



- Mandatory FROI e-filing
 - A carrier obligation, memorialized via Trading Partner Agreements with TPAs and vendors
 - File w/in 18 days of Disability Event, or w/in 10 days of knowledge of Disability Event
 - Past 18/10? Still must file
 - Medical Only case? Must file FROI (need not file SROI and decide stance on case, unless and until action is necessary)
 - Must be electronic!
 - Notice of Controversy may be in a FROI, but if carrier taking any other action on a claim, controversy must be in a SROI.
 - Acquired claims

New 300.22



- Mandatory SROI e-filing; 18 & 10
 - Initial Controversy [see § 25(2)(a)]
 - Not controverted; payment has begun
 - Not controverted; payment has not begun
 - Initial Controversy from Notice of Indexing [§ 25(2)(b) and 300.37], 25 days from N of I
 - Pay w/o prejudice [§ 21-a]

New 300.22



- SROI Reports of Payments
 - Notice w/in 16 days of:
 - Modification of comp payments, where claim not disputed
 - Suspension of comp payments
 - Payments following acquisition of claim
 - § 25(1)(d): stopped payments reported w/in 16 days
 - Periodic reports (every 180 days)
 - All payments of comp made
 - All payments of medical care
 - All payments of wages in undisputed claim
 - Until case is closed beyond 180 days
 - Summary of other payments, including penalties paid

Controverted Claims



- Full Denial reasons, on FROI-04 or SROI-04
- There were no substantive legal changes
- Defenses arise from statute and case law, as memorialized in the C-7 form of today
- Must serve on claimant and legal representative
- Must certify under 300.38 (revised)
- NY defenses fully represented; IA did add one new code; Board declined to use others.

Translation: C7 to Denial Codes



C-7 Denial Reason	Full Denial Reason
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
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
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

