

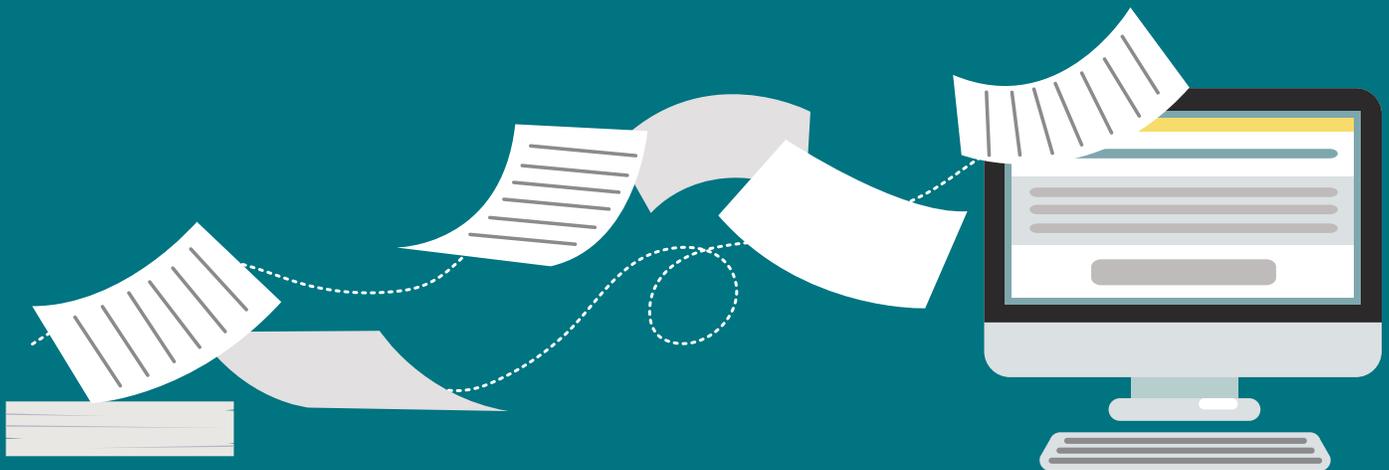


**Workers'  
Compensation  
Board**

Revised December 8, 2021

# Electronic Data Interchange (EDI) R3.1 eClaims Implementation Guide

For Reporting of  
First Reports of Injury (FROI) and  
Subsequent Reports of Injury (SROI)



## First Reports of Injury (FROI) and Subsequent Reports of Injury (SROI)

### Revisions

Date	Descriptions
7/8/2020	<ul style="list-style-type: none"> <li>Announced that trading partner onboarding for the eClaims EDI R3.1 upgrade will be held from November 16, 2020, through February 27, 2021, with production to begin on March 15, 2021</li> <li>Updated Test Plan for Flat Filers – Section 3.7</li> <li>Updated eClaims Web Data Entry Testing and Instructions – Section 3.12</li> </ul>
4/23/2021	<ul style="list-style-type: none"> <li>Reformatted for ease of use by trading partners</li> <li>Announced that trading partner onboarding for the eClaims EDI R3.1 upgrade will be held from October 12, 2021, through January 14, 2022, with production to begin on January 24, 2022</li> <li>Updated NYS-Specific eClaims Implementation Regulations – Section 1.5 to align with regulations effective January 24, 2022</li> </ul>
9/16/2021	<ul style="list-style-type: none"> <li>Updated eClaims Implementation Plan and Training – Section 3.1 changing the “to” date for testing from January 14, 2022, to January 7, 2022</li> <li>Updated Test Plan for Flat Filers – Section 3.7 to include information regarding the availability for eClaims Inquiry application for test transactions to view accepted/rejected transactions using the FROI/SROI transaction search, as well as Error Reports, as described on the Inquiry Overview page in the eClaims section of the Board’s website</li> <li>Updated Test Plan for Flat Filers – Section 3.7 and eClaims Web Data Entry Testing and Instructions – Section 3.12 to remove references to DN0202 (Reduced Benefit Amount Code) = Z (Net to Zero)</li> <li>Updated Moving from Test Completion to Production Status – Section 3.8 stating that test files can continue to be sent until January 7, 2022</li> </ul>
10/22/2021	<ul style="list-style-type: none"> <li>Updated Forms Zip File and PDF File naming conventions – Section 3.6.1 to match the current naming convention of files that are returned to trading partners.</li> </ul>

