

eClaims Refresher Training for Claim Administrators

July 2014



Welcome



Introductions

- Mary Beth Goodsell,
Program Manager
- Michael Hunter,
Senior Workers' Compensation Examiner

Housekeeping

Agenda



Begin at 10:00a.m.

- **Overview**
 - IAIABC
- **Resources**
 - WCB eClaims website
 - Claims EDI Tables
 - MTC Filing Instructions
 - Sequencing Table
 - Quick Code Reference List
- **FROIs/SROIs**
 - Claim Events
 - Scenarios

Lunch (12:00-1:00p.m.)

- **FROIs/SROIs (cont.)**
- **DN Reporting Specific**
 - Data Element Reporting
 - Common Errors
- **Legal Changes**
- **PDF Filing Requirements**
- **eCase - Overview**
- **eClaims Inquiry - Overview**
- **Web Data Entry - Overview**

End 3:00p.m.

- International Association of Industrial Accidents Boards and Commissions: www.iaiaabc.org
- Develops Claims EDI standards for workers' compensation processes
- Members include Jurisdictions (such as NYS), Insurers, TPAs, and EDI Vendors
- Each member can suggest changes to EDI standard and receives voting rights on changes

WCB Website

www.wcb.ny.gov

click on:



And you will see

Also:

www.twitter.com/NYSWorkersComp

and

Look for us on Facebook

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

A screenshot of the NYS eClaims website homepage. The header includes the "NEW YORK STATE WORKERS' COMPENSATION BOARD" logo and the "eClaims" logo. Navigation links include "Search", "About Us", "Contact Us", "Forms", and "District Offices". Utility links include "Home", "Change Font Size", and "Glossary of WCB Terms". The main content area features an "eClaims Overview" section with several paragraphs of text and a "eClaims Recent News" section with two news items dated June 20, 2014 and June 9, 2014. A sidebar on the left contains a menu of links such as "Overview", "Presentations", "News", "Monthly Webinars", "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".

NYS eClaims

- Overview
- Presentations
- News
- Monthly Webinars
- NY Requirement Tables
- Transaction Reports for Mailing to Parties
- eClaims Benefits
- Implementation Plan
- Implementation Guide
- Training
- FAQs
- Trading Partner Registration
- Trading Partner On-line Services

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 Recent News

June 20, 2014

- [NY Requirement Tables](#) Rev. 6/20/2014
- [eClaims Implementation Guide](#) Rev. 6/20/2014
- [eClaims Training](#) Rev. 6/20/2014

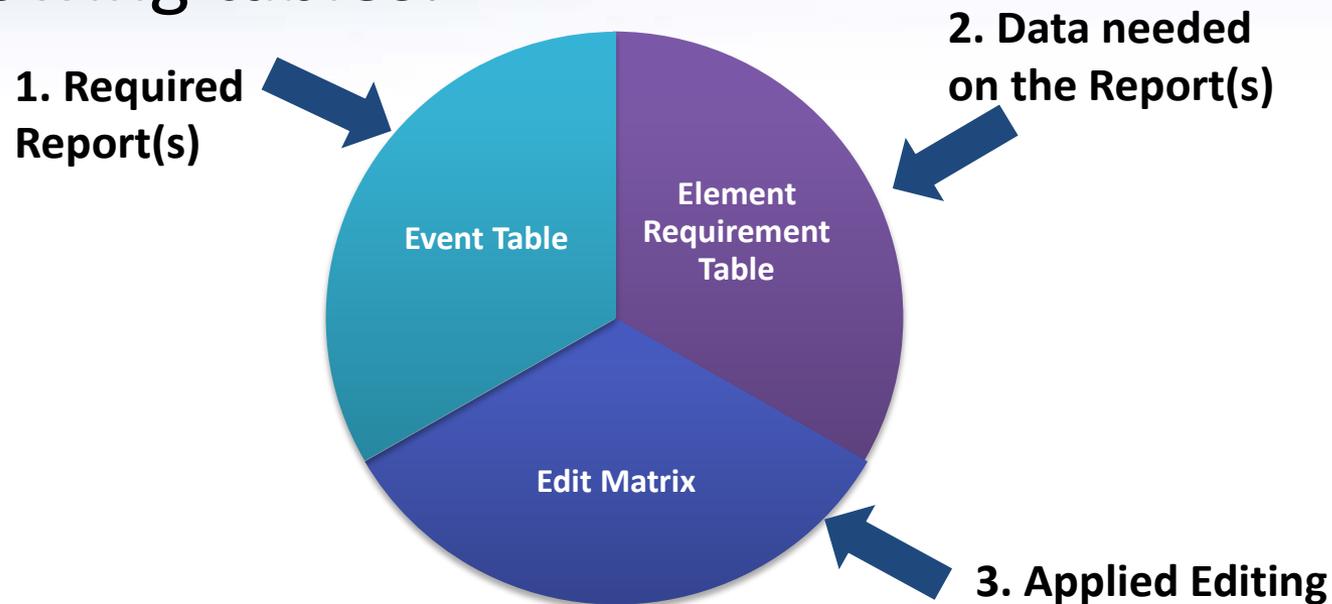
June 9, 2014

- [Web Data Entry](#) availability has been increased to every Saturday

- Resource for up to date information
- Up to date News items
- Monthly Stakeholder Calls
- Most recent Requirement Tables, Implementation Guide documents
- Training documents
- FAQs

Claims EDI Tables

EDI Reporting requirements are defined on the following tables:



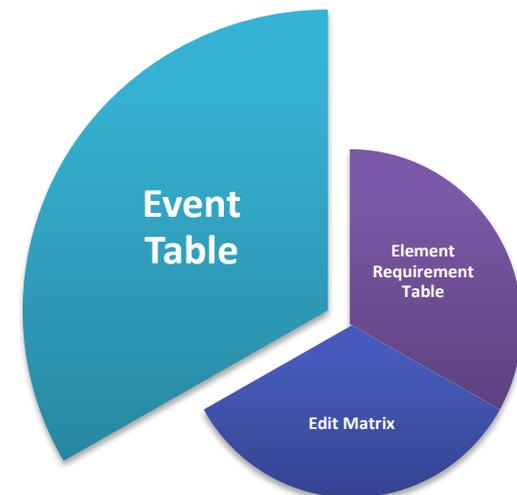
Note: Only transactions that pass all edits are duly filed. If utilizing a Vendor, they typically should apply edits to your transactions prior to submission (or will return rejection reasons to you from WCB). If utilizing WCB Web Data Entry it will give error immediately and give you chance to fix &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



MTC Filing Instructions



- Document that outlines various SROI MTCs and what they should be utilized for when completing FROI/SROIs. (Similar to Event Table)
- Can be found on WCB website.