Certification

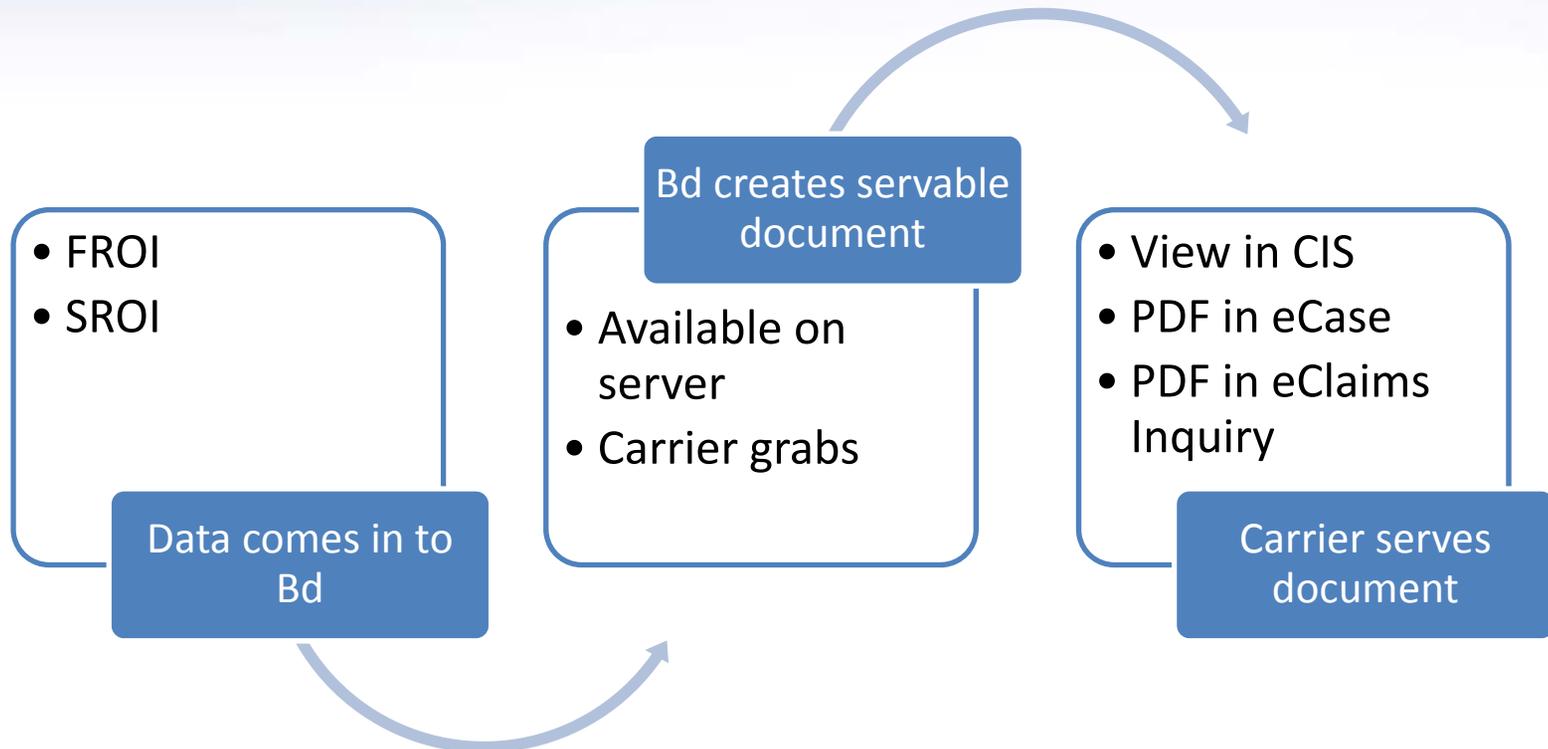


- Amendment to 300.38 accommodates inability to certify electronically
- See revised form 400.5, which will allow for attorney to certify at the PHC.
- SN 046-547 May 31, 2013

Servable Documents



➤ Data in, document created, carrier serves



Servable Documents



- See [Subject Number 046-522](#), issued April 16, 2013
- EDI equivalents of today's C-669 and C-7, and notice of cease or modify payments
- Electronic filing and service timing under reg
- Documents as PDFs in CIS and eCase
- Evidentiary value

Further information:

<http://www.wcb.ny.gov/content/ebiz/eclaims/PrintReports.jsp>



State of New York - Workers' Compensation Board
First Report of Injury
Report Type (MTC) 04-Denial



This paper contains information that has been provided electronically to the Board. Do not serve a copy of this on the Board.
 Pursuant to 12 NYCRR 300.22, this notice must be served on the claimant and his or her attorney or licensed representative, if any, within one business day of the date it is filed electronically with the chair.

Employee Name John T Doe, Scenario 5-1

WCB Case Number (JCN) _____ Date of Injury 20120801

Claim Administrator Claim Number TW0892356 Maintenance Type Code Date 08/08/2012

Claim Type I - Indemnity WCB Received Date filed by WCB

INSURER INFORMATION

Insurer Name All American Insurance Company FEIN 14-1456789

Insurer Type I - Insurer Insurer ID W123456

CLAIM ADMINISTRATOR INFORMATION

Name All American Insurance Company

Info/Attn _____

Address PO Box 12345

City Latham State NY

Postal Code 12110 Country _____

FEIN 14-1456789 Claim Admin ID T123456

Late Reason _____

FULL DENIAL REASONS

Full Denial Effective Date 08/08/2012

Full Denial Reason 1C - No Compensable Accident/Not In Course and Scope of Employment - Willful Intent

Full Denial Reason 1E - No Compensable Accident/Not In Course and Scope of Employment - Deviation from Employment

Denial Reason Narrative

Mr. Doe was intoxicated at the time of accident

EMPLOYEE INFORMATION			
First Name	John	Middle Name/Initial	T
Last Name	Doe, Scenario 5-1	Suffix	
Mailing Address	123 Nott Street		
City	Schenectady	State	NY
Postal Code	12308	Country	
Phone Number:	5185550234	Gender	M - Male
Date of Birth	11/01/1977	Date of Hire	04/01/2001
Employee ID Type	S - Employee Social Security Number	Employee ID	xxxxx6745
Occupation Description	Carpenter		

CLAIM INFORMATION			
Time of injury:	13:00	Date Employer Had Knowledge of the Injury	08/01/2012
Employment Status	01 - Full Time	Date Claim Administrator Had Knowledge of the Injury	08/03/2012
Wage Period	01 - Weekly	Date Employer Had Knowledge of Date of Disability	08/01/2012
Estimated Wage	\$2625	Number of Days Worked Per Week	5

EMPLOYEE INJURY

Full Wages Paid for Date of Injury	No	Employer Paid Salary in Lieu of Compensation	No
Death Result of Injury		Date of Death	
		Number of Dependents	
Nature of Injury	49 - Sprain		
Part of Body	42 - Low Back Area		
Cause of Injury	26 - Fall, Slip or Trip from ladder		
Type of Loss	01 - Trauma		
Accident/Injury Description	Mr. Doe alleges his low back injured from fall from ladder at jobsite		