**Electronic Data Interchange (EDI) R3.1 eClaims  
Implementation Guide  
For Reporting of First Reports of Injury (FROI) and  
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# 1 Introduction

eClaims is the New York State Workers' Compensation Board's (Board) implementation of an electronic claim-reporting standard for reports of injury filings. The Board has adopted a national standard for claims reporting from the International Association of Industrial Accident Boards and Commissions (IAIABC): Claims Electronic Data Interchange Release 3.1 (Claims EDI R3.1, or simply R3.1). The standard uses EDI so that data can be transmitted electronically between the Board and its trading partners quickly, efficiently, and cost-effectively.

In 2001, the Board adopted a national electronic standard for Proof of Coverage (POC) reporting. To leverage additional efficiencies, the Board decided to mandate IAIABC Claims EDI R3.0 for the filing of claim information (eClaims) as announced on March 5, 2012, in Board Subject Number 046-477. Starting on January 24, 2022, the Board will be migrating to the Claims EDI R3.1 standard as described in the [December 17, 2019, update](#) and elaborated upon in the [Revised Subject Number 046-1319](#), posted March 8, 2021. All claim administrators must transition from R3.0 and paper to R3.1 in eClaims according to the Board implementation timeline, which begins in October 2021.

The NYS Workers' Compensation Board's *EDI R3.1 eClaims Implementation Guide* is designed to assist trading partners with the transition from the current R3.0 standard for First Reports of Injury (FROI) and Subsequent Reports of Injury (SROI) to using the IAIABC Claims EDI R3.1 standard. The Board recommends that this Guide be used in conjunction with the *IAIABC EDI Release 3.1 Implementation Guide*.

In addition to the Board's *EDI R3.1 eClaims Implementation Guide*, many documentation resources have been published to the [eClaims](#) section of the Board's website, including New York's [requirement tables](#) and other documents to assist in the implementation of and adherence to the standard. Links to specific documents have been provided where appropriate throughout this guide.

### 1.1 Electronic Data Interchange (EDI) Overview

Electronic Data Interchange, or EDI, is the structured transmission of data between organizations by electronic means. It is an “electronic handshake” used to transfer documents or business data from one computer system to another computer system without human intervention. EDI is a proven technology and data transmission methodology that has been used by businesses and government agencies since the 1960s. EDI provides a standard protocol for trading partners to automate the processing of transactions, which has resulted in a highly efficient and effective means of conducting business.

### 1.2 Purpose of EDI

The adoption of EDI has improved Board case management and the flow of benefits to injured workers. EDI is used for data transfers between the Board and claim administrators (insurance carriers, self-insured employers, group self-insurers, and licensed third-party administrators) and has replaced a number of paper forms. It is a widely used best practice for the reporting of claim information to a jurisdiction.

### 1.3 Advantages of EDI

The transfer of claim information via EDI has many advantages over the submission of paper forms for both the Board and claim administrators. These advantages include:

- **Improved Speed:** EDI establishes a single, consistent format for data submission, which enables automated communication between trading partners. EDI dramatically improves the speed with which transactions between trading partners take place, decreasing transaction time from days to generally within 24 hours. EDI replaces paper documents, which require time to be mailed and delivered and contain data elements that must be manually entered — activities that can take weeks depending on an organization’s procedures, staffing levels, amount of backlog, etc.
- **Improved Timeliness of Benefits:** Adopting a standardized electronic claim filing process enables the Board to obtain claim information quickly and streamline the case assembly process, resulting in more timely delivery of benefits to injured workers.
- **Increased Efficiency and Accountability:** EDI improves the efficiency of obtaining accurate data using automated edits to ensure electronically submitted data is complete. By reducing the need for manual key entry, EDI reduces the potential for data entry errors. Once data has been entered into a computer system, it can be seamlessly transferred between computer systems and verified electronically via EDI. Additionally, EDI provides a comprehensive audit trail for transactions, which allows the Board to monitor claim administrator performance.
- **Improved Communication:** EDI is a two-way communication process and includes an electronic acknowledgement of transactions back to the claim administrator. The acknowledgement informs the claim administrator immediately whether the data submitted was accepted or rejected, as well as the reason the data was rejected. This electronic acknowledgement provides the claim administrator with a mechanism to automate its own internal workflow, which results in improved efficiencies for both trading partners. The improved communication also dramatically reduces “defensive” duplicate filings by claim administrators.

