



**Workers'
Compensation
Board**






May 13, 2020

eClaims:

Upgrade to IAABC Claims

EDI R3.1 Release

AGENDA

- 01  R3.0 News
- 02  Business Information System (BIS) Project
- 03  R3.1 Two Phased Implementation Plan
- 04  NY Requirements for R3.1
- 05  Next Steps

Mary Beth Goodsell

- Employed by the New York State (NYS) Workers' Compensation Board (WCB) for over 35 years
- Part of the NY R3.0 Implementation
- Member of the International Association of Industrial Accident Boards and Commissions (IAIABC) EDI Claims, Systems, and Steering Committees
- Member of IAIABC EDI Council since 2017
- Served as the Co-Vice-Chair of IAIABC Claims EDI Committee 2016-2019
- IAIABC Outstanding Achievement in EDI Award 2018

Mike Hunter

- With the Board since 2004
- Started as an Investigator
- Worked in Claims and eClaims Units
- Currently Manager of the Board's Customer Support Unit
- Part of the NY R3.0 Implementation
- One of the business leads on NY R3.1 Implementation
- Member of IAIABC Claims and System Committees

Learning Objectives

- List the NYS-specific changes in the EDI R3.1 process using session materials
- Describe the timeline and implementation plan for the R3.1 upgrade
- Define how to find more information and additional support materials

Today's Takeaways:

■ March 15, 2021

- R3.1 Phase 1 Implementation

■ Register for the monthly webinars

■ Have a system readiness plan

- Prepare for migration
- Modify your program

Webinar Details/Registration: <http://www.wcb.ny.gov/webinars/>

R3.0 Questions: eclaims@wcb.ny.gov

R3.1 Questions: eclaims31@wcb.ny.gov

R3.0 News



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COVID-19

- Changes will apply to 3.0 and 3.1
- Added new WCIO codes effective 4/1/2020
 - Nature of Injury (DN0035)
 - 83 = COVID-19
 - Cause of Injury (DN0037)
 - 83 = Pandemic

COVID-19

- Effective 10/1/2020 – New Population Restriction
 - Date of Injury (DN0031) year must be on or after 2019 if Nature of Injury (DN0035) is COVID-19 (83) and/or Cause of Injury (DN0037) is Pandemic

New Edits

■ Effective 5/1/2020

- DN0056 (Initial Date Disability Began) – Modified the Technical Condition to include DN0074 (Claim Type Code) of P (Indemnity with No Lost Time Beyond the Waiting Period). This would require Claim Administrators to send the Initial Date Disability Began anytime there is lost time, be it one day or more, on a SROI
- DN0192 (Benefit Payment Issue Date) – Modified the Population Restriction 0192-044 to include the SROI-Sx. This would limit the Benefit Payment Issue Date from listing a future date of more than four days from the filing of the Suspension

Updated FAQ #19

■ Data Element Reporting

- How do I reference a document on a SROI-CB or SROI-CA in compliance with 12 NYCRR 300.23(a) since these transactions do not allow a narrative field in IAIABC Claims EDI R3.0?
 - The Board has determined that a letter/correspondence must be filed within 3 days of the SROI-CB or SROI-CA indicating therein the document ID number(s) and the date(s) of the supporting documentation (such as an IME-4) along with a summary of the specific findings within that/those document(s) that purportedly supports the reduction in the payment rate. If CA/CB is rejected, then the letter/correspondence should be submitted within 5 days. The letter/correspondence referenced can be either mailed or e-mailed to wcbclaimsfilings@wcb.ny.gov.

Business Information System (BIS) Project



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BIS Project

- Largest and final piece of the Business Process Reengineering program
- Building a new claims system that will replace our multiple legacy, paper-based claims systems with a single, web-based platform
- The eClaims upgrade provides the foundational data pillars for the BIS project

R3.1 Two Phased Implementation Plan



R3.1 Two Phase Implementation

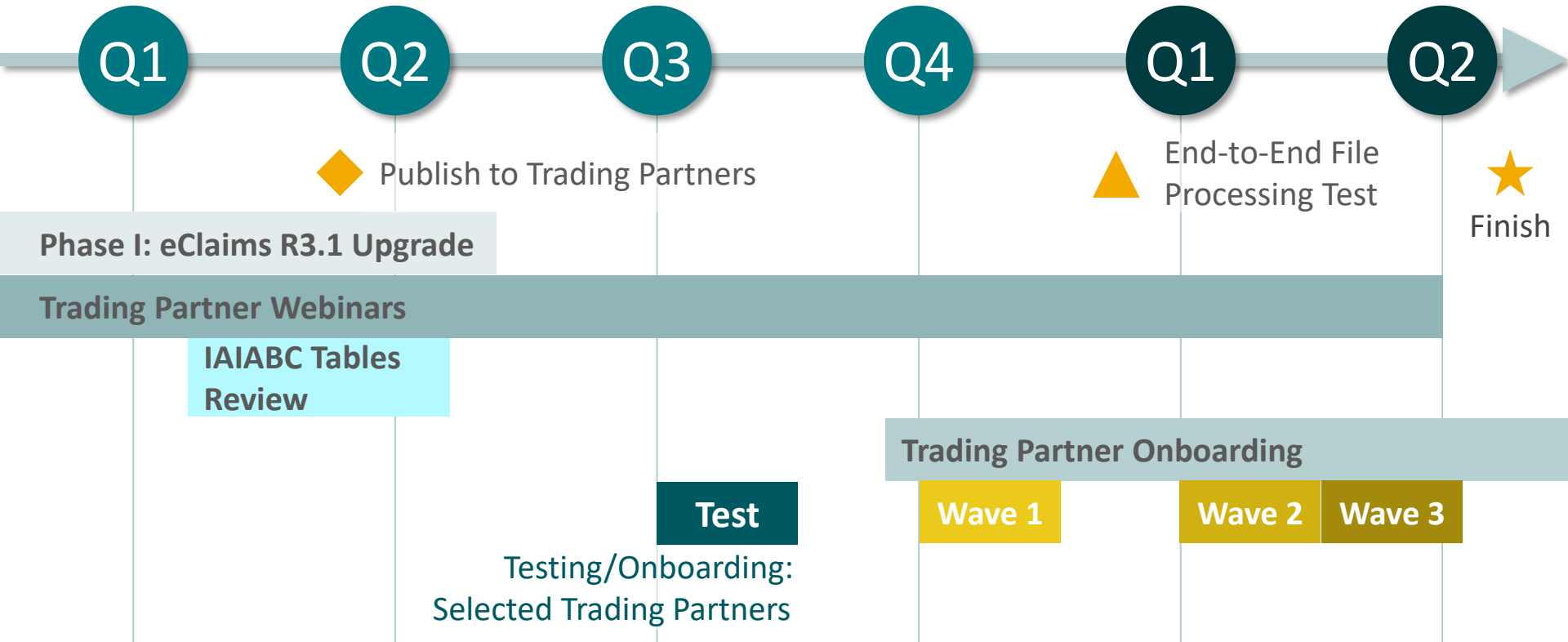
■ R3.1 Upgrade

- Incorporated into current WCB claims systems
- Early adoption of the R3.1 Standard
- March 2021 implementation (All Trading Partners)