[Home](#) [Font Size](#) [WCB Terms](#)

eClaims Implementation Guide

eClaims is the New York State Workers' Compensation Board's implementation of an electronic claim reporting standard for reports of injury filings. The WCB has adopted a national standard for claims reporting from the International Association of Industrial Accident Boards and Commissions (IAIABC): Claims Electronic Data Interchange (EDI) Release 3.0. The standard uses Electronic Data Interchange, commonly known as EDI, so that data can be transmitted electronically between the WCB and its EDI Trading Partners quickly, efficiently, and cost-effectively.

The NYS eClaims Implementation Guide is designed to assist trading partners with the transition from the current paper-based process for filing injury reports to the electronic filing process of First Reports of Injury (FROI) and Subsequent Reports of Injury (SROI) using the IAIABC EDI Claims Release 3.0 standard. The WCB recommends that this Guide be used in conjunction with the IAIABC Claims Release 3.0 Implementation Guide.

The Guide and associated content listed below will provide detailed guidelines to prepare for testing and implementation with the NYS eClaims EDI project.

- [New York State eClaims Implementation Guide Rev. 3/17/2014](#)
- [MTC Filing Instructions Rev. 6/20/2014](#) – Document created by NYS WCB which provides filing scenarios in accordance with the NYS Event Table.
- [Data Entry Conventions Rev. 2/28/2013](#) – Recommended NYS eClaims data entry conventions for submitting electronic claim information

Data Element Requirement Table



- Defines what Data Elements are required for transactions.
 - **Mandatory:** Must have on the transaction
 - **Mandatory Conditional:** Must have if certain conditions are met.
 - **NA (Not Applicable):** WCB is not expecting to be sent
 - **IA (If Available/Applicable):** WCB is expecting and should be sent if information is available

Data Element Requirement Table



| REC | DN# | DATA ELEMENT NAME | Format | 00 | 01 | 02 | 04 | AQ | AU | UR for legacy cases |
|-----|------|------------------------------|--------|----|----|----|----|----|----|---------------------|
| 148 | 0044 | Employee First Name | 15 A/N | M | M | fy | M | M | M | M |
| 148 | 0048 | Employee Mailing City | 15 A/N | M | NA | Y | M | IA | M | M |
| 148 | 0049 | Employee Mailing State Code | 2 A/N | MC | NA | Y | MC | IA | MC | MC |
| 148 | 0050 | Employee Mailing Postal Code | 9 A/N | M | NA | Y | M | IA | M | M |
| 148 | 0052 | Employee Date of Birth | DATE | MC | MC | fy | MC | MC | MC | MC |
| 148 | 0053 | Employee Gender Code | 1 A/N | M | NA | Y | M | IA | M | M |
| 148 | 0054 | Employee Marital Status Code | 1 A/N | NA |

| | | |
|------|-----------------------------|---|
| 0049 | Employee Mailing State Code | MTC 00, 04, AU, UR: Required if Employee Mailing Country Code is US, Canada, Mexico or spaces. |
| 0052 | Employee Date of Birth | MTC 04, UR: 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, No Coverage - No Jurisdiction, or No Employer/Employee Relationship. MTC 00, 01, AQ, AU: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08. |

- Population Restrictions – Defines what data is “valid” and can be submitted for certain fields
- Value Table – Further defines valid values for certain data elements (similar to Quick Code Ref List)
- Sequencing Tables – FROI/SROI Sequencing Tables define what MTCs can be filed and in what order

Examples:

- FROI has to be submitted before SROI
- SROI-IP before SROI suspension

Edit Matrix Population Restrictions



- Checks for “valid” values in certain data elements
- Restricts changes for certain Match Data fields
- Compare Data Elements for corresponding values

| | | | | |
|------|-------------------------------|-----|--|--|
| 0056 | Initial Date Disability Began | 059 | Non-match data value not consistent with value previously reported | If value was previously reported and this DN0002 (Maintenance Type Code) is not 02, then the same value must be reported. If you want to change the value or remove it, then it must be sent on an DN0002 (Maintenance Type Code) is 02. |
|------|-------------------------------|-----|--|--|

| | | | | |
|------|---------------------------|-----|---------------------------|---|
| 0033 | Accident Site Postal Code | 064 | Invalid data relationship | If DN0280 (Accident Site Country Code) is blank or USA, then DN0033 (Accident Site Postal Code) must be 5 or 9 digits and not be all zeros. |
|------|---------------------------|-----|---------------------------|---|

| DN | Data Element Name | Number | Error Message Text | Population Restriction |
|------|---------------------|--------|---------------------------|---|
| 0222 | Payment Reason Code | 064 | Invalid data relationship | DN0222 (Payment Reason Code) must be a DN0085 (Benefit Type Code) or DN0216 (Other Benefit Type Code) on the transaction. |

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

| MAINTENANCE TYPE CODE (MTC) (DN0002) | |
|---|---|
| FIRST REPORT: | |
| 00 Original | AC Acquired Claim |
| 01 Cancel | CG Correction |
| 02 Change | LI Under Investigation |
| 04 Denial | UR Upon Request |
| AU Acquired/Unallocated | |
| SUBSEQUENT REPORT: | |
| 02 Change | PD 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 |
| CC Compensable Death - No Known Dependents/Payees | 63 Suspension, Administrative Non-Compliance |
| CD Correction | 54 Suspension, Claimant Death |
| EP Employer Paid | 55 Suspension, Incarceration |
| ER Employer Reinstatement | 58 Suspension, Claimant's Whereabouts Unknown |
| FN Final | 57 Suspension, Benefits Exhausted |
| IP Initial Payment | 58 Suspension, Jurisdiction Change |
| P4 Partial Suspension, RTW or Med Determined/Qualified to RTW | 59 Suspended/Pending Settlement Approval |
| P5 Partial Suspension, Employer Paid | 60 Suspension, Directed by Jurisdiction |
| P6 Partial Suspension, Non-Compliance | SJ Suspended Pending Appeal or Judicial Review |
| P7 Partial Suspension, Administrative Non-Compliance | LI Under Investigation |
| P8 Partial Suspension, Employer Death | UR Upon Request |
| P9 Partial Suspension, Incarceration | VE Volunteer |
| P7 Partial Suspension, Benefits Exhausted | AN Annual |
| P9 Partially Suspended/Pending Settlement Approval | B Monthly |
| PJ Partially Suspended/Pending Appeal or Judicial Review | BM Bi-Monthly |
| | BW Bi-Weekly |
| | M Monthly |
| | Q Quarterly |
| | SA Sub-Annual |

| BENEFIT TYPE CODE (DN0085) | |
|---|---|
| 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 | 604 Medical Lump Sum Pmt/Settlement |
| 040 Permanent Partial/Unscheduled | 510 Fatal Lump Sum Pmt/Settlement |
| 050 Temporary Total | 620 Permanent Total Lump Sum Pmt/Settlement |
| 051 Temporary Total Catastrophic | 521 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 |
| 080 Permanent Partial Disfigurement | 540 Perm Partial Unsch Lump Sum Pmt/Settlement |
| 210 Employer Paid Fatal Benefits | 541 Voc Rehab Maint Lump Sum Pmt/Settlement |
| 220 Employer Paid Permanent Partial Scheduled | 550 Temporary Total Lump Sum Pmt/Settlement |
| 240 Employer Paid (EP) Unspecified | 551 Temp Total Cost Lump Sum Pmt/Settlement |
| 240 EP Voc Rehab Maintenance | 570 Temporary Partial Lump Sum Pmt/Settlement |
| 250 EP Temporary Total | 660 Emps Liability Lump Sum Pmt/Settlement |
| 251 EP Temp Total Catastrophic | 590 Perm Part Disfigure Lump Sum Pmt/Settlement |