- **Enhanced Performance Monitoring:** EDI enables an organization to better monitor performance with improved access to key data elements that are relevant to core business processes. The data obtained via EDI improves the analysis that the Board undertakes for procedural and regulatory reviews and allows for improved, more informed policy decisions.
- **Reduced Overhead:** Use of EDI reduces non-value-added activities, such as mailroom sorting, mail charges, and document handling, reducing overhead and total system costs.
- **Improved Workflow:** EDI can dramatically improve workflow capabilities as it provides the foundation for automated, data-driven workflow, replacing inefficient, manual review of workflow. This reduces human errors and lengthy processing times associated with manual review.

### 1.4 IAIABC EDI Background

The [International Association of Industrial Accident Boards and Commissions \(IAIABC\)](#) is a trade association representing government agencies responsible for the administration of workers' compensation systems. The IAIABC has established national EDI standards for the electronic transmission of information on claims reporting, Proof of Coverage (POC), and medical bill payments. In 2017, the IAIABC introduced the next version of their claims reporting standard, Claims EDI R3.1. Fifteen states have adopted or are in the process of adopting R3.1. Thirty-nine states are currently utilizing either R3.1 or an earlier release of the IAIABC standard for the reporting of claims information.

### 1.5 NYS-Specific eClaims Implementation Regulations

The purposes of 12 NYCRR 300.22 are to enable FROI and SROI by removing confusion between differing requirements for employer and insurer filings and payments; to mandate electronic filing on the Board's timetable and on its requirements; and to specify and permit various data filings, including reports of payments, wages, and other items.

The Chair's authority to mandate electronic reporting stems from Workers' Compensation Law (WCL) § 124(3), which provides that "[n]othing stated above shall preclude the chair from requiring the submission or dissemination of notices or reports in an electronic or typed form, with the exact format to be prescribed by the chair."

Further information regarding FROI and SROI filing requirements may be found here:

- The *NYS R3.1 Event Table* for reports of payments and periodic report filing requirements. The table can be found on the [NY Requirement Tables – EDI R3.1](#) page in the eClaims section of the Board's website.
- See [Subject Number 046-1319R Workers' Compensation Board Announces Publication of eClaims R3.1 Requirement Tables and Implementation Date for Mandatory EDI Claims Reporting](#). (Effective date: January 24, 2022)
- Information on FROI/SROI servable PDFs can be found on the [Transaction Reports for Mailing to Parties](#) page in the eClaims section of the Board's website.

### 1.6 Claim Administrator Responsibilities

Claim administrators must develop an understanding of EDI and the process of reporting claim information electronically to the Board. This understanding includes the following key components:

- Data required to report claim information.
- Circumstances, or events in a claim, that require submission of data and their time frames.
- Correct format of the data.
- Technical specifications for sending and receiving data electronically to and from the Board.
- Electronic acknowledgement process, which includes acceptance and rejection of data.

These components are the foundation for the planning of a successful implementation of EDI.