■ R3.1 Revision

- Concurrent with BIS project Go-Live
- Smaller changes and adjustments to R3.1 Standard as needed
- Implementation planned for 2022 (All Trading Partners)

EDI Timeline: Q1 2020 - Q1 2021



Legacy Claim Transition Plan

- Transition from paper to IAIABC Claims Release 3.1 EDI using First Report of Injury (FROI) and Subsequent Report of Injury (SROI) Maintenance Type Code (MTC)
- Upon Request (UR) grandfathered to be effective upon New York's implementation of IAIABC Claims Release 3.1
- Legacy claim instructions are located on WCB website

NY Requirements for R3.1

New MTCs



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SROI-AC

- Should only be filed if indemnity ceased prior to your acquisition
- No changes to §300.23
- NY will be returning DN0410 Acquisition Status Code on the acknowledgement file from AQ and AU submissions

SROI-AC (continued)

- Mailing of SROI-AC is required
- Must provide DN0423 - Acquired Claim Last Known Indemnity Through Date – MC on AC
 - Condition: Required if DN0203 (Employer Paid Salary Prior to Acquisition) is not equal to E (Only 2xx Benefit Type Code(s) paid prior to acquisition)

SROI-AC (continued)

- Claim Administrator must notify the Board that payments are not being made within 16 days of receiving “B = SROI Due” in DN0410 Acquisition Status Code on the returned acknowledgement from an AQ or AU pursuant to §300.23
- Or, MTC AP should be filed if the new Claim Administrator is still paying

SROI-SU

- To be filed when the Claim Administrator has identified missed/delayed transactions or other data issues and has a need to send the most current value for SROI data elements to replace all the missed/delayed information
- Filed only when permission granted by jurisdiction
 - Sender must e-mail eClaims@wcb.ny.gov for approval
- Cannot be used when another SROI MTC can be filed in place of the SU
 - For example, if a SROI-EP was filed instead of the SROI-IP, the SROI-IP is allowed per sequencing and should be filed.

SROI-SU (continued)

- DN0088 Benefit Period Start Date
 - The Benefit Period Start Date is the first date of the latest uninterrupted period of benefit payments that corresponds to every Benefit Type Code reported. (Per Section 4 Rules)
- See IAIABC Business Scenario 5-12-10

New MTCs not Adopted by NY

■ SROI-NT Narrative

- DN0430 Number of Narrative for Claim
- DN0431 Narrative for Claim

■ SROI-PX Partial Suspension

- DN0419 Suspension Reason Code - Partial

■ FROI-UR / SROI-UR Update Report

Knowledge Check

- When should a SROI – AC be filed vs a SROI SU?
- True or False? On the SROI SU, the Benefit Period Start Date is the first date of the latest uninterrupted period of benefit payments that corresponds to every Benefit Type Code reported.