| CLAIM TYPE CODE (DN0074) | |
|--------------------------|----------------|
| M Medical Only | I Insured |
| N 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) | |
|---------------------------|------------|
| FR01: [FR01] [FR02] | OT Weekly |
| 02 Bi-Weekly | 01 Weekly |
| 04 Monthly | 04 Monthly |
| 06 Daily | |
| 07 Hourly | |

| NATURE OF INJURY CODE (DN0035) | |
|---|--|
| http://www.wcjo.org/Document%20Library/InjuryDesc/AboutThisPage.aspx | |

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

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

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

| LUMP SUM PAYMENT/SETTLEMENT CODE (DN0293) | |
|---|--|
| SP 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 | |

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

| OTHER BENEFIT TYPE CODE (OBT) (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 Private Investigator Fees | |
| 430 Total Unallocated Prior Indemnity Benefits | |
| 440 Total Unallocated Prior Medical | |
| 450 Total Pharmaceutical Costs | |
| 455 Total Dental Expenses | |
| 480 Total Physical Therapy Costs | |
| 485 Total Chiropractic Expenses | |
| 490 Total Durable Medical Costs | |
| 475 Total Medical Travel Expenses | |
| 480 Total Employee Medical-Legal Costs | |
| 485 Total Emp/Clm Adm Med-Legal Costs | |
| 490 Total Agreed Upon Directed Med-Legal Costs | |

| BENEFIT ADJUSTMENT CODE (DN0092) | |
|--------------------------------------|--|
| A Apportionment/Contribution | |
| B Subrogation | |
| C Employee Provided Pension | |
| D Age Reduction | |
| I Inflation/Usage | |
| J Appeal Adjustment | |
| L Disability Insurance Income | |
| N Non-Cooperation-Rehab-Training-etc | |
| Q Temporarily Partial | |
| 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 Clnt Atty Fees | |
| Z Yes-Continuous Disability | |
| 1 Cost of Living Adjustment | |
| 2 Fraud/Misrepresentation | |

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

| BENEFIT REDISTRIBUTION CODE (DN0130) | |
|--------------------------------------|--|
| H Court Order Lien against WC | |
| K Clnt Attorney Fees | |

| INITIAL TREATMENT CODE (DN0039) | |
|--|--|
| 0 No Medical Treatment | |
| 1 Minor On-Site Remedies by Employer | |
| 2 Minor Clin/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 (DN0188) | |
|---|--|
| 1 No Compensable Accident/Not in Course and Scope of Employment | |
| A Coming and Going | |
| B Horseplay | |
| C Willful Inten To Injure Oneself | |
| D Not Statutory Definition of Accident | |
| E Deviation From Employment | |
| F Recreational/Social Activity | |
| G Involving Employee | |
| H Subsequent Intervening Accident | |
| I Presumption of compensability, as defined by juris., does not apply | |
| 2 No Causal Relationship | |
| A Relative 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 Specific Other Coverage (Own, Collective Bargaining, Other Out) | |
| I Employee not Reported to RSO | |
| 4 Subsequent Unlawful Abuse | |
| A Injury Primarily Occasioned by Intoxication or Use of Any Drug | |
| B Substance Use/Abuse, Violation of Drug-Free Work-Race Policy | |
| 6 Other (Not Elsewhere Classified) | |
| A Failure To Report Accident Timely | |
| B Right To Receive | |
| C Misrepresentation | |

| EMPLOYMENT STATUS CODE (DN0068) | |
|---------------------------------|--|
| (In Hierarchical Order) | |
| C Piece Worker | |
| 9 Volunteer Worker | |
| B Seasonal Worker | |
| A Apprenticeship Fulltime | |
| B Apprenticeship Parttime | |
| 1 Regular/Full-time Employee | |
| 2 Parttime 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) | |
|------------------------------|--|
| 9 Standard Work Week | |
| F Fixed 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 | |
| E Employee Employment Use | |
| G Employee Green Card | |
| R Employee Report Number | |
| S Employee Social Security Number | |

| APPLICATION ACKNOWLEDGMENT CODE (DN0111) | |
|---|--|
| HD Batch Accepted | |
| TA Transaction Accepted | |
| TS Transaction Accepted with Error | |
| TR Transaction Rejected by Service Provider | |
| TR Transaction Rejected | |

| TRANSACTION SET ID (DN0091) | |
|--|--|
| 148 First Report | |
| R21 First Report Companion Record | |
| A49 Subsequent Report | |
| R22 Subsequent Report Companion Record | |
| AKC Claims Acknowledgment Detail Record | |
| AKC Claims Re-Acknowledgment Detail Record | |
| HD1 Transmission Header Record | |
| TR2 Transmission Trailer Record | |

| 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 Pymnt |
| Coverage | LB | Late notification payment due to a Natural Disaster |
| | LC | Late notification payment due to an act of Terrorism |
| | G1 | 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/ATPA |
| 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 (DN0248) | |
|---------------------------------|--|
| 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 (DN0023) | |
|----------------------------|--|
| Open | |
| C Closed | |
| Re-Open | |
| Re-Open/Closed | |

| 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 (DN0044) | |
|--|--|
| A Single | |
| B Single-Head-of-Household | |
| C Married/Filing-Joint | |
| D Married/Filing-Separate | |

| RECOVERY CODE (DN0228) | |
|---|---|
| 800 Special Fund Recovery | |
| 810 Deductibles Recovery | |
| 820 Subrogation Recovery | |
| 830 Overagepayment Recovery | |
| 840 Unspecified Recovery | |
| 845 Apportionment/Contribution Recovery | 2 |
| 850 Second Injury Fund | 3 |
| 860 Future Credit Amount | 4 |
| 866 Vocational Rehabilitation | 5 |
| 866 Uninsured Employer | 6 |
| 867 Successor-Born & Succeeding Industry Fund | 7 |
| 868 Vocational/Unemployed Fund | 8 |
| 870 Other Funds | 9 |
| 880 Voided Indemnity Benefit Check Recovery | N |
| 890 Voided Other Benefit Check Recovery | 0 |

| 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 3rd 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 |
| AA330 | Subsequent Report of Injury, Release 3, Version 0 |
| AKC30 | Claims Acknowledgment Detail Record, Release 3, Version 0 |
| AA320 | Claims 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.