## 2 Preparing for eClaims and Transition to R3.1

There are important steps that a claim administrator or other party must perform to send claim information to the Board using Claims EDI R3.1. Successful completion of these steps will allow a party to fulfill the mandate of reporting claim information to the Board via EDI. Each step is summarized below:

- **Understanding Data and Technical Requirements:** Claim administrators must review and analyze the claim data that they currently receive well in advance of their eClaims implementation or migration to R3.1. This will ensure that there is enough time to make any changes that might be necessary to data collection methods or processes. The claim data should be compared to the data element requirements that the Board has published in the *NYS R3.1 Element Requirements* on the [NY Requirement Tables – EDI R3.1](#) page in the eClaims section of the Board’s website. Particular attention should be paid to data elements that are listed as Mandatory (M) or Mandatory Conditional (MC).
- **Becoming a Trading Partner:** Claim administrators who have not previously filed EDI with the Board will be required to complete an Electronic Partnering Agreement and a Trading Partner Profile. The Board utilizes an online registration system for this requirement. When the registration of a claim administrator has been approved by the Board, the claim administrator and/or any vendor will then be required to demonstrate the ability to successfully send and receive data from the Board electronically.

For trading partners that are transitioning from R3.0 to R3.1, it is recommended that they take the “EDI Claims Release 3.1 Industry Readiness” webinar offered from the IAIABC. This can be accessed via the [IAIABC EDI webinars page](#).

For a summary of changes on what has been updated for New York claim reporting in R3.1, please see the [Summary of Changes 3.0 to 3.1](#) on the [NY Requirement Tables – EDI R3.1](#) page in the eClaims section of the Board’s website.

### 2.1 Understanding Data and Technical Requirements

The claim information that the Board expects, when it is required, and the format in which it is needed, are detailed in the New York requirement tables:

- *NYS R3.1 Event Table*
- *NYS R3.1 Element Requirements*
- *NYS R3.1 Edit Matrix*

The tables are located on the [NY Requirement Tables – EDI R3.1](#) page in the eClaims section of the Board’s website. Claim administrators need to carefully review these tables. Instructions are provided with each table. Further information about the tables can be found in [Section 3](#) of this guide.

A claim administrator may submit data to the Board as a flat file and/or via the eClaims web application. Use of the eClaims web application is primarily for low volume filers, but it is not limited solely to that group. Data can be sent either directly to the Board or through a vendor. More information about data submission is found in [Section 3.1.2](#) of this guide.

## 2.2 Becoming a NYS Trading Partner

Trading partners that have sent EDI transactions to the Board in the past do not need to complete these steps.

A trading partner is an entity that enters into an agreement with the Board to exchange data electronically. A trading partner can be an insurance company, licensed third-party administrator (TPA), or self-insured employer. To become a trading partner that is permitted to send claim information to the Board, the following requirements must be met in the order listed below:

1. Complete the Electronic Partnering Agreement via online registration.
2. Designate an EDI Coordinator (Administrator) via the online registration process and complete the Trading Partner Profile.
3. Complete data testing requirements as outlined in the [eClaims Data Preparation and Testing](#) section of this guide.

Upon completion of these steps, a trading partner will be certified to send claim information to the Board electronically.

All TPAs must be licensed by the Board's Licensing Unit and have an assigned "T" number to be able to submit data electronically. TPAs that do not have a "T" number can learn how to apply on the [Third-Party Administrators](#) page of the Board's website.

To obtain detailed information about the process and to begin the online registration process, visit the [eClaims Electronic Trading Partner Registration Overview](#).

## 2.3 Electronic Partnering Agreement

Trading partners that are registered in R3.0 do not need to complete a new Electronic Partnering Agreement or reregister.

The Electronic Partnering Agreement establishes the purpose, objectives, and responsibilities of parties also known as trading partners. No claim information may be submitted electronically to the Board from any party that has not registered as a trading partner, completed an Electronic Partnering Agreement, and completed data testing requirements.

## 2.4 Trading Partner Profile

Trading partners that have already established a Trading Partner Profile with the Board will not need to create a new profile for the migration to R3.1.

All new trading partners must complete the Trading Partner Profile using the online registration process, which is explained on the [Electronic Trading Partner Registration Overview](#) page of the eClaims section of the Board's website. The Trading Partner Profile requires a trading partner to specify the type of trading partner they are (i.e., insurance carrier, licensed third-party administrator, self-insured employer), key attributes of the organization registering as a trading partner (i.e., sender tax identification number, FEIN, address with nine-digit postal code), and provide detailed contact information. Vendors that will submit data on behalf of claim administrators must complete the Trading Partner Profile and Electronic Partnering Agreement.