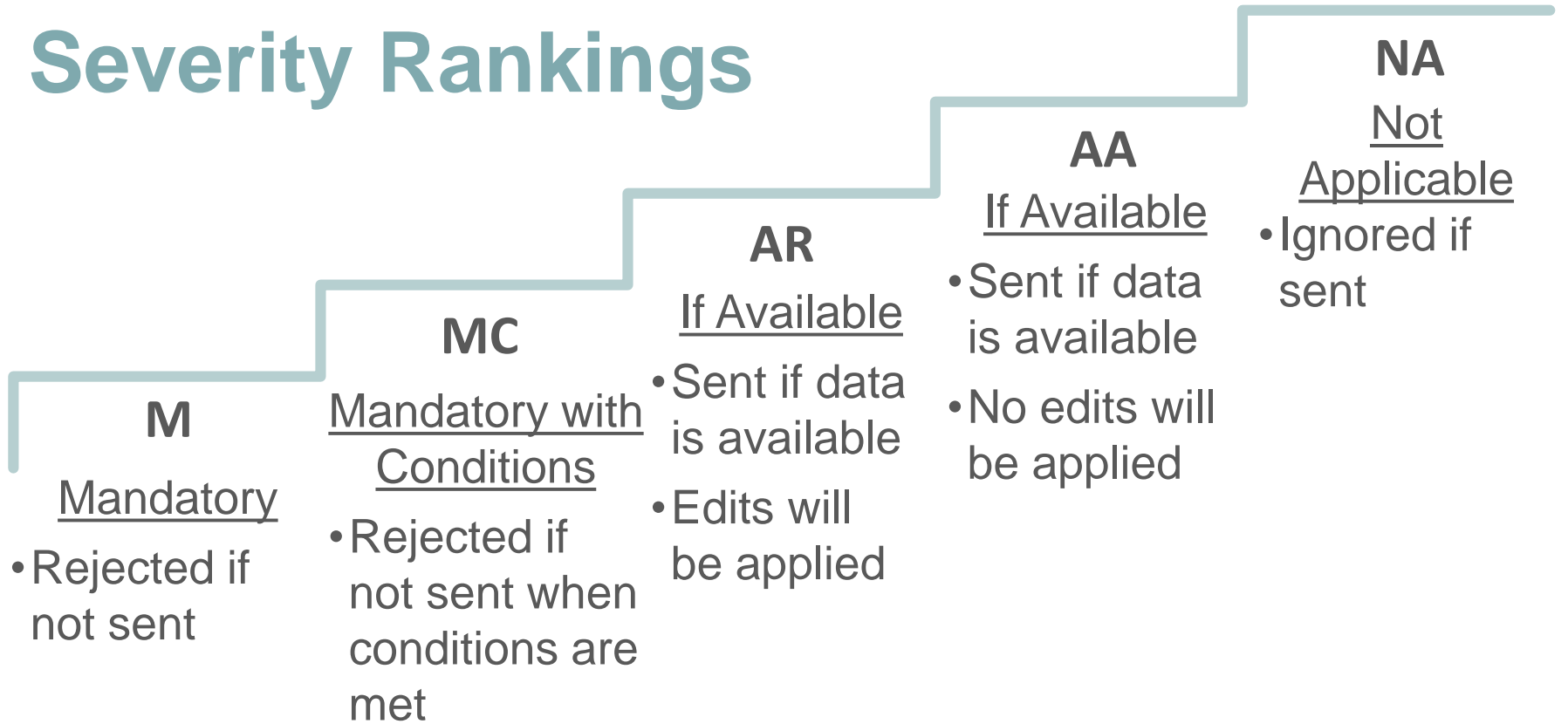
NY Requirements for R3.1

Element Requirement Table (ERT)
Severity Rankings



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Severity Rankings



NY Requirements for R3.1

EDI Topics

Part of Body - ERT

- DN0036 Part of Body Code
 - FROI
 - Remain the same as coded in R3.0

Part of Body Injured Codes – Valid Values

- DN0036 Part of Body Injured Codes that require a location codes:
 - 13-Ear(s)
 - 14-Eye(s)
 - 30-Multiple Upper Extremities
 - 31-Upper Arm
 - 32-Elbow
 - 33-Lower Arm
 - 34-Wrist
 - 35-Hand
 - 36-Finger(s) other than thumb
 - 37-Thumb
 - 38-Shoulder(s)
 - 39-Wrist(s) and Hand(s)
 - 50-Multiple Lower Extremities
 - 51-Hip
 - 52-Upper Leg
 - 53-Knee
 - 54-Lower Leg
 - 55-Ankle
 - 56-Foot
 - 57-Toes
 - 58 Great Toe
 - 60-Lungs
 - 62-Buttocks

Part of Body - ERT

- DN0421 Part of Body Injured Location Code
 - FROI
 - MC on 00/04/AU
 - Condition: Equal to one of the codes on the previous slide
- DN0422 Part of Body Injured Fingers/Toes Location Code
 - FROI
 - MC on 00/04/AU
 - Condition: Required if the associated DN0036 Part of Body Injured Code = 36 (Finger[s] other than Thumb) and/or 57 (Toes)
 - AR on AQ

Part of Body – Valid Values

- DN0421 Part of Body Injured Location Code – added:
 - B (Bilateral)
 - L (Left)
 - R (Right)
- DN0422 Part of Body Injured Fingers/Toes Location Code – Added:
 - 1 (Index Finger or 1st Toe)
 - 2 (Middle Finger or 2nd Toe)
 - 3 (Ring Finger or 3rd Toe)
 - 4 (Little Finger or (little) Toe)

Part of Body - Population Restrictions

- New Edit DN0420-045 Number of Part of Body Injured
 - Must be greater than 0 on FROI for all except 01, AQ

Part of Body – Business Uses

■ eCase

- FROI/SROI - Latest Values Tab

■ Medical Portal

- Displayed in case search results for providers.

Knowledge Check

- Name three parts of the body that require location codes.
- How many locations codes were added for fingers/toes?
- What is the Population Restriction for Number of Body Parts Injured?

02 Change - ERT

- DN0411 Number of Change Data Elements
 - Number of change data element segment occurrences with up to 99 occurrences allowed
- DN0412 Change Data Element/Segment Number
 - Data Number for the DN/Segment corresponding to the data being Added, Updated or Removed
- DN0413 Change Reason Code – A=Add, U=Update, R=Remove, D=Delete
 - Code indicating the type of change applied

02 Change – Valid Values

- DN0413 (Change Reason Code) – Added:
 - A (Add)
 - U (Update)
 - R (Remove)
 - D (Delete)

02 Change – Reference Document

■ DN0006 Insurer FEIN

■ DN0187 Claim Administrator FEIN

- Both DNs can only be updated on a FROI (Reportable Change Code K)



Partial screenshots of NY 02 Reference Document

FROI/SROI Change 02 Required

K	Required Change on FROI
Y	Required Change on FROI or SROI, but not both: This code only applies to Data Elements not contained on both FROI and SROI
YG	Required Change on SROI with Exception (see YG Exceptions tab)
I	Required Change on either FROI or SROI, but not both – Claim Administrator Determines
B	Restricted – IAIABC Defined No Change Allowed
N	No Change Allowed – Will Reject if Present
H	No Change Required – Will Not Reject if Present

FROI/SROI/BOTH	DN#	FROI Data Element Name	Add	Update	Remove	Delete	MC Condition
Both	0006	Insurer FEIN	N	K	B	N	
FROI	0012	Claim Administrator City	N	Y	B	N	
FROI	0013	Claim Administrator State Code	N	Y	B	N	
Both	0014	Claim Administrator Postal Code	N	K	B	N	
Both	0015	Claim Administrator Claim Number (Key Match)	B	I	B	B	
Both	0016	Employer FEIN	I	I	B	I	
FROI	0028	Policy Number Identifier	Y	Y	B	Y	
FROI	0029	Policy Effective Date	Y	Y	B	Y	
Both	0031	Date of Injury	B	I	B	B	

02 Change – YG Reportable Change Code

Benefits			Add	Update	Remove	Delete	MC Condition
SROI	0085	Benefit Type Code	YG	Y	N	B	MC288a
MC288a - A (Add), U (Update): Mandatory and must be > 00 when DN0412 Change Data Element/Segment Number = DN0288 and DN0413 Change Reason Code = A (added) or U (Updated).							
SROI	0002	Maintenance Type Code	B	B	B	B	
SROI	0174	Gross Weekly Amount	N	N	N	B	
SROI	0175	Gross Weekly Amount Effective Date	H	H	N	B	MC288a
SROI	0087	Net Weekly Amount	N	N	N	B	
SROI	0211	Net Weekly Amount Effective Date	H	H	N	B	MC288a
SROI	0088	Benefit Period Start Date	YG	Y	N	B	MC288a
SROI	0089	Benefit Period Through Date	YG	Y	N	B	MC288a
SROI	0090	Benefit Type Claim Weeks	YG	YG	N	B	MC288a
SROI	0091	Benefit Type Claim Days	YG	YG	N	B	MC288a
SROI	0086	Benefit Type Amount Paid	YG	YG	N	B	MC288a
SROI	0192	Benefit Payment Issue Date	YG	Y	N	B	MC288a

