

# **Data Entry Application**



### **Getting Started**

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

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



| Sender: *                           | The St. Paul Companies (060566050 061832808) |
|-------------------------------------|--|
| Insurer ID: *                       | · ·  |
| Claim Administrator ID: *           | · ·  |
| Claim Administrator Claim Number: * |  |
| WCB Case Number (JCN):              |  |
|                                     | Search                                       |

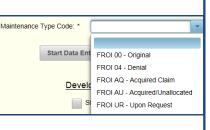
**NOTE:** The **Claim Administrator Claim Number** must match exactly. If you enter 12-5569 for the claim number on the first transaction, you must include the dash when searching for that case to enter a subsequent transaction.

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**.

# **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**.

|--|

#### 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.



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

|                   | • Mand | latory | / fie | eld not p | present |  |
|-------------------|--------|--------|-------|-----------|---------|--|
| Date of Injury: * |        | /      | 1     | ×         |         |  |

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.





# **Data Entry Application**



# Errors (Rejected Transactions) (cont.)

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

| Must be valid conte  | nt                                       |
|----------------------|--|
| Industry Code must b | e 2, 3, 4, 5 or 6 characters NAICS code. |
| Industry Code:       | 002                                      |

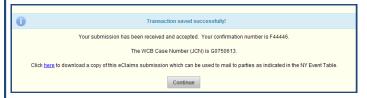
If there is an error in a table (i.e. Benefit Types) the entire row will be highlighted red.

| Benefit Types<br>010 - Fatal (Event) |  |                         |               |                 |                |               |                                      |                           |                                    |                         |                                     |                |
|--------------------------------------|--|-------------------------|---------------|-----------------|----------------|---------------|--------------------------------------|---------------------------|------------------------------------|-------------------------|-------------------------------------|----------------|
| +                                    |  | Benefit<br>Type<br>Code | Start<br>Date | Through<br>Date | Claim<br>Weeks | Claim<br>Days | Weekly<br>Gross<br>Effective<br>Date | Weekly<br>Gross<br>Amount | Weekly<br>Net<br>Effective<br>Date | Weekly<br>Net<br>Amount | Benefit<br>Payment<br>Issue<br>Date | Amount<br>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.



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.

# **Timing Out**

The data entry application requires users to **re-authenticate** and times out after **10 hours**.

The application also times out after 60 minutes of inactivity.

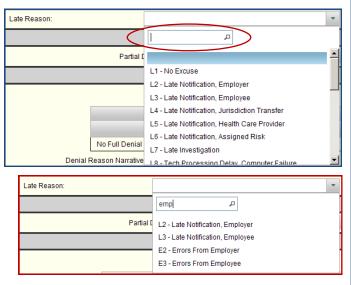
When the application times out, the login screen will be displayed. Re-enter your user id and password.

### Tips

Click on any field name for a definition.

|    | WORK STATUS                        |  |  |  |  |  |  |  |  |
|----|------------------------------------|--|--|--|--|--|--|--|--|
| In | Initial Date Last Day Worked:      |  |  |  |  |  |  |  |  |
| 1  |                                    |  |  |  |  |  |  |  |  |
|    | 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.



## Questions

Question regarding eClaims and/or the eClaims Data Entry Application can be emailed to:

#### eClaims@wcb.ny.gov