WORK STATUS

Initial Date Last Day Worked	08/01/2012	Return To Work Type	
Initial Date Disability Began	08/02/2012	Physical Restrictions	
Initial Return to Work Date		Return To Work Same Employer	



State of New York - Workers' Compensation Board
Subsequent Report of Injury
Report Type (MTC) 04-Denial



This paper contains information that has been provided electronically to the Board. Do not serve a copy of this on the Board.
 Pursuant to 12 NYCRR § 300.22, this notice must be served on the claimant and his or her attorney or licensed representative, if any, within one business day of the date it is filed electronically with the chair.

Employee Name JOHN DOE Scenario 5-2

WCB Case Number (JCN) G0055555 Date of Injury 08/01/2012

Claim Administrator Claim Number TW0892356 Maintenance Type Code Date 08/10/2012

Claim Type M - Medical Only WCB Received Date filed by WCB

INSURER INFORMATION

FEIN 14-1456789 Insurer ID W123456

CLAIM ADMINISTRATOR INFORMATION

Name ALL AMERICAN INSURANCE COMPANY FEIN 14-1456789

Claim Representative Name MARY CLARK Postal Code 12110

Business Phone Number 5187855000 Fax Number 5187855001

E-mail Address mclark@allamerican.com Claim Admin ID W123456

Late Reason _____

FULL DENIAL REASONS

Full Denial Effective Date 08/10/2012

Full Denial Reason 1C - No Compensable Accident/Not In Course and Scope of Employment - Willful Intent

Full Denial Reason 1E - No Compensable Accident/Not In Course and Scope of Employment - Deviation from Employment

Denial Reason Narrative
Subsequent report received by employer from hospital and further investigation of claim revealed claimant was intoxicated at time of accident

EMPLOYEE INFORMATION

First Name JOHN Middle Name/Initial _____

Last Name DOE Scenario 5-2 Suffix _____

Date of Birth 11/01/1977

Employee ID Type S - Employee Social Security Number Employee ID xxxxx6745

CLAIM INFORMATION

Date Employer Had Knowledge of Date of Disability 08/01/2012 Employment Status 1 - Full Time
 Pre-existing Disability No Number of Days Worked Per Week 5
 Calculated Wage \$1,050.00 Wage Period 01 - Weekly
 Calculated Weekly Compensation Amount \$700.00
 Employer Paid Salary Prior To Acquisition _____
 Date Claim Administrator Notified of Employee Representation _____

EMPLOYEE INJURY

Full Wages Paid for Date of Injury Yes
 Type of Loss 01 - Trauma
 Death Result of Injury _____ Date of Death _____ Number of Dependents _____
 Dependent/Payee Relationship _____

WORK STATUS

Initial Date of Lost Time _____ Current Return to Work Date _____
 Initial Date Disability Began _____
 Initial Return to Work Date _____
 Return To Work Type _____ Physical Restrictions _____ Return To Work Same Employer _____

BENEFITS

Reduced Benefit Amount _____

Benefits

Benefit Types										
Benefit Type Code	Start Date	Through Date	Claim Weeks	Claim Days	Weekly Gross		Weekly Net		Benefit Payment Issue Date	Amount Paid
					Effective Date	Amount	Effective Date	Amount		

EMPLOYER / INSURED INFORMATION

Employer FEIN xxxxx8765 Insured FEIN xxxxx8765

CONCURRENT EMPLOYER INFORMATION

Name _____ Contact Business Phone _____ Wage _____

eCase: FROI/SROI Latest Values



eCase - Claims Information System

Case Admin Reports Options Help

Case Details for WCB Case ID: G0750612

Actions

Case ID: Name: District:

Case Status:

Case Info Party of Interest Case Folder **FROI/SROI** Related Materials

Latest Values Summary of Benefits Cumulative Benefits, OBTs, & Recoveries

Who Code	Insurer POI ID	Insurer Name	Claim Admin POI ID	Claim Admin Name	First Rcvd Date	Last Rcvd Date	Last Rcvd
PI	W016505	All America Insurance Co	T100068	Triad Group	05/01/2013	05/20/2013	SROI-02

1 Claim Type:

2 Agreement to Compensate:

Suspension Effective Date:

Suspension Narrative:

3 Partial Denial Reason:

Work Status

Initial Date of Lost Time:

Initial Date Last Day Worked:

Initial Date Disability Began:

Initial Return to Work Date:

Current Date Last Day Worked:

Current Date Disability Began:

Current Return to Work Date:

4 Return to Work Type:

Physical Restrictions:

Return to Work Same Employer:

Possible Reduced Earnings:

Claim Representative

Name: Phone:

E-Mail: Fax:

Wages / Salary

Estimated Wage:

Calculated Wage:

Gross Concurrent Employer(s) Wage:

Calculated Weekly Compensation Amount:

Number of Days Worked Per Week:

Full Wages Paid for Date of Injury:

Employer Paid Salary in Lieu of Compensation:

WARNING:
Any value that starts with a * and is red was previously reported but not included in last transaction.

5 Nature of Injury:

Part of Body:

Cause of Injury:

Accident/Injury Description:

Initial Treatment:

Knowledge

Date Employer Had Knowledge of the Injury:

Date Claim Administrator Had Knowledge of Injury:

Date Employer Had Knowledge of Date of Disability:

Occupation Description:

Manual Classification:

Lump Sum Payment/Settlement:

Death Result of Injury: Number of Dependents:

eCase: FROI/SROI Summary of Benefits



eCase - Claims Information System

Case Admin Reports Options Help

Case Details for WCB Case ID [REDACTED]

Actions

Case ID: [REDACTED] Name: ZZZZ, ZYZEZZZZZZZZZZ District: Albany

Case Status: Newly Assembled

Case Info Party of Interest Case Folder FROI/SROI Related Materials

Latest Values Summary of Benefits Cumulative Benefits, OBTs, & Recoveries

Who Code	Insurer POI ID	Insurer Name	Ongoing Indemnity Payments
PI	W016505	All Amercia Insurance Co	Yes

From CIS Case [REDACTED]

Accident Date: 08/01/2012 Pass Days: [REDACTED]

Benefit Periods:

Received Date	Maint. Type Code	Benefit Type	Start Date	Gross Wkly. Amt. Eff. Date	Through Date	Calc. To Date	Gross Wkly. Amt.	Claim Weeks	Claim Days	Non-Consec. Period	Net Wkly. Amt. Eff. Date	Net Wkly. Amt.	Benefit Payment Issue Date	Amount Paid	RE
05/20/2013	CB - Change in Benefit Type	050 - Temp Total	08/02/2012	08/02/2012	09/04/2012	09/05/2012	792.07	4	4		08/02/2012	792.07	09/04/2012	3,801.94	
05/20/2013	CB - Change in Benefit Type	070 - Temp Partial	09/05/2012	09/05/2012	09/19/2012	09/20/2012	350.00	2	1		09/05/2012	325.00	09/19/2012	715.00	
05/01/2013	IP - Initial Payment	050 - Temp Total	08/02/2012	08/02/2012	08/15/2012	08/16/2012	792.07	2	4		08/02/2012	792.07	08/15/2012	2,217.80	

Benefit Adjustments, Credits, and Redistributions (ACR):

Rcvd Date	Maint. Type Code	Benefit Type	Type	Adjustment / Credit / Redistribution	Weekly Amount	Start Date	End Date
05/20/2013	CB - Change in Benefit Type	070 - Temporary Partial	Credit	C - Overpayment Credit	25.00	09/05/2012	

Payments:

Payment Reason	Payee	Amount	Start Date	Through Date	Issue Date
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eCase: FROI/SROI Cumulative Benefits



eCase - Claims Information System

Case Admin Reports Options Help

Case Details for WCB Case ID: G0750605

Actions

Case ID: **G0750605** Name: **Jones, Jockey** District: **Albany**
 Case Status: **Newly Assembled**

Case Info Party of Interest Case Folder **FROI/SROI** Related Materials

Latest Values Summary of Benefits **Cumulative Benefits, OBTs, & Recoveries**

1

Who Code	Insurer POI ID	Insurer Name	Ongoing Indemnity Payments
PI	W010003	Travelers Casualty & Surety Company	Yes

2

Cumulative Benefits Paid by Claim Administrator:

Benefit Type	First Start Date	Last Through Date	Claim Weeks	Claim Days	Total Amount Paid	Claim Admin POI ID	Claim Admin Name
070 - Temporary Partial	05/16/2013	05/31/2013	2	0	700.00	W010003	Travelers Casualty & Surety Company
240 - Employer Paid (EP) Unspecified	06/01/2013	06/10/2013	2	0		W010003	Travelers Casualty & Surety Company
040 - Permanent Partial/Unscheduled	06/15/2013	07/15/2013	4	0	400.00	W010003	Travelers Casualty & Surety Company
050 - Temporary Total	07/15/2013	08/15/2013	6	0	4,752.42	W010003	Travelers Casualty & Surety Company