02 Change – Population Restrictions

■ New edits DN0412-064:

- The “Number of DN” (*) should be reported in DN0412 Change Data Element/Segment Number when any data within the segment is being changed
- Specific DNs within the segment should not be reported in the Change Data Elements Segment per 02 Change Processing Rules in Section 4 of the Implementation Guide

■ New edit DN0411-064

- If DN0002 (Maintenance Type Code) does not = 02 (02 Change), then DN0411 (Number of Change Data Elements) must be 0

02 Change – Population Restrictions

■ New edits DN0412-064:

- Refer to FROI and SROI record layouts in Section 2 of the Implementation Guide to determine which DNs reside within a variable segment
 - Edit: If DN0412 Change Data Element / Segment Number is = to a “DN that is located in a Variable Segment” then invalid
 - “Number of DN” (*) should be sent
- If the same DN is listed multiple times in DN0412 (Change Data Element/Segment Number), then the transaction will be rejected per Section 6 of the Implementation Guide

Sub Annual

SROI-SA – Initial Summary Report

Based on a modification to §300.22(f)(3)

1. The SROI-SA is due 180 days from the date of accident. If there is not a full date of accident, then 180 days from the filing date of the initial FROI.

OR

SROI-SA – Initial Summary Report

Based on a modification to §300.22(f)(3)

2. If DN0299 (Award/Order Date) falls within that first 180 days, the SROI-SA will instead be due 180 days from the Award/Order Date (duly filed date of Notice of Decision) where there is a Board direction to continue payments. The SROI-SA is required every 180 days until the continuing payments stops.
3. If the case is closed with no continuing payments within the first 180 days, the SA will instead be due 180 days from the initial closure. If the case is reopened within 6 months of the initial closure, the SROI-SA would then be due within 180 days from the subsequent closure, if there are no continuing payments.

SROI-SA – Subsequent Summary Report

Based on a modification to §300.22(f)(3)

1. If the case is reopened and an award of additional indemnity (no continuing payments) is made, and the case is closed per the Notice of Decision, the SROI-SA is due within 180 days from the Award/Order date (Notice of Decision duly filed date).

OR

SROI-SA – Subsequent Summary Report

Based on a modification to §300.22(f)(3)

2. If a case is reopened and an award of additional indemnity is made (no continuing payments), and the case remains continued, the SROI-SA would not be due until 180 days from the subsequent closure.
3. If a case is reopened and an award of additional indemnity with continuing payments is made, the SROI-SA is due 180 days from the Award/Order Date (duly filed date of Notice of Decision) where there is a Board direction to continue payments. The SROI-SA is required every 180 days until the continuing payments stops.

SROI-SA – Subsequent Summary Report

Based on a modification to §300.22(f)(3)

4. If the case is closed with no continuing payments more than 180 days from the date of accident, or if there is not a full date of accident (the filing date of the initial FROI) the SROI-SA will be due 180 days from the initial closure.

Acquisition - ERT

- DN0423 Acquired Claim Last Known Indemnity Through Date
 - SROI
 - MC on AC
 - Condition: Required if DN0203 (Employer Paid Salary Prior to Acquisition) is not equal to E (Only 2xx Benefit Type Code(s) paid prior to acquisition)

Acquisition - ACK

- DN0410 Acquisition Status Code
 - ACK
 - Will be returned on AQ/AU
 - Value: B=SROI Due-Benefit types have not ended and an AP/AC may be due
 - See SROI-AC on Event Table

Knowledge Check

- How many days from the initial accident is the SROI SA due?
 - a. 90 days
 - b. 180 days
 - c. 365 days
- When is the DN0423 required on a SROI?

**Reduced Benefit
Amount Code =
Net to Zero**



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New Event - SROI-RB Net to Zero

- DN0202 Reduced Benefit Amount Code = Z Net to Zero
- §300.22 (f)(2) will state that a report is due within 18 days of a resumption of payments for a disability becoming due in the event that payments are not being made due to a credit owed to the carrier
- Mailing is required
- Can be used when taking a credit for a scheduled loss of use (SLU)

Edit Matrix – Valid Value Table

- DN0202 (Reduced Benefit Amount Code):
 - Added Z (Net to Zero) to Valid Value Table and Valid Value Detail Page (formerly called the Quick Code Reference List)

Reduced Benefit Amount Code = Net to Zero

- New edit DN0202-064 Reduced Benefit Amount Code
 - Cannot be S (Claim Settled Under another DOI) unless S (Claim Settled Under another DOI) has been accepted on AC, PY, UR
- New edit DN0401-064 Jurisdiction Claim Number-Related
 - Must not exist if DN0400 is not D (Duplicate/Combined Claim) or DN0202 is not equal to S (Claim Settled Under another DOI)

Reduced Benefit Amount Code = Net to Zero (continued)

■ New edit DN0002-065

- If SROI-CB has a Benefit Segment with DN0202 (Reduced Benefit Amount Code) of
 - R (Reclassification of Benefit)
 - D (Decrease in Indemnity)
 - or Z (Net to Zero)

then there must be at least one Benefit Segment with its DN0002 (Maintenance Type Code) populated with A49 record's DN0002 (MTC) of CB

Reduced Benefit Amount Code = Net to Zero (continued)

■ New edit DN0002-065

- If SROI-CB does not have a Benefit Segment with DN0202 (Reduced Benefit Amount Code) of
 - R (Reclassification of Benefit)
 - D (Decrease in Indemnity)
 - or Z (Net to Zero)

then there must be at least two Benefit Segments with its DN0002 (Maintenance Type Code) populated with A49 record's DN0002 (MTC) of CB

Reduced Benefit Amount Code = Net to Zero (continued)

- Modified DN0288-045 Number of Benefits edits to read
 - If SROI-CB does not have a DN0202 (Reduced Benefit Amount Code)=
 - D (Decrease in Indemnity)
 - N (No Money Settlement)
 - S (Claim Settled Under Another DOI)
 - or Z (Net to Zero)

and does not include DN0226 (Recovery Code) = 880, then DN0288 (Number of Benefits) must not be 0 or 1

Reduced Benefit Amount Code = Net to Zero (continued)

■ Modified DN0288-045 Number of Benefits edits to read

- If SROI-AP/CA/EP/ER/IP/RB/SX does not have a DN0202 (Reduced Benefit Amount Code)=
 - D (Decrease in Indemnity)
 - N (No Money Settlement)
 - S (Claim Settled Under Another DOI)
 - Z (Net to Zero)

and does not include DN0226 (Recovery Code) = 880, then DN0288 (Number of Benefits) must not be 0