## 2.5 Designation of an eClaims Administrator

Trading partners that have already designated more than one eClaims Administrator with the Board for R3.0 will not need to complete this step unless the designee has changed (it is highly recommended that each trading partner designate more than one eClaims Administrator).

The eClaims Administrator(s) will represent a trading partner during the implementation of eClaims and serve as the point of contact for the trading partner during data testing. Post implementation, the Board expects that the eClaims Administrator(s) will be utilized for ongoing communication regarding eClaims concerns.

## 2.6 Managing an eClaims Implementation

It is most important that claim administrators begin planning for the migration to Claims EDI R3.1 prior to the submission of claim information electronically. The following are recommended steps that claim administrators should take to achieve a successful implementation of eClaims:

1. Obtain the [IAIABC EDI Release 3.1 Implementation Guide](#).
2. Identify and dedicate key business and technical resources.
3. Determine data transmission method: flat file or eClaims web application.
4. Immediately involve Information Technology and Project Management units to support eClaims implementation.
5. Evaluate the data quality that is currently being received and reported.
6. Review existing paper-based processes and start to identify the changes that need to be made to support the electronic data filing requirements for eClaims.
7. Examine existing claim administration software and identify potential integration points for sending claim data to the Board.
8. Evaluate the information technology resources that are currently being utilized either internally or with a vendor.
9. Analyze and compare current business processes and procedures for collecting claim data to the new data requirements for eClaims.
10. Identify the modifications needed to meet the new data filing requirements for Claims EDI R3.1.
11. Conduct internal unit testing of data to prepare for testing data with the Board.
12. Develop a post-implementation plan for ongoing monitoring of data quality to ensure that the transaction acceptance rate meets or exceeds 90%.

If applicable, claim administrators should include any licensed third-party administrators that they utilize in planning for the transition to eClaims.

## 3 eClaims Data Preparation and Testing

This section discusses the eClaims technical requirements for submitting data via EDI and the test plan that **all** trading partners must complete to be approved to submit data electronically.

### 3.1 eClaims Implementation Plan and Training

The Board will conduct R3.1 testing with trading partners from October 12, 2021, to January 7, 2022.

It is recommended that trading partners become familiar with the IAIABC Claims EDI R3.1 standard. It is also highly recommended that the trading partner attend at least one training held by the IAIABC. Information about these trainings can be found on the [IAIABC EDI training site](#).

#### 3.1.1 eClaims Contact Information and Resources

##### Questions about eClaims:

Email: [eClaims31@wcb.ny.gov](mailto:eClaims31@wcb.ny.gov)

##### IAIABC Resources:

*IAIABC EDI Release 3.1 Implementation Guide*: Key technical resource for Claims EDI implementations. See [Claims Release 3.1.4 Implementation Guide and Supporting Documents](#) on the IAIABC website ([www.iaiaabc.org](http://www.iaiaabc.org)).

Note: There is a fee for the *IAIABC EDI Release 3.1 Implementation Guide* for those who are not IAIABC members. The *IAIABC EDI Release 3.1 Implementation Guide* cannot be distributed by the Board or other jurisdictions. It must be obtained from the IAIABC.

#### 3.1.2 Data Submission Options

Claim administrators have two options for the electronic submission of claim information to the Board:

- Flat file via a secure file transfer protocol (sFTP)
- eClaims web application

Claim administrators can use one or both options. Flat files can be submitted directly to the Board or through a vendor. Acknowledgement processing for flat file submissions will be completed daily.

The eClaims web application is primarily for low-volume filers, but it is not limited solely to that group. Acknowledgement processing for submissions via the eClaims web application will be immediate.

### 3.2 Data Files Delivery Technical Requirements

Trading partners and vendors must contact the Board to be set up as a submitter for EDI transmission. If the trading partner or vendor does not already have an sFTP user account with the Board, then they must contact the Board for instructions to get a new user account for upload and download access.