FROIs/SROIs

Claims Events and Scenarios

FROIs and SROIs



- EDI means some paper forms are no longer used to report claims events to the Board.
- 5/23/2014 - WCB stopped scanning C-669, C7, C-8/8.6. [Subject Number 046-672 \(April 17, 2014\)](#)

| 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.

Sequencing



- Sequencing is important to consider when submitting transactions.
- SROI-UR (Legacy) has to be your first SROI.
 - If you filed a SROI-PY first, for example, you would not be able to file the SROI-UR.
- Must have an “initiating” SROI (AP/EP/IP/UR) in file prior to changes, suspensions, etc.
- Detailed sequencing tables can be found in Edit Matrix document.

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).

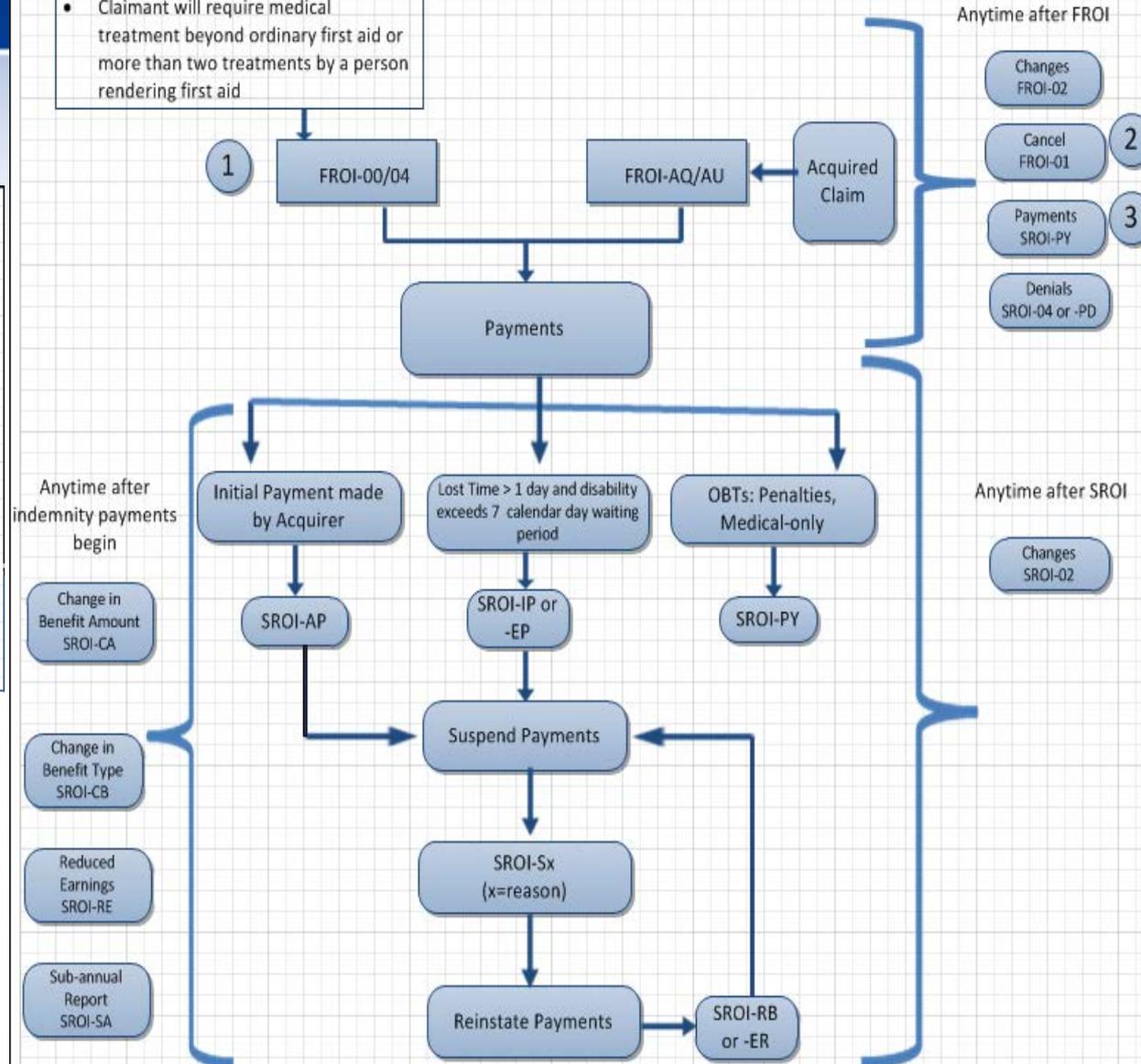
2 FROI-01 can be filed *only* if FROI-00 is already in file. Otherwise, correspondence must be sent to WCB requesting the case be cancelled.

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

NYS EDI Transaction Sequencing

Report injury if:

- Lost Time > 1 day
- Death
- Claimant will require medical treatment beyond ordinary first aid or more than two treatments by a person rendering first aid



NYS Business Scenarios



- Available on WCB website.

NYS eClaims

- Overview
- Presentations
- News
- Monthly Webinars
- NY Requirement Tables
- Transaction Reports for Mailing to Parties
- eClaims Benefits
- Implementation Plan
- Implementation Guide
- Training
- FAQs
- Trading Partner Registration
- Trading Partner On-line Services
- eClaims Inquiry

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

[Home](#) [Font Size](#) [WCB Terms](#)

eClaims Implementation Guide

eClaims is the New York State Workers' Compensation Board's implementation of an electronic claim reporting standard for reports of injury filings. The WCB has adopted a national standard for claims reporting from the International Association of Industrial Accident Boards and Commissions (IAIABC): Claims Electronic Data Interchange (EDI) Release 3.0. The standard uses Electronic Data Interchange, commonly known as EDI, so that data can be transmitted electronically between the WCB and its EDI Trading Partners quickly, efficiently, and cost-effectively.

The NYS eClaims Implementation Guide is designed to assist trading partners with the transition from the current paper-based process for filing injury reports to the electronic filing process of First Reports of Injury (FROI) and Subsequent Reports of Injury (SROI) using the IAIABC EDI Claims Release 3.0 standard. The WCB recommends that this Guide be used in conjunction with the IAIABC Claims Release 3.0 Implementation Guide.

The Guide and associated content listed below will provide detailed guidelines to prepare for testing and implementation with the NYS eClaims EDI project.

- [New York State eClaims Implementation Guide Rev. 3/17/2014](#)  – Document created by NYS WCB which provides filing scenarios in accordance with the NYS Event Table.
- [MTC Filing Instructions Rev. 6/20/2014](#)  – Document created by NYS WCB which provides filing scenarios in accordance with the NYS Event Table.
- [Data Entry Conventions Rev. 2/28/2013](#)  – Recommended NYS eClaims data entry conventions for submitting electronic claim information.
- [Legacy Claim Instructions Rev. 1/13/2014](#)  – A legacy claim is any claim that already exists in the WCB database and has been assigned a JCN or WCB# at the time the claim administrator begins the use of EDI.
- [NYS Business Scenarios Rev. 3/14/2014](#)  – Scenarios have been created to provide direction to claim administrators on the proper reporting of claim information.