3

Other Benefits Paid by Insurer:

Other Benefit Type (OBT)	Amount
340 - Total Claimant's Legal Expenses	2,000.00
360 - Total Hospital Costs	1,000.00

4

Recoveries Made by Insurer:

Recovery Type	Amount
---------------	--------

eCase: Case Folder screen, servable docs



Case Folder - 136 Documents							
Form	Section Name	Medical Provider Name	Medical Service Dt	Request Date	Document ID	Received Date	View Date
EC-8/8.6					115204046	5/19/06	5/23/06
EC-81 X					168240641	7/13/10	7/13/10
EC-84					111163212	1/31/06	1/31/06
ECF-16.1C	Decisions				207445808	2/1/13	2/4/13
FROI-00					206682477	1/15/13	1/16/13
IME-3	Medicals	DUDICK MICHAEL GREGO	8/16/12		201348109	8/30/12	9/5/12
IME-3	Medicals	DUDICK MICHAEL GREGO	8/16/12		201179672	8/27/12	8/30/12
IME-4	Medicals	DUDICK MICHAEL GREGO	8/16/12		201230330	8/27/12	8/31/12
IME-5	Medicals		8/16/12		200012082	7/30/12	8/3/12
IME-5	Medicals		7/26/12		198513420	6/22/12	6/28/12
IME-5	Medicals		6/7/12		197000947	5/21/12	5/25/12
MED-NARR	Medicals		9/20/12		203246734	10/15/12	10/19/12
MG-2	Medicals	MALOUF PATRICK M		4/30/12	195966474	4/30/12	5/3/12
MG-2	Medicals	MALOUF PATRICK M			192377845	2/9/12	2/14/12
MG-2G	Medicals	MALOUF PATRICK M		4/26/12	196306627	5/8/12	5/10/12

eClaims Inquiry



- Developed to aid Trading Partners who are looking for another way to review rejected/accepted transactions and retrieve PDFs.
- If there is a gap in time between when you receive an acknowledgement file from your technical team/Vendor, utilizing this application will allow you to retrieve the PDF right away and allow you to review rejected transactions and the reasons.
- eClaims Inquiry lists data at the “transactional” level and displays data specific to each transaction.

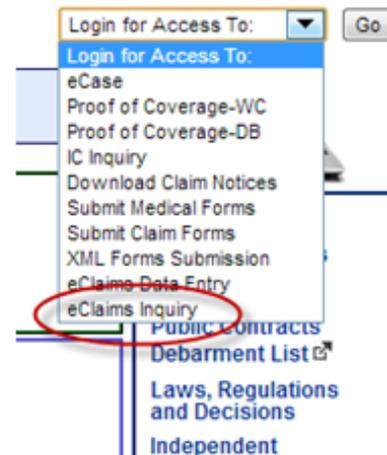
Getting Started



To access the eClaims Inquiry Application go to the Board's Website: www.wcb.ny.gov

Click on the **Login for Access To** dropdown list on the upper right side of the screen.

Select **eClaims Inquiry** from the list and click on the **Go Button**

A screenshot of the NY.gov ID login form. The form has a dark blue header with the text "NY.gov ID" and a small map of New York. Below the header, there are two input fields: "Username:" and "Password:". Below the input fields is a large, light gray button with the text "Sign In".

Enter your **NY.gov ID** username and password

eClaims Inquiry



- Search by Insurer ID and any of the four criteria to the right.
- Or, search by FROI/SROI Number

Search Criteria

Search By
Please select an Insurer and/or Claim Admin Id and enter search criteria in the second column.

Insurer ID W085575 - Fire Districts Insurance Company, Inc. ▼	Jurisdiction Claim Num <input type="text"/>
	Claim Admin Claim Num <input type="text"/>
	Employee Id <input type="text"/>
	Employer Fein <input type="text"/>

Or Search By

Froi/Sroi Num f2036	<input type="button" value="Search"/>
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eClaims Inquiry



1 Search Results [Export Data](#)

Trans Id	Status	PDF	Received Date	Type	MTC	Medium Type	Emp First Name	Emp Last Name	Employee Id	Employer Name	Employer Fein	Claim /
F2036	TR		10/18/2013	FROI	00	FTP	Michael	Hunter	501101MHUNTER	Really Great Programmers Inc.	*****8368	TEST00

- Depending upon the search criteria, results will display in the search results. You can then highlight the specific transaction.