Reduced Earnings - Population Restrictions

- Removed all references to SROI-RE due to retirement of MTC
- New Edit DN0435-064 Reduced Earnings Net Weekly Amount Due by Claim Administrator
 - Must be 0 unless 070 Benefit Type Code is sent

Reduced Earnings - ERT

- DN0242 Reduced Earnings Week Number
 - SROI
 - Changed from MC to NA

Reduced Earnings - ERT

■ DN0414 Reduced Earnings Week Start Date

- SROI
 - MC on AP, CA, CB, IP, RB, SX, SU
 - Condition: Required if DN0285 (Number of Reduced Earnings) >0

■ DN0415 Reduced Earnings Week End Date

- SROI
 - MC on AP, CA, CB, IP, RB, SX, SU
 - Condition: Required if DN0285 (Number of Reduced Earnings) >0

Reduced Earnings - ERT

- DN0435 Reduced Earnings Net Weekly Amount Due by Claim Administrator
 - SROI
 - MC on AP, CA, CB, IP, RB, SX, SU
 - Condition: Required if DN0285 (Number of Reduced Earnings) >0

Suspensions

- Modified all references of SROI-Sx to Suspension Reason Codes – Full due to change from SROI-Sx to SROI-SX with Suspension Reason Codes
- Population Restriction
 - New Edit DN0418-064 Suspension Reason Code – Full
 - SROI-SX must have Suspension Reason Code – Full = SJ when temporary payments made pursuant to §21-a cease
- DN0418 (ERT) Suspension Reason Code – Full
 - SROI – Mandatory (M) on SX

Suspensions – Valid Values

- DN0418 Suspension Reason Code – Added:
 - S1 (Suspension, RTW or Medically Determined/Qualified to RTW)
 - S2 (Suspension, Medial Non-Compliance)
 - S4 (Suspension, Claimant Death)
 - S5 (Suspension, Incarceration)
 - S7 Suspension, Benefits Exhausted)
 - SD (Suspension, Directed by Jurisdiction)
 - SJ (Suspended Pending Appeal of Judicial Review)

Suspensions – Valid Values

- DN0418 Suspension Reason Code – Grayed-Out:
 - S3 (Suspension, Administrative Non-Compliance)
 - S6 (Suspension, Claimant's Whereabouts Unknown)
 - S8 (Suspension, Jurisdiction Change)
 - S9 (Suspended Pending Settlement Approval)
- DN0419 Suspension Reason Code – Partial
 - Grayed-out all values

SROI-02 for Overpayment

- If the Claim Administrator seeks to recover an alleged overpayment for benefits to the claim, the Claim Administrator must file an Add/Update to DN0433 Overpayment Amount – (Current) as defined by Proposed Amendment to §300.23(g)
- New York requested this new data element in R3.1 per the Claim Administrators' request as they currently must file correspondence in R3.0 to indicate an alleged overpayment in order to request a recoupment directive by the Board

SROI-02 for Overpayment (continued)

- If the Claim Administrator would like an overpayment entertained at a hearing, the Claim Administrator should file at least 10 days prior to the hearing

Overpayment - ERT

- DN0433 Overpayment Amount – Current
 - AR on all SROIs
 - See SROI-02 Event Table regarding as defined by Proposed Amendment to §300.23(g)

FROI-01 Cancel – ERT

- DN0400 Cancel Reason Code
 - M on FROI-01 only
- DN0401 Jurisdiction Claim Number – Related
 - MC FROI-01 only
 - Condition: Required when DN0400 Cancel Reason Code is equal to “D” Duplicate/Combined Claim
- DN0402 Cancel Reason Narrative
 - FROI-01 only - AR

FROI-01 Cancel – Valid Values

- DN0400 (Cancel Reason Code):
 - Added D (Duplicate/Combined Claim)
 - Added J (Jurisdiction Wrong/Changed)
 - Added N (Not Required by Jurisdiction)
 - Grayed-out R (Disputed Request by Jurisdiction)

Current Date of Disability - ERT

- DN0416 Current Date Employer Had Knowledge of Current Date of Disability
 - FROI
 - AR on 00/04/AQ/AU/UR
 - SROI
 - AR on 04/AC/AP/CA/CB/EP/ER/IP/PD/PY/RB/SX/UR
- DN0417 Current Date Claim Admin Had Knowledge of Current Date of Disability
 - FROI /SROI
 - NA

Lost Time Reporting Changes - ERT

- DN0072 Latest Returned to Work (RTW)/Status Date
 - Added to FROI
 - MC on 00/04/AU
 - Condition: Required when the employee returns to work after a subsequent period of disability

Lost Time Reporting Changes - Population Restrictions

- Modified DN0072-064 from must be after DN0056 (Initial Date Disability Began) unless DN0189 (Returned to Work Type Code) = R to must be after DN0056 (Initial Date Disability Began) unless DN0406 (Latest RTW Type Code) = R

Lost Time Reporting Changes - ERT

■ Added to FROI:

- DN0144 Current Date Disability Began
 - AR on 00/04/AQ/AU/UR
- DN0145 Current Date Last Day Worked
 - AR on 00/04/AQ/AU/UR

Lost Time Reporting

■ DN0403 Initial RTW Type Code

- FROI

- MC on 00/04/AU/UR

- Condition: Required if DN0068 (Initial RTW Date) is present and DN0041 (Date the Claim Administrator Had Knowledge of the Injury) \geq 1/1/08

- AR on AQ

- New Population Restriction DN0403-059 Initial RTW Type Code must be same as previously reported unless MTC 02

Lost Time Reporting

- DN0403 Initial RTW Type Code (cont)
 - SROI
 - MC on 04/AC/AP/CB/EP/ER/IP/PD/PY/RB/UR
 - Condition: Required if DN0041 (Date the Claim Administrator Had Knowledge of the Injury) \geq 1/1/08 and DN0068 (Initial RTW Date) or DN0072 (Latest RTW Status Date) is present and required if DN0285 (Number of Reduced Earnings) is > 0

Lost Time Reporting Changes - ERT

- DN0403 Initial RTW Type Code (cont)

- SROI (cont)