Claim Events / MTCs



- Maintenance Type Code (MTC) further describes *type* of FROI or SROI being submitted – think claim “event” – what is occurring on the claim that I am filing?
- Do not have to file a FROI/SROI unless something is reportable per the NYS Event Table.
Example: If you already reported a SROI-IP, SROI-S1 and a decision received does not change the awards, nothing to file.
- Examples of Maintenance Type Codes
 - 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

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

No Lost Time/DLWP Scenario



No Lost Time or Disability Less than Waiting Period

- Paper Equivalent was C-2 and C-669 with Box 16a checked
- FROI-00 with Claim Type Code of M is expected
- FROI-00 with Claim Type Code “N” Notification Only does not designate acceptance.
 - FROI-02 with Claim Type Code “M” Medical Only or “B” Became Medical Only would be expected.
- If disability is less than waiting period, SROI-PD filing is not necessary.
- SROI-PD filing is not necessary on these cases.

FROI-04 & SROI-04 Notice of Controversy



How to controvert a claim with Claims EDI?

- FROI-04 and SROI-04 replaced the C-7
 - 04 is not necessary if previously filed paper C-7
- FROI-04 to deny at the onset (no FROI-00 filed)
- SROI-04 to deny after FROI filing
 - Paper equivalent was C-669 followed by C-7
- Denial Reason Narrative – Mandatory
 - Equivalent of C.1 on C-7 – can articulate denial reasons
- Paper Document to POI's
 - Same mailing requirement as paper C-7, except WCB receives your “C-7” via the 04
- 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**.

Controverted Claims Legal Changes



- 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 |

Controverted Claims Attorney Certification



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

2. CARRIER'S ATTORNEY/REPRESENTATIVE'S CERTIFICATION OF A NOTICE OF CONTROVERSY

By signing in the spaces provided below, I certify in the case identified above, to the best of my knowledge, information and belief, formed after an inquiry reasonable under the circumstances, that the allegations and other factual matters asserted on the notice of controversy dated _____, in controverting the claim or the defenses asserted have evidentiary support, or are likely to have evidentiary support after a reasonable opportunity for further investigation or discovery.

Signature of Atty/Rep: _____

Date: _____

Print Name: _____

Title: _____

ID No., if any: R _____

If Licensed Rep., License No.: _____

Expiration date: _____

Partial Denial



How do we accept medical but deny indemnity?

- **Equivalent of C-669, Box 16b**
- **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.**
- **Not required on No Lost Time Claims, Disability Less than 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**.

Initial Payment (IP)



- 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).

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.

Reclassification of Benefit

Mistakenly sent BTC Code



What should I do if I sent a SROI-IP with Benefit Type Code of 050 TTD but meant to send 070 TPD?

- **SROI-CB can be sent noting the change from TTD to TPD (or vice versa).**
- **You can “drop” the TTD benefit from the transaction.**
- **Must include Reduced Benefit Amount Code (DN0202) equal to R – Reclassification of Benefit**
- **If another SROI MTC is more appropriate, same can be done.**
- **Should not use the 02 Change**

Suspensions



- Equivalent to paper C-8/8.6 filing that payments have stopped.
- Required to be filed within 16 days of suspension.
- File the most appropriate MTC for the claim event that is occurring.
- SROI Suspension MTCs accepted in NY:
 - S1 – Claimant has returned to work or is medically cleared.
 - S2 – Medical non-compliance – Examples:
 - Does not go to scheduled doctors appointments
 - Missed several IME's
 - S4 – Claimant Death
 - S5 – Claimant Incarceration
 - S7 – Benefits Exhausted – Examples:
 - SLU payable into future in bi-weekly payments
 - Capped PPD Benefits

SROI-PY: Payment Report



| Awards | | | | |
|--------|----------------------|--|---------|--|
| 31 | 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). 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. |
| 32 | 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. |
| 33 | Payment of Penalties | <p>The reporting of penalties that are paid to an injured worker or the Board.</p> <p>Note: Filing of a SROI-PY solely to report payment of penalty to the Board is an optional filing. However, reporting this payment within the appropriate Other Benefit Type on next reportable SROI is required.</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. |

SROI-PY: Payment Report



- Typically utilized to show a one-time payment
- Clarification added to MTC Filing Instructions
 - If more appropriate MTC to file, SROI-PY may not be necessary.
 - Example: Change from TTD to TPD directed at hearing, SROI-CB could be filed
- If WCB decision issued directing one-time reimbursement to employer, PY can be sent

SROI-PY

Section 32 Scenarios



Legacy Claim with Prior Indemnity Paid

- **FROI/SROI-UR filings on Legacy Claims**
- **SROI-SD (Suspension, Directed by Jurisdiction)**
 - **Filed after hearing if you are suspending continuing indemnity**
- **SROI-PY**
 - **Filed after Notice of Approval is released by WCB after “cooling off” period**

SROI-PY

Section 32 Scenarios



Controverted Claim

- **FROI-04 filed**
 - **Sequencing would require FROI-00 after 04**
 - **SROI-PY**
- **SROI-04 filed**
 - **Sequencing would *not* require FROI-00**
 - **SROI-PY can be filed after SROI-04**

SROI-PY

Schedule Loss of Use



Legacy Claim with Prior Indemnity Paid

- FROI/SROI-UR filings on Legacy Claims
- SROI-PY (one-time payment of SLU)
 - To/Through Dates can be Notice Of Decision issued date
 - Or, can reflect award dates from Notice of Decision.
 - Weeks/Days and Total Amount paid must be accurate and reflect award.

Employer Paying Wages (EP)



- Designates employer wages have begun and are *continuing to the claimant*.
- Equivalent of C-669 with box 16d.
- Reimbursement to employer typically is made after Notice of Decision issued by WCB.
- Suspension should be filed if claimant returns to work.
- Can use Benefit Type Code (BTC) 2xx

Employer Reimbursement Directed by WCB



- **SROI-PY can be used to report one-time payment to employer.**
- **IAIABC Standard reclassifies the 2xx BTC's to 0xx.**
- **Edits will allow reclassification to 0xx or can continue to report under 2xx if desired.**
- **Payment Segment would have payee as employer.**

Overpayments



- **There is no IAIABC field (free text or otherwise) to note an overpayment you are not actively taking credit for.**
- **If filing a suspension, you can use the extra characters in the suspension narrative to note your overpayment on the record.**
- **If not filing a suspension, you can file correspondence on your letterhead via mail, fax, email noting your overpayment for the record. It is recommended you include the why and how much in the letter. If you cc'ed other parties previously, you should continue to do so.**

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 |
| Employer | 0014 | Claim Administrator Postal Code | | |
| | 0026 | Insured Report Number | | |
| | 0016 | Employer FEIN | P | S |
| | 0023 | Employer Physical Postal Code | | |
| Insurer | 0028 | Policy Number Identifier | | |
| | 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."