The screenshot shows the NYS eClaims Inquiry application interface. At the top, there is a search filter section with a dropdown menu set to "W085575 - Fire Districts Insurance Company, Inc." and an "Employer Fein" input field. Below this is a "Search" button. A section titled "Or Search By" contains a "Frol/Srol Num" input field with the value "F2036" and another "Search" button. The main results area shows "1 Search Results" with an "Export Data" link. Below this is a table with the same data as the first screenshot. At the bottom, there is a "Froi Transaction Detail" section with a tabbed interface. The active tab is "Technical/Acknowledgement", and other tabs include "Insurer & Claim Admin", "Employee", "Employer & Insured", "Claim", "Accident & Witness & Treatment Info", "Denials", "Suspension & Benefits", and "Payments".

eClaims Inquiry



Transaction Errors << 1 >>						
Num	IA DN #	IA DN Name	Raw Value	IA Error	WCB Error Narrative	Segment #
1	0212	Non-Consecutive Period Code		001 - Mandatory field not present	needed if EE has break in pymnts or waiting period	0
2	0283	Number of Payments	0	045 - Value is < required by jurisdiction	must be > 0 since SROI-IP/AP/RB	0

- Transaction Details has 9 tabs that provide all of the detail you submitted on your FROI/SROI.
- Divided to align, as closely as possible to PDF.
- If transaction is rejected, it will list the errors and the reason for the errors.

Sroi Transaction Detail

Technical/Acknowledgement | Insurer & Claim Admin | Employee | Employer & Insured | Claim | Accident & Witness & Treatment Info | Denials

Suspension & Benefits | Payments

Section Header		Section Header	
Jurisdiction Code	NY	Number of Benefits	2
Medium Code	FTP	Number of Benefit ACR	0
Medium Specific	LUA_20130711_SROI_224002_P.txt	Number of Concurrent Employers	0
Record Sequence Number	0	Number of Death Dependent/Payee Relationships	0
Froi/Sroi Number	1891	Number of Denial Reason Narratives	0
Transaction Status	TR - Transaction Rejected	Number of Full Denial Reason Codes	0
Processed Date/Time	10/18/2013	Number of Other Benefits	0
Acknowledgement Date/Time	07/19/2013	Number of Payments	0
Sent JCN	G0810072	Number of Permanent Impairments	1
Acknowledgement JCN		Number of Recoveries	0
Free Form Text		Number of Reduced Earnings	0
Request Code		Number of Suspension Narratives	0
Number of Errors	2		

Transaction Errors << 1 >>						
Num	IA DN #	IA DN Name	Raw Value	IA Error	WCB Error Narrative	Segment #
1	0212	Non-Consecutive Period Code		001 - Mandatory field not present	needed if EE has break in pymnts or waiting period	0
2	0283	Number of Payments	0	045 - Value is < required by jurisdiction	must be > 0 since SROI-IP/AP/RB	0

eClaims Inquiry



4 Search Results Export Data

Trans Id	Status	PDF	Received Date	Type	MTC	Medium Type	Emp First Name	Emp Last Name	Employee Id
S1933	TA		10/22/2013	SROI	S1	WEB	Michael	Hunter	781101MHUNTER
S1932	TA		10/22/2013	SROI	CB	WEB	Michael	Hunter	781101MHUNTER
S1930	TA		10/22/2013	SROI	IP	WEB	Michael	Hunter	781101MHUNTER
F2087	TA		10/22/2013	FROI	00	WEB	Michael	Hunter	781101MHUNTER

- Transaction Details within eClaims Inquiry is another place to retrieve PDFs on accepted transactions.
- After entering your search criteria, you will see a PDF icon. Click on this icon and you can save and/or print the PDF. This includes servable and non-servable PDFs.

eClaims Web Data Entry application



- There is no charge for electronic filing via the Board's web-based IAIABC eClaims data entry application.
- The eClaims web application is primarily for low-volume filers and those who plan to utilize a web based application to input FROIs and SROIs, however, it is not limited solely to those groups.
- If you are interested in this application and have not registered for it yet, your eClaims Administrator can log in to their administrator account and Add Web Submission and Users.