All submitters must successfully complete the test process using test data files before they can upload production data files to the sFTP server.

### 3.3 Upload Processing for Data Files

All data files that are uploaded to the sFTP server must follow the file naming convention determined by the Board. Data files sent via email or other media will not be processed. Data files that are improperly named or formatted will be rejected without being processed. The header record of the data file needs to have its Receiver ID (0099) be “146013200 122410019,” which is the Board’s FEIN and postal code separated by seven spaces.

The file naming convention for data files is as follows:

Data File Name: [TP ID + _ + Date + _ + FROI/SROI + _ + Time + _ + T/P].txt	
<b>TP ID</b>	Trading Partner ID is assigned to the trading partner by the Board.
<b>_</b>	Use underscore as node separator for readability.
<b>Date</b>	Date (in the format of CCYYMMDD) of the data file.
<b>FROI/SROI</b>	Static text of ‘FROI’ or ‘SROI’ indicating the type of transactions in the data file.
<b>Time</b>	Time (in the format of HHMMSS) for that data file.
<b>T/P</b>	Static text of ‘P’ or ‘T’ to indicate whether the file is a production or test data file.
<b>txt</b>	The data file must be a standard ANSI/UNICODE text file with a file extension of ‘.txt.’

**Example:** ABC\_20120821\_FROI\_141000\_T.txt



#### 3.3.1 Batch in Data File

The Board requires that FROIs and SROIs be in separate data files. There is only one batch per data file.

#### 3.3.2 Data File Processing Order

The Board processes the data files in alphabetical order per submitter so that all FROIs are processed before SROIs. SROI files are processed in the order in which they are received, according to the time indicated in the filename.

#### 3.3.3 Upload Path

Upload test data files to the following location on the Board’s sFTP server:  
/Incoming/Test/Data-Files/

Upload production data files to the following location on the Board’s sFTP server:  
/Incoming/Production/Data-Files/

## 3.4 Download Processing for Acknowledgement Files

Once all the transactions within a data file have been processed according to IAIABC and Board requirements, an Acknowledgement file is placed on the sFTP server for the submitter. The submitter is responsible for downloading and reviewing all Acknowledgement files. All rejected transactions must be analyzed so that appropriate transaction(s) can be sent in the next data file. Even accepted transactions need to be reviewed so that future transactions use the appropriate Board Case ID as the Jurisdiction Claim Number on subsequent transactions.

The file naming convention for Acknowledgement files is as follows:

### Acknowledgement File Name:

[TP ID + \_ + Date + \_ + FROI/SROI + \_ + Time + \_ + T/P + \_ + ACK].txt

The Acknowledgement filename uses the same convention as the data filename except that “ACK” is added before the file extension.

**Example:** ABC\_20120821\_FROI\_141000\_T\_ACK.txt

### 3.4.1 Download Path

Test Acknowledgment files are downloaded from the following location on the Board’s sFTP server: /Outgoing/Test/Acknowledgment/

Production acknowledgment files are downloaded from the following location on the Board’s sFTP server: /Outgoing/Production/Acknowledgment/

## 3.5 Upload and Download Frequency

The Board processes FROI/SROI flat files five days a week (Monday through Friday) including holidays.

- Data files uploaded on **Monday, Tuesday, Wednesday, and Friday before 8 p.m. ET** will be processed that night (note that files uploaded by 5:30 p.m. ET will be processed at that time, but we will still process any additional files that are uploaded by 8 p.m. ET).
- Data files uploaded on **Thursdays before 6 p.m. ET** will be processed that night. Acknowledgement files will be available for download the next day before 9 a.m. ET.
- The Acknowledgement file for any flat file sent on Friday will be available Monday morning (even if Monday is a holiday).

There is no limit on the number of SROI-SAs (or any Maintenance Type Code [MTC]) sent on any day (see [Section 4.1](#) of this guide for the MTCs accepted by the Board). We suggest the size of the data file be limited to 3,000 transactions, including any MTC, not just SROI-SAs, to make the imaging/Zip file creation process go smoothly. This is only a recommendation, not a rule.