FROI or SROI 02 Change



Common errors related to 02 transactions:

- Changing Insurer and Claim Admin FEIN in same transaction. This will cause a “sequencing” error and it will not be able to find your previous transaction.
 - Separate 02’s should be sent for each change. These can be sent in the same file, same night if desired.
- Match Data Errors for certain fields
 - Initial Date Disability Began can only be changed on 02.
- Net Weekly Amount (DN0087) cannot be changed on an 02
 - Can only be changed on SROI AP/CA/CB/IP/PY/RB/RE

FROI or SROI 02 Change (cont.)



Common errors related to 02 transactions (continued):

- Cannot introduce new benefits on an 02
 - Must report new benefits on the appropriate MTC event
 - I sent the wrong Benefit Type Code of TPD 070 on my SROI-IP. I tried to file the SROI-02 to correct it to TTD 050 but received a rejection. What should I file?

Answer: You can file the SROI-CB with just the 050 TTD on the transaction. You will need to include the Reduced Benefit Amount Code (DN??) of R – Reclassification of Benefit.

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 existed in the WCB database prior to 5/23/14 and has already been assigned a JCN aka WCB# at the time the claim administrator begins the use of EDI. And, in which the Trading Partner was on notice in the claim.
- The WCB provided each trading partner with a data file(s) containing their legacy claims before their EDI implementation date.
- Link to Legacy Document sent to Trading Partner at time Legacy File was sent.
 - <http://www.wcb.ny.gov/content/ebiz/eclaims/ImpGuide/NYLegacyClaimTransitionToEDI.pdf>

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.
Note: If a FROI-00 is accidentally filed on Legacy Claim, sequencing will still allow the SROI-UR.
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>

Legacy Claim Process

SROI-UR's



- SROI-UR must be the first SROI received.
(think sequencing)
Example: Claim Administrator files SROI-PY and it is accepted, will not be able to file SROI-UR.
 - Could result in sequencing issues if it is not filed.
- Should not be used to report the event.
Example: Section 32 with prior indemnity would need SROI-UR for prior indemnity, then SROI-PY to document payments of Section 32.

SROI-UR Scenario



Claim is in my Legacy File, claimant previously lost time and returned to work. They now have surgery on 6/30/2014, what do I file?

- File FROI/SROI-UR
- Then, SROI-RB for reinstatement of benefits

Claim is in my Legacy File, claimant has never lost any time from work and they have now decided to have surgery. I am beginning payments, what do I file?

- File FROI-UR
- Then, SROI-IP (Initial Payment)

SROI-SA (Sub-Annual)



- New Reporting requirement for NYS.
- Provides 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>

SROI-SA (Sub-Annual)



Is my Sub-Annual Due?

Claimant has returned to work and Board issued Administrative Decision finding no further action. I already filed my SROI-IP and SROI-S1. Is a SROI-SA now due?

No. Since the case is in NFA status and no ongoing indemnity, there is no SROI-SA due.

Claimant is out of work and I received a Notice of Decision directing continuing indemnity payments to the claimant. Claimant was injured in January. Is my SROI-SA due on this claim? If so, when?

Yes. Since the indemnity is ongoing a SROI-SA would be due. It would be due in January and July.

I have filed my SROI-IP and SROI-S1 but the Board has not issued a decision on the case yet. Is my SROI-SA due since the claimant has returned to work and I am not paying?

Yes. Since the claim is “open” with the Board a SROI-SA would be due until you received a decision finding no further action. You can, however, file an RFA-2 requesting a decision to establish the case.

DN Reporting Specific to NYS & IAIABC Data Element Definitions

DN Reporting Requirements Specific to NYS



DN Reporting Requirements Specific to NYS Revised 1/13/2014

| DN | DN Name | NYS Data Requirement |
|--------|------------------------------|---|
| DN0074 | Claim Type Code | <ul style="list-style-type: none"> • Send "N"=Notification only <ul style="list-style-type: none"> – Can be used when Claim Administrator is unsure that they will be denying/accepting the claim at the time the FROI is filed if case has not been indexed (EC-84 Notice of Indexing issued) yet. Within 25 days of a Notice of Indexing, the Claim Type Code must be updated with an 02-Change or SROI showing "I"=Lost time/Indemnity or "M"=Medical only to "M" or "I". If the claim is disputed, a denial should be filed within 25 days from Notice of Indexing. Please note that the Board should be notified of acceptance or denial within 18 days of the accident or 10 days of knowledge. 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. NOTE: "acceptance" of claim means that the right to compensation is not controverted but payment has not begun due to no compensable lost time. If a medical bill is disputed after acceptance of a claim, a Form C-8.1 should be filed to dispute the bill. • Send "I"=Lost time/Indemnity <ul style="list-style-type: none"> – Lost time beyond 7 days for standard workers – Any lost time for VF/VAW workers • Send "M"=Medical only (Acceptance on a NCLT case - NOTE: "acceptance" of claim means that the right to compensation is not controverted but payment has not begun due to no compensable lost time.) <ul style="list-style-type: none"> – 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 • Send "B"= Became Medical Only <ul style="list-style-type: none"> -- If previously reported as "I" = Lost Time/Indemnity or "L" = Became Lost Time can be used to show change in current claim type • Send "L" = Became Lost Time <ul style="list-style-type: none"> --If previously reported as "M" = Medical Only or "B" = Became Medical Only can be used to show change in current claim type |
| 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. |

**** This is only a partial list of DN's ****

DN Reporting Requirements Specific to NYS



Document posted on WCB website:

Home Font Size WCB Terms

NY Requirement Tables

An integral part of the WCB's implementation of the IAIABC EDI Release 3.0 standard for electronic FROI/SROI submissions is the development of requirement tables which define all of New York's submission events and data elements associated with FROI/SROI submissions. The IAIABC requires a jurisdiction to publish its requirement tables prior to implementation so that claim administrators can use them in their preparation for the transition to electronic reporting.

Requirement tables are now complete and reflect the input of system participants from across the state. The IAIABC Implementation Committee reviewed the draft versions, and the WCB made changes to the tables where appropriate and also documented New York State Specific Requirements. Links to the Requirement Tables are provided below.