Getting Started

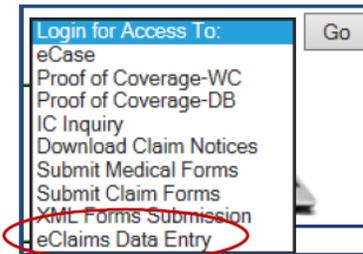


To access the eClaims Data Entry Application go to the Boards website: www.wcb.ny.gov

Click on the **Login for Access To** dropdown list on the upper right side of the screen.



Select **eClaims Data Entry** from the list and click on the **Go** button.



NY.gov ID

Username:

Password:

Sign In

Enter your **NY.gov ID** username and password

Enter the required information on the **Transaction Search** screen and click **Search**.



Sender: *	<input type="text" value="The St. Paul Companies (060566050 061832808)"/>
Insurer ID: *	<input type="text"/>
Claim Administrator ID: *	<input type="text"/>
Claim Administrator Claim Number: *	<input type="text"/>
WCB Case Number (JCN):	<input type="text"/>
	<input type="button" value="Search"/>

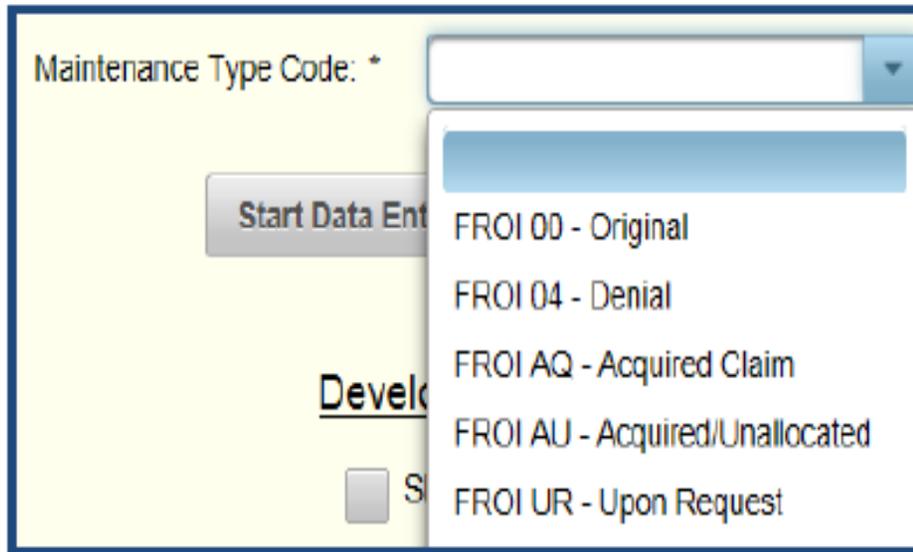
NOTE: The Claim Administrator Claim Number must match exactly. If you enter 12-5569 for the claim number on the first transaction, you must include the dash when searching for that case to enter a subsequent transaction.

The system will return any **accepted transactions** matching the claim information entered in the search and determine what types of transactions can be submitted according to sequencing.

You can view the PDF versions of the accepted transactions from this list or submit a new transaction.

Entering a Transaction

Select the appropriate **Maintenance Type Code (MTC)** from the drop down list and click the **Start Data Entry Button**.



This will bring up the **Transaction Entry** screen. Enter the information about the claim and click **Submit**.

Based on the MTC being completed, selected fields are marked required. If a piece of required information is left blank the field will show in red.

Date of Injury: *

Click in the box and a message will appear indicating the error.

• Mandatory field not present

Date of Injury: *

Some fields are **mandatory conditional** and are only required based on the information submitted. Click in the field to display the message box indicating why the information is required.

• Mandatory field not present
Employee Date of Birth needed since Knowledge of Injury on/after 1/1/2008.

Date of Birth:

Tips

Click on any **field name** for a definition.

WORK STATUS

Initial Date of Lost Time:

Initial Date Last Day Worked:

INITIAL DATE OF LOST TIME - DN0297

Definition: The first day qualifying as a day of disability in the first period of disability after the waiting period requirements have been met.

Orig/Rev: 04/27/04

Record: R22

Format: 8 DATE

Any dropdown list that contains more than 10 entries includes a filter box. Typing into the filter box will reduce the number of entries displayed and reduce scrolling.

Late Reason:

- 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

Late Reason:

- L2 - Late Notification, Employer
- L3 - Late Notification, Employee
- E2 - Errors From Employer
- E3 - Errors From Employee

Errors (Rejected Transactions)

A red box will display at the top of the screen for a rejected transaction. This box includes messages identifying errors and a **Transaction ID**.