- MC on SX

- Condition: Required when SUSPENSION REASON CODE – FULL - DN0418 = - S1 (Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work) - S2 (Suspension, Medical Non-Compliance) - S7 (Suspension, Benefits Exhausted) and if DN0041 (Date Claim Administrator Had Knowledge of the Injury) \geq 1/1/08 and DN0068 (Initial RTW Date) or DN0072 (Latest RTW Status Date) is present and required if DN0285 (Number of Reduced Earnings) is > 0

Lost Time Reporting Changes - ERT

- DN0404 Initial RTW Physical Restrictions Indicator
 - FROI
 - MC on 00/04/AU/UR
 - Condition: Required if DN0068 (Initial RTW Date) is present and DN0041 (Date the Claim Administrator Had Knowledge of the Injury) \geq 1/1/08
 - AR on AQ

Lost Time Reporting Changes - ERT

- DN0404 Initial RTW Physical Restrictions Indicator (cont)
 - MC on 04/AC/AP/CB/EP/ER/IP/PD/PY/RB/SX/UR
 - Condition: Required if DN0403 (Initial RTW Type Code) is present and if Date Claim Administrator Had Knowledge of the Injury \geq 1/1/08

Lost Time Reporting Changes - ERT

- DN0405 Initial RTW With Same Employer Indicator
 - FROI
 - MC on 00/04/AU/UR
 - Condition: Required if DN0068 (Initial RTW Type Code) = A (Actual) and Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08
 - AR on AQ
 - This replaces DN0228 Return to Work with Same Employer Indicator in R3.0

Lost Time Reporting Changes - ERT

- DN0405 Initial RTW With Same Employer Indicator (cont)
 - SROI
 - MC on 04/AC/AP/CB/EP/ER/IP/PD/PY/RB/UR
 - Condition: Required if DN0041 (Date Claim Administrator Had Knowledge of the Injury) \geq 1/1/08 and DN0403 (Initial RTW Type Code) = A (Actual)

Lost Time Reporting Changes - ERT

- DN0405 Initial RTW With Same Employer Indicator (cont)
 - SROI (cont)
 - MC on SX
 - Condition: Required when SUSPENSION REASON CODE – FULL – DN0418 = - S1 (Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work) - S2 (Suspension, Medical Non-Compliance) - S7 (Suspension, Benefits Exhausted) and if DN0041 (Date Claim Administrator Had Knowledge of the Injury) \geq 1/1/08 and DN0403 (Initial RTW Type Code) = A (Actual)

Lost Time Reporting Changes - ERT

- DN0408 Latest RTW With Same Employer Indicator
 - SROI
 - MC on 04, AC, AP, CA, CB, EP, ER, IP, PD, PY, RB, UR
 - Condition: Required if DN0406 (Latest RTW Type Code) = A(Actual) and if DN0041 (Date Claim Administrator Had Knowledge of the Injury) \geq 1/1/08

Lost Time Reporting Changes - ERT

- DN0408 Latest RTW With Same Employer Indicator
 - SROI
 - MC on SX
 - Condition: Required when SUSPENSION REASON CODE – FULL - DN0418 = - S1 (Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work) - S2 (Suspension, Medical Non-Compliance) - S7 (Suspension, Benefits Exhausted) and if DN0406 (Latest RTW Type Code) = A (Actual) and if DN0041 (Date Claim Administrator Had Knowledge of the Injury) \geq 1/1/08

Lost Time Reporting Changes - ERT

- DN0408 Latest RTW With Same Employer Indicator
 - FROI
 - MC on 00/04/AU/UR
 - Condition: Required if DN0406 (Latest RTW Type Code) = A (Actual) and Date the Claim Administrator Had Knowledge of the Injury is \geq 1/1/08
 - AR on AQ

Lost Time Reporting Changes - ERT

- DN0406 Latest RTW Type Code
 - FROI
 - MC on 00/04/AU/UR
 - Condition: Required if DN0072 (Latest RTW/Status Date) is present and Date the Claim Administrator Had Knowledge of the Injury \geq 1/1/08
 - AR on AQ

Lost Time Reporting Changes - ERT

- DN0406 Latest RTW Type Code

- SROI

- MC on 04, AC, AP, CA, CB, EP, ER, IP, PD, PY, RB, UR
 - Condition: Required if DN0072 (Latest RTW/Status Date) is present and if DN0041 (Date Claim Administrator Had Knowledge of the Injury) \geq 1/1/08 Effective 1/22/2019 required if DN0285 (Number of Reduced Earnings) is > 0

Lost Time Reporting Changes - ERT

- DN0407 Latest RTW Physical Restrictions Indicator
 - FROI
 - MC on 00/04/AU/UR
 - Condition: Required if DN0072 (Latest RTW/Status Date) is present and Date the Claim Administrator Had Knowledge of the Injury \geq 1/1/08
 - AR on AQ

Lost Time Reporting Changes - ERT

- DN0407 Latest RTW Physical Restrictions Indicator
 - SROI
 - MC on 04, AC, AP, CB, EP, ER, IP, PD, PY, RB, SX, UR
 - Condition: Required if DN0406 (Latest RTW Type Code) is present and if DN0041 (Date Claim Administrator Had Knowledge of the Injury) \geq 1/1/08

Lost Time Reporting Changes - Population Restrictions

- Removed DN0056-059 – Initial Date Disability Began and DN0068-059 Initial RTW Date must be same as previously reported unless MTC 02 due to data population rule change in R3.1

Lost Time Reporting Changes - Population Restrictions

- Modified DN0189-064 Return to Work Type Code must be Actual if DN0285 is > 0 and created two new Population Restrictions for DN0403 Initial RTW Type Code and DN0406 Latest RTW Type Code

Lost Time Reporting Changes - Population Restrictions

- New Edit DN0403-064 Initial RTW Type Code must be Actual if DN0285 (Number of Reduced Earnings) is > 0
- New Edit DN0404-059 Initial RTW Physical Restrictions Indicator must be same as previously reported unless MTC 02
- New Edit DN0405-059 Initial RTW With Same Employer Indicator must be same as previously reported unless MTC 02

Dependent Information - ERT

- DN0425 Dependent First Name
 - SROI
 - MC ALL except AC, CD, SA
 - Condition: Required when DN0097 (Dependent/Payee Relationship Code) is present
- DN0426 Dependent Last Name - Dependent First Name
 - SROI
 - MC ALL except AC, CD, SA
 - Condition: Required when DN0097 (Dependent/Payee Relationship Code) is present