To view each table, click on its corresponding link:

- [Event Table Rev. 8/20/2014 \(MS Excel\)](#): This table defines the Maintenance Type Codes (MTCs) for the submission of FROI and SROI events. An MTC is a set of conditions, or event, that corresponds to the circumstances under which the report is initiated. The Event Table also matches the EDI information with any time frame that may apply to the MTC for receipt of the information. The circumstances and time frames reflect the WCB's jurisdictional legislative mandates and specifications relative to reporting requirements based on various criteria.
- [Element Requirement Table Rev. 3/17/2014 \(MS Excel\)](#): This table defines the required data elements for each MTC, or event, that the WCB expects to receive for FROI, First Report of Injury, and SROI, Subsequent Report of Injury, filings.
- [Edit Matrix Rev. 8/20/2014 \(MS Excel\)](#): This table defines the edits that will be applied to the data elements and events defined in the Event and Element Requirements Tables. Edits will be applied to individual data elements as well as the sequence or order in which FROI and SROI submissions are received. The Edit Matrix also provides the standard error messages associated with these edits.
- [Quick Code Reference List Rev. 9/04/2013 \(MS Excel\)](#): This is a reference list of the IAIABC codes that NYS will be accepting. This reference chart is in accordance with the Edit Matrix Value Table.
- [DN Reporting Requirements Specific to New York State Rev. 3/17/2014 \(MS Excel\)](#): New York State Workers' Compensation Law requires that the Workers' Compensation Board (WCB) obtain certain data to fulfill statutory requirements. These requirements have been documented to assist claim administrators in the electronic reporting of claim information.

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, “M”=Medical only, “L”= Became Lost Time, or “B”=Became 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



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

Employee ID (no SSN avail.)



- If a Claim Administrator does not have a Social Security Number (SSN) then Employee ID Assigned by Jurisdiction (DN0154) can be used.
- NY has designated algorithm so you do not have to wait for state to return an ID.
- Combination of Claimant's Name and Date of Birth
- YYMMDD12222222
 - 1 is First Character of First Name
 - 2 is Last Name, up to 8 characters (incl. space or hyphen)

NY Specific DN Information Employee ID and SSN



Examples:

Michael Hunter DOB 11/01/1977

771101MHUNTER

Michael Hunter Smith DOB 04/01/1977

770401MHUNTER S

Michael Hunter-Smith DOB 05/01/1977

770501MHUNTER-S

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.
- **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

- **DN0075 – Agreement to Compensate Code**
 - use “W”=without liability to indicate payments under §21a or §25-1(f)
 - Proper use when §21(a)
 - **§21-a is not applicable on a case where ANCR has been established by WCB**

IAIABC DN Information

“Initial” DNs



- **DN0056 Initial Date Disability Began (IDDB)**
 - First Date of Disability/Waiting Period
- **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.

IAIABC DN Information

Benefit Period Start Date



For MTC's that are initiating or reinstating a Benefit Type Code (AP, IP, RB, EP, ER, CB):

- Start Date is the first date of the uninterrupted period of benefit payments that corresponds to the BTC.
- For AP it is first date new Claim Admin. begins payments

| Received Date | Maint. Type Code | Benefit Type | Start Date | Gross Wkly. Amt. Eff. Date | Through Date |
|---------------|---|--------------------|------------|----------------------------|--------------|
| 07/03/2014 | RB - Reinstatement of Benefit | 050 - Temp Total | 06/23/2014 | 12/02/2013 | 06/30/2014 |
| 07/02/2014 | S1 - Suspension, RTW or Medically Determined/Qualified to RTW | 070 - Temp Partial | 01/08/2014 | 01/08/2014 | 02/26/2014 |
| 07/01/2014 | CB - Change in Benefit Type | 050 - Temp Total | 12/02/2013 | 12/02/2013 | 01/07/2014 |
| 07/01/2014 | CB - Change in Benefit Type | 070 - Temp Partial | 01/08/2014 | 01/08/2014 | 01/22/2014 |
| 06/30/2014 | IP - Initial Payment | 050 - Temp Total | 12/02/2013 | 12/02/2013 | 12/16/2013 |

For MTC's that are not initiating or reinstating a Benefit Type Code (Sx, PY, CA, RE, PD, SA, UR):

- Start Date is the earliest date for that BTC regardless of whether multiple benefit periods have been paid for that BTC.
- Example above, if SROI-S1 filed after SROI-RB, start date on the SROI-S1 would be 12/02/2013 for 050 TTD BTC.

Note: For full IAIABC Definition see IAIABC Data Dictionary

Suspension Effective Date / Benefit Period Through Date

- Last date through which indemnity benefits were due on MTC being reported.
- Think “close of business” rather than to next day
- Reminder: WCB uses “to” date in Notices of Decision
- Paid through 7/9/2014, returned to work on 7/10/2014
 - Suspension effective date would be 7/9/2014
 - Through date would be 7/9/2014
 - Initial (or Latest) return to work date would be 7/10/2014

Note: For full IAIABC Definition see IAIABC Data Dictionary

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).