Transaction ID: S38444

Maintenance Type Code: Corresponding report/data not found: Maintenance Type Code in at least 1 Benefit must = MTC of this SROI.

Number of Benefits: Value is < required by jurisdiction: Number of Benefits must be > 0 since SROI's DER has E1 for this MTC.

Number of Benefits: Required segment not present

Note: Refer to the Transaction ID when calling the Board about a rejected transaction.



Transaction ID: F2840

Based on the MTC being completed, selected fields are marked required. If a piece of required information is left blank the field will show in red.

Date of Injury: *

Click in the box and a message will appear indicating the error.

• Mandatory field not present

Date of Injury: *

Some fields are **mandatory conditional** and are only required based on the information submitted. Click in the field to display the message box indicating why the information is required.

• Mandatory field not present
Employee Date of Birth needed since Knowledge of Injury on/after 1/1/2008.

Date of Birth:

The system will also check the validity of the data entered.

• Must be valid content
Industry Code must be 2, 3, 4, 5 or 6 characters NAICS code.

Industry Code:

If there is an error in a table (i.e. Benefit Types) the entire row will be highlighted red.

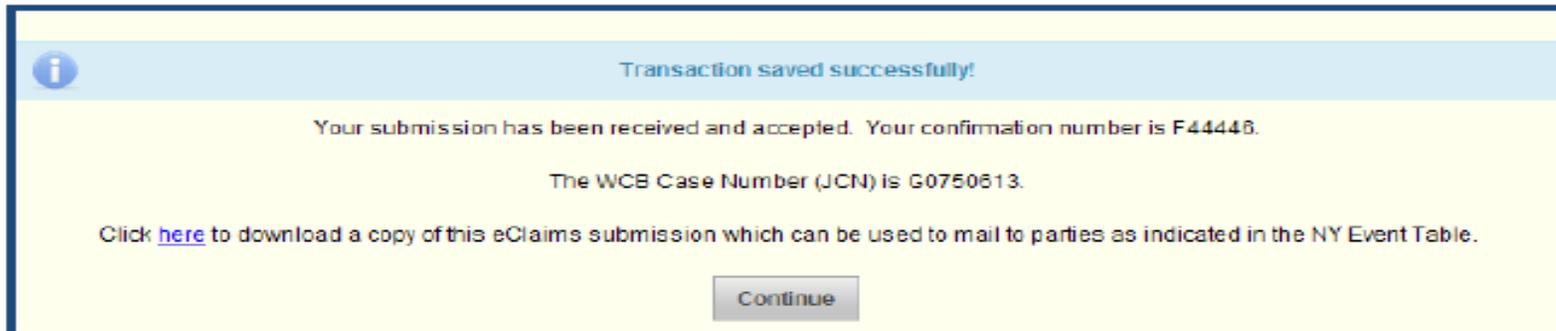
Benefit Types											
010 - Fatal (Event)											
#	Benefit Type Code	Start Date	Through Date	Claim Weeks	Claim Days	Weekly Gross Effective Date	Weekly Gross Amount	Weekly Net Effective Date	Weekly Net Amount	Benefit Payment Issue Date	Amount Paid
	010										



Click on the **edit** icon to view the fields that contain errors.

Accepted Transactions

Once all of the errors have been corrected and the transaction is successfully saved, a **confirmation number** along with the **WCB Case Number (JCN)** will be provided.



The screenshot shows a confirmation message box with a light blue header and a yellow body. The header contains an information icon and the text "Transaction saved successfully!". The body contains the following text: "Your submission has been received and accepted. Your confirmation number is F44446.", "The WCB Case Number (JCN) is G0750613.", and "Click [here](#) to download a copy of this eClaims submission which can be used to mail to parties as indicated in the NY Event Table." At the bottom of the box is a "Continue" button.

This screen will also include a link to download a PDF **Transaction Report** or **Servable Document**. This document can be used to mail to parties as indicated by the NY Event Table.

The **Transaction Report**, or **Servable Document**, will be available in **eCase** the following day.

NOTE: The transaction report is viewable in the data entry application by using the **Transaction Search** screen.

Questions/Comments? Contact us



- eclaims@wcb.ny.gov
- eClaims Examiners: Customer Service 877-632-4996 select option #7 (Claim Administrator calling about FROI/SROI filings).
- Or call any of the Board's District Office numbers and select option #5.