Dependent Information - ERT

- DN0427 Dependent Date of Birth – Dependent First Name
 - SROI
 - MC ALL except AC, CD, SA
 - Condition: Required when DN0097 (Dependent/Payee Relationship Code) is present
- DN0428 Dependent Gender Code
 - SROI - NA
- DN0429 Dependent Extent of Dependency
 - SROI – NA
 - Grayed-out all values on Valid Values Table

Dependent Information – Population Restrictions

- Modified DN0424 (formerly 0082) Number of Death Dependent/Payee Relationships
 - Must be 0 on the SROI-CD (Error 044)
 - Must be > 0 if BTC 010, 210 or Dth Rslt of Inj=Y w/ EE Dep>0 to DN0424 due to DN Number change (Error 045)

Claim Administrator Claim Representative - ERT

- DN0137 Claim Administrator Claim Representative Business Phone Number
 - Added to FROI
 - M on 00/04/AU
 - AR on AQ/UR

- DN0138 Claim Administrator Claim Representative E-Mail Address
 - Added to FROI
 - M on 00/04/AU
 - AR on AQ/UR

Claim Administrator Claim Representative - ERT

- DN0139 Claim Administrator Claim Representative Fax Number
 - Retired in R3.1
- DN0140 Claim Administrator Claim Representative Name
 - Added to FROI
 - M on 00/04/AU
 - AA on AQ/UR

Reduced Benefit Amount Code - ERT

- DN0401 Jurisdiction Claim Number – Related
 - MC on AC/PY/UR
 - Condition: Required when DN0202 Reduced Benefit Amount Code = S (Claim Settled Under Another DOI)

Permanent Impairment - ERT

- DN0432 Permanent Impairment Body Part Location Code
 - MC on AC, AP, CA, CB, EP, ER, IP, PY, RB, SX, SU, UR
 - Condition: Required when DN0083 (Permanent Impairment Body Part Code) equals a code as listed on Permanent Impairment Body Part Location Code in Section 6 of the Implementation Guide

Permanent Impairment – Valid Values

■ DN0432 Permanent Impairment Body Part Location

Code - Added:

- B (Bilateral)
- L (Left)
- R (Right)

Partial Denial - ERT

- DN0436 Partial Denial Effective Date
 - Mandatory (M) on PD

Other New R3.1 Data Elements Not Used by NY

- DN0437 Employee Individual Taxpayer Identification Number
- DN0438 Collective Bargaining Agreement
- DN0409 Weekly Income Amount for Offset

Knowledge Check

- If the Claim Administrator would like an overpayment entertained at a hearing, the Claim Administrator should file at least X days prior to the hearing
 - a. 2
 - b. 5
 - c. 10

Modifications to Element Requirement Table



Modifications to Element Requirement Table

- DN0005 Jurisdiction Claim Number
 - Changed from MC to M on SROI-AP (as set by standard)
- DN0072 Latest RTW/Status Date
 - Changed from AR to MC on SROI-AP
 - Condition: Required when the employee returns to work after a subsequent period

Modifications to Element Requirement Table (continued)

- DN0134 Calculated Weekly Compensation Amount
 - Changed from AR to MC on SROI-PD
 - Condition: Required if DN0288 (Number of Benefits) on this SROI or any previously accepted SROI is > 0
- DN0144 Current Date Disability Began
 - Changed from AR to MC on SROI-ER/RB
 - Condition: Required unless DN0202 (Reduced Benefit Amount Code) = Z (Net to Zero)

Modifications to Element Requirement Table (continued)

- DN0281 Initial Date Employer Had Knowledge of Date of Disability
 - Changed from MC to AR on SROI-AP

Edit Matrix - Valid Value Table and Valid Value Detail Page (formerly Quick Code Reference List)



Edit Matrix – Valid Value Table

- DN0002 (Maintenance Type Code) added:
 - SROI-AC (Acquisition/Indemnity Ceased)
 - SROI-SU (Sync-Up)
 - FROI-UR (Grandfathered) and SROI- UR (Grandfathered) accepted
 - Grayed-out FROI-UR Update Report and SROI-UR Update report
 - Grayed-out SROI-NT (Narrative)
 - Removed Sx

Edit Matrix – Valid Value Table

- DN0075 (Agreement to Compensate Code):
 - Grayed-out
 - S (Accepting Liability for Medical)
 - T (Without Liability for Medical)
 - U (Without Liability for Indemnity)
- DN0249 (Accident Premised Code):
 - Added R (Employee Residence) and X (Other)

DN – Error Message Table

Error ### - New Error

DN#### - New DN



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DN – Error Message Table

■ Added edits to:

- Error 037 (Must be \leq Maintenance Type Code Date) per IRR882 to:

- DN0029 (Policy Effective Date)
- DN0061 (Employee Date of Hire)
- DN0196 (Denial Rescission Date)
- DN0199 (Full Denial Effective Date)
- DN0281 (Initial Date Employer Had Knowledge of Date of Disability)
- **DN0416** (Current Date Employer Had Knowledge of Current Date of Disability)
- **DN0423** (Acquired Claim Last Known Indemnity Through Date)
- **DN0427** (Dependent Date of Birth)

Error ### - New Error

DN#### - New DN

DN – Error Message Table (continued)

■ Added edits to:

- Error 041 (Must be \leq Current Date) per IRR882 to:
 - DN0029 (Policy Effective Date)
 - DN0061 (Employee Date of Hire)
 - DN0196 (Denial Rescission Date)
 - DN0199 (Full Denial Effective Date)
 - **DN0414** (Reduced Earnings Week Start Date)

Error ### - New Error

DN#### - New DN

DN – Error Message Table (continued)

- Removed Error 100 – Leading/Embedded spaces and broken out into:
 - **Error 120** - No Embedded Spaces – No Embedded Spaces will be applied to:
 - DN0187 (Claim Administrator FEIN)
 - DN0314 (Insured FEIN)

Error ### - New Error

DN#### - New DN

DN – Error Message Table (continued)

■ Removed Error 100 – Leading/Embedded spaces and broken out into:

- **Error 121** - No Leading Spaces – Will be applied to:

- DN0006 (Insurer FEIN)
- DN0007 (Insurer Name)
- DN0010 (Claim Administrator Primary Address)
- DN0012 (Claim Administrator City)
- DN0015 (Claim Administrator Claim Number)
- DN0017 (Insured Name)
- DN0018 (Employer Name)
- DN0019 (Employer Physical Primary Address)
- DN0021 (Employer Physical City)
- DN0023 (Employer Physical Postal Code)
- DN0027 (Insured Location Identifier)
- DN0028 (Policy Number Identifier)