- 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

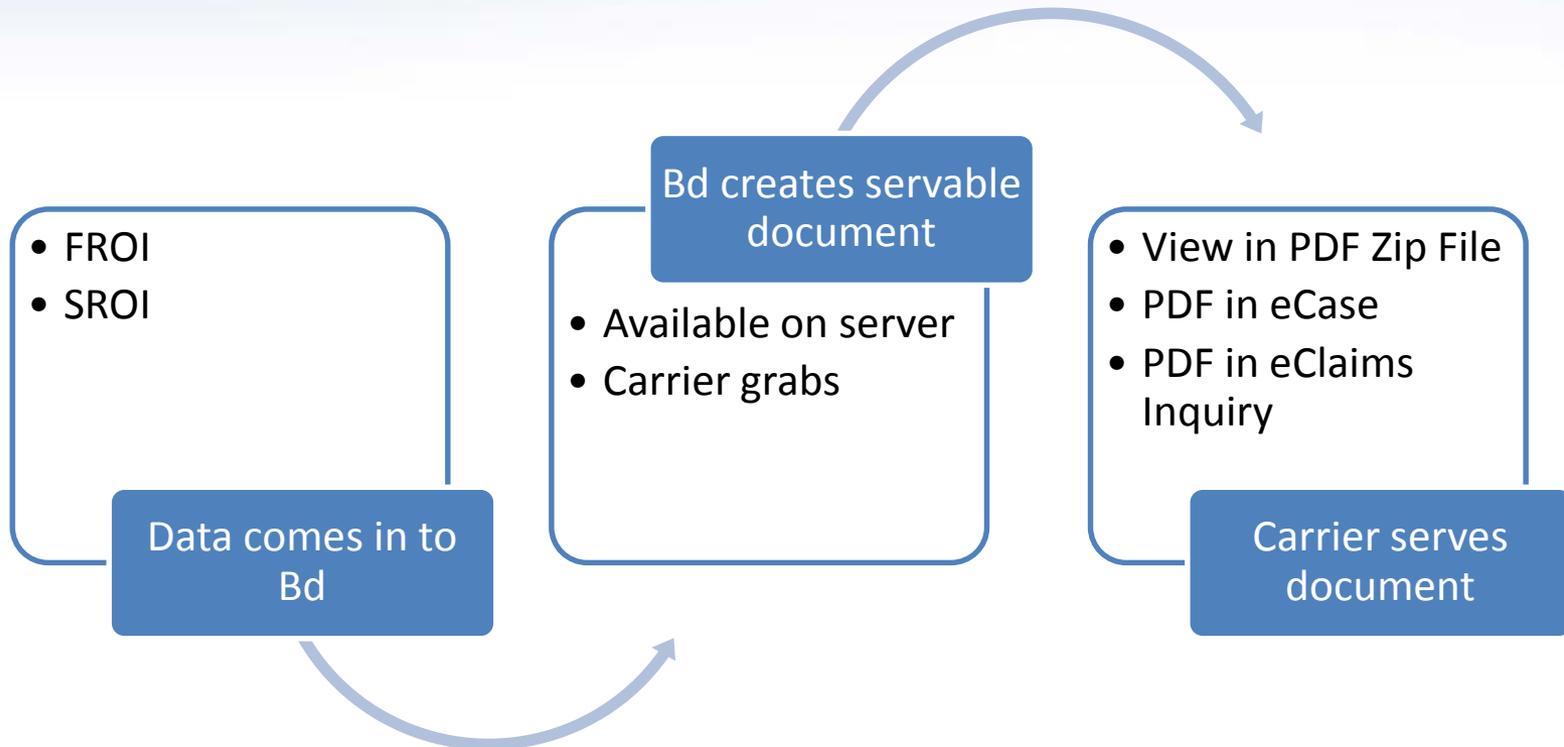


- Mandatory SROI e-filing; 18 & 10
 - Initial Controversy [see § 25(2)(a)]
 - Not controverted; payment has begun
 - Not controverted; payment has not begun
 - Initial Controversy from Notice of Indexing [§ 25(2)(b) and 300.37], 25 days from N of I
 - Pay w/o prejudice [§ 21-a]

- 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 unless CCP direction
 - Summary of other payments, including penalties paid

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 C-8/8.6
- Electronic filing and service timing under regulation
 - One business day from acceptance and return of acknowledgment file.
 - NYS Event Table documents to which parties PDF should be sent.
 - Service of the PDF on Board is not necessary, electronic transaction is placed in eCase for the Claim Administrator.
- Documents as PDFs in eCase and eClaims Inquiry
- 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:

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:

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

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

Accident Date: 08/01/2012 Pass Days:

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 |
|----------------|-------|--------|------------|--------------|------------|
|----------------|-------|--------|------------|--------------|------------|

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 |

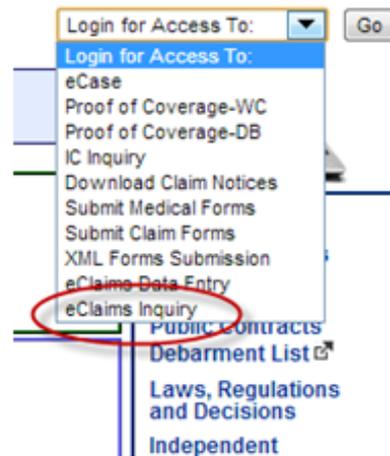
- Developed to aid Trading Partners who are looking for another way to review rejected/accepted transactions and retrieve PDFs.
- If there is a gap in time between when you receive an acknowledgement file from your technical team/Vendor, utilizing this application will allow you to retrieve the PDF right 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**



 NY.gov ID

Username:

Password:

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"/> |
|-------------------------------|---------------------------------------|

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 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. There is also an "Or Search By" section with a "Froi/Sroi Num" input field containing "f2036" and another "Search" button. The main content area displays "1 Search Results" with an "Export Data" link. Below this is a table with the same structure as the one in the first image, showing one result for transaction F2036. At the bottom, there is a "Froi Transaction Detail" section with several tabs: "Technical/Acknowledgement", "Insurer & Claim Admin", "Employee", "Employer & Insured", "Claim", "Accident & Witness & Treatment Info", "Denials", "Suspension & Benefits", and "Payments".

| 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

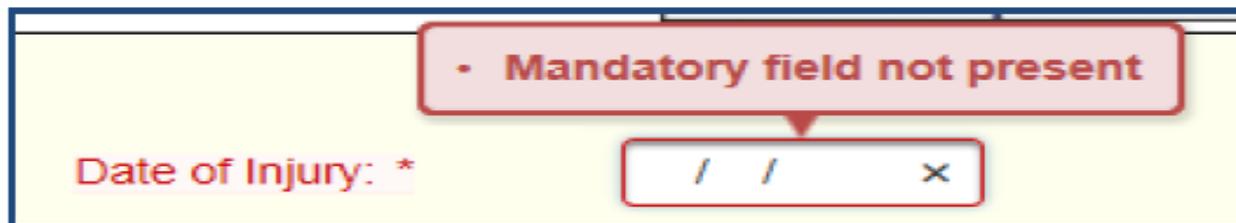


- There is no charge for electronic filing via the Board's web-based IAIABC eClaims data entry application.
- The eClaims web application is primarily for low-volume filers and those who plan to utilize a web based application to input FROIs and SROIs, however, it is not limited solely to those groups.
- 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.

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.



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

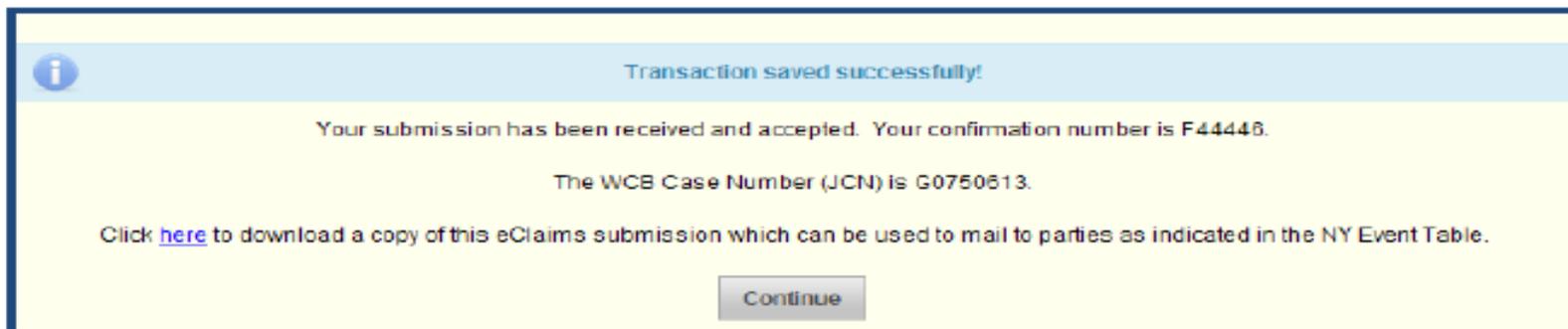


Some fields are **mandatory conditional** and are only required based on the information submitted. Click in the field to display the message box indicating why the information is required.



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 in a web application. At the top, there is a light blue header bar with an information icon (i) on the left and the text "Transaction saved successfully!". Below this, the main content area is yellow and contains the following text: "Your submission has been received and accepted. Your confirmation number is F44446." followed by "The WCB Case Number (JCN) is G0750613." Below this, there is a line of text: "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 center of the yellow area is a grey button labeled "Continue".

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.