Error ### - New Error

DN#### - New DN

DN – Error Message Table (continued)

■ Removed Error 100 – Leading/Embedded spaces and broken out into:

- **Error 121** - No Leading Spaces – Will be applied to:

- DN0033 (Accident Site Postal Code)
- DN0038 (Accident/Injury Description Narrative)
- DN0039 (Initial Treatment Code)
- DN0042 (Employee SSN)
- DN0043 (Employee Last Name)
- DN0044 (Employee First Name)
- DN0045 (Employee Middle Name/Initial)
- DN0046 (Employee Mailing Primary Address)
- DN0048 (Employee Mailing City)
- DN0050 (Employee Mailing Postal Code)
- DN0118 (Accident Site County/Parish)
- DN0119 (Accident Site Location Narrative)

Error ### - New Error

DN#### - New DN

DN – Error Message Table (continued)

■ Removed Error 100 – Leading/Embedded spaces and broken out into:

- **Error 121** - No Leading Spaces – Will be applied to:

- DN0120 (Accident Site Organization Name)
- DN0121 (Accident Site City)
- DN0122 (Accident Site Street)
- DN0123 (Accident Site State Code)
- DN0138 (Claim Administrator Claim Representative E-Mail Address)
- DN0140 (Claim Administrator Representative Name)
- DN0141 (Concurrent Employer Name)
- DN0154 (Employee ID Assigned by Jurisdiction)
- DN0163 (Employer Mailing Information/Attention Line)
- DN0165 (Employer Mailing City)
- DN0167 (Employer Mailing Postal Code)
- DN0168 (Employer Mailing Primary Address)

Error ### - New Error

DN#### - New DN

DN – Error Message Table (continued)

■ Removed Error 100 – Leading/Embedded spaces and broken out into:

- **Error 121** - No Leading Spaces – Will be applied to:

- DN0187 (Claim Administrator FEIN)
- DN0188 (Claim Administrator Name)
- DN0197 (Denial Reason Narrative)
- DN0217 (Payee)
- DN0233 (Suspension Narrative)
- DN0255 (Employee Last Name Suffix)
- DN0314 (Insured FEIN)
- **DN0402** (Cancel Reason Narrative)
- **DN0425** (Dependent First Name)
- **DN0426** (Dependent Last Name)

Error ### - New Error

DN#### - New DN

DN – Error Message Table (continued)

- Added **Error 122** (Must be > Reduced Earning Week Start Date)
 - Will be applied to **DN0415** (Reduced Earnings Week End Date)
- Added **Error 123** (Invalid Change Reason Code Relationship)
 - Will be applied to **DN0412** (Change Date Element/Segment Number)
- Added **Error 124** (No recognizable change found)
 - Will be applied to:
 - **DN0411** (Number of Change Data Elements)
 - **DN0412** (Change Date Element/Segment Number)

Error ### - New Error

DN#### - New DN

DN – Error Message Table (continued)

- Added **Error 125** (Must Be > 00 for D Delete)
 - Will be applied to:
 - DN0274 (Number of Accident/Injury Description Narratives)
 - DN0277 (Number of Full Denial Reason Codes)
 - DN0283 (Number of Payments)
 - **DN0420** (Number of Part of Body Injured)

Error ### - New Error

DN#### - New DN

DN – Error Message Table (continued)

■ Added **Error 126** (Number of Occurrences < or > Previously Reported for DN0413 Change Reason)

- Will be applied to:

- DN0078 (Number of Permanent Impairments)
- DN0275 (Number of Concurrent Employers)
- DN0277 (Number of Full Denial Reason Codes)
- DN0278 (Number of Managed Care Organizations)
- DN0279 (Number of Witnesses)
- DN0282 (Number of Other Benefits)
- DN0283 (Number of Payments)
- DN0284 (Number of Recoveries)
- DN0285 (Number of Reduced Earnings)
- DN0288 (Number of Benefits)
- DN0289 (Number of Benefit ACR)
- **DN0420** (Number of Part of Body Injured)
- **DN0424** (Number of Dependent/Payee Relationships)
- **DN0434** (Number of Cancel Elements)

Error ### - New Error
DN#### - New DN

Sequencing Table

Sequencing Table

- Style and design of R3.1 table is based on previous R3.0 tables
- Additional rules and notes about Sequencing is below the tables

Sequencing Table – Updates

- Relaxed Edit to allow CB after IP
- New edit for SROI-SU
 - SROI-SU will only be accepted upon request and approval of eClaims@wcb.ny.gov
 - If the request is not approved, then an incoming SROI-SU will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating “Z) SROI-SU needs to be pre-approved first (see Edit #3)”

Sequencing Tables – Updates

- SROI-AC added:
 - Allowed if last accepted FROI is AQ/AU
 - Allowed if last accepted SROI is 04/UR
- SROI-SX follows the sequencing of the past S1, S2, etc.
 - Sequencing from R3.0 to R3.1 should not be affected

Additional Population Restrictions



Additional Population Restrictions

- New Edit DN0006-117 Insurer FEIN can only be changed on FROI-02
- New Edit DN0187-117 Claim Administrator FEIN can only be changed on FROI-02
- New Edit DN0281-064 (Initial Date Employer Had Knowledge of Date of Disability) must be on or after DN0056 (Initial Date Disability Began)

Additional Population Restrictions

- Modified DN0134-059 Calculated Weekly Compensation Amount
 - Can only be on certain MTCs to include PD and SU
- Modified DN0087-059 Net Weekly Amount
 - Can only be on certain MTCs to include SU

Knowledge Check

- What were the edits made to Error 041 on the DN – Error Message Table?
- An additional population restriction states New Edit DN0006-117 Insurer FEIN can only be changed on _____?

Next Steps

Today's Takeaways:

■ March 15, 2021

- New System planned go-live

■ Register for the monthly webinars

- Sign up for WCB Notifications on website

■ Have a system readiness plan

- Prepare for migration
- Modify your program

Today's Takeaways:

- **NYS Workers Compensation Board will provide resources to help your organization.**
 - Resources will be posted to the eClaims page.

Webinar Details/Registration: <http://www.wcb.ny.gov/webinars/>

R3.0 Questions: eclaims@wcb.ny.gov

R3.1 Questions: eclaims31@wcb.ny.gov

Questions and Answers

Thank you!



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