## 3.6 Generation and Mailing Requirements for FROI/SROI Transaction Reports

As the “Paper Forms” column of the *NYS R3.1 Event Table* indicates, claim administrators are required to notify parties of interest (via paper NY forms) for many FROI and SROI MTCs (events) using the Board-prescribed form. The Board-prescribed form is a paper copy of the EDI transaction, which can be mailed to the parties in the form of a transaction report. The Board will create these reports electronically by extracting the data from accepted FROI/SROI transactions and flooding the data into a printable report format. An electronic copy of the transaction reports will be stored in the Board’s electronic case folder in eCase, as well as the Board’s internal claims system.

To satisfy the Board’s requirement to notify the parties of FROI/SROI events as indicated in the *NYS R3.1 Event Table*, claim administrators can view and print these reports by using any of the following options:

- The transaction report can be viewed and printed from eCase.
- The transaction report can be viewed and printed from the eClaims Inquiry web application.
- The transaction report can be viewed and printed immediately upon successful submission of the FROI/SROI transaction using the Board’s eClaims Data Entry web application.
- For trading partners that submit flat files to the Board, the Board will return a Forms Zip file (in addition to an Acknowledgement file) for each flat file provided to the Board. The Forms Zip file will contain all of the transaction reports as PDF files, which the trading partner can download and print in bulk for mailing to parties. The Forms Zip file will only contain PDFs for EDI transactions that are required to be mailed to the parties as indicated in the *NYS R3.1 Event Table*. In addition to the PDF files, the Forms Zip file will always include a manifest text file (manifest.txt) that will contain a list of the PDF filenames with the total number of PDF files generated. The manifest serves as a cross-check mechanism that allows the trading partner to confirm that the Board included the correct number of PDFs in the Zip file. When a data file does not contain any transactions that are required to be mailed to the parties, the Forms Zip file will only contain the manifest text file indicating “0 Forms Generated.”

### 3.6.1 Forms Zip File Processing

In accordance with the IAIABC Claims EDI Files Containing Forms Returned by the Jurisdiction Guidelines posted on the IAIABC website on 2/6/2017, New York has changed the naming convention for the zip files effective 10/7/2017.

Each Zip file containing FROI/SROI forms (PDFs) is associated to a corresponding Header Record (HD1) within a data file submitted by the trading partner. The Forms Zip file name will not match the data file name nor the acknowledgment file name. The name will always start “NY” — the Jurisdiction Code (DN0004).

Forms Zip File Name: [NY + \_ + Sender FEIN (DN\_0098) + \_ + F/S + \_ + Date Transmission Sent (DN0100) + \_ + Time Transmission Sent (DN0101) + \_ + T/P + \_ + FORMS].zip

**Example:** NY\_999999999\_F\_20211014\_093304\_T\_FORMS.zip

Each form PDF file within the ZIP will be associated to a specific EDI transaction from the corresponding data file. The PDF file naming convention includes the Jurisdiction Claim Number (DN0005), Maintenance Type Code (DN0002), Claim Administrator Claim Number (DN0015), and the Record Sequence Number (DN0107). These elements provide the necessary linkage to the specific EDI transaction in the data file. The Form ID is not used and will default to “0” and be placed between the Maintenance Type Code and the Claim Number.

PDF File Name: [NY + \_ + Jurisdiction Claim Number + \_ + Maintenance Type Code + \_ + 0 + \_ + Claim Admin Claim Number + \_ + Record Sequence Number].pdf

**Example:** NY\_G0760037\_IP\_0\_9844562X1\_000000001.pdf

### 3.6.2 Forms Zip File Download Path

Forms Zip files are downloaded from the following location on the Board's sFTP server:

**Test Files:** /Outgoing/Test/Forms/

**Prod Files:** /Outgoing/Production/Forms/

### 3.6.3 Business Scenario Illustrating Data File/Acknowledgement/Forms Zip File

On October 10, 2017, Trading Partner "ABC" sends the Board a FROI data file and a SROI data file. The FROI file contains a single batch comprised of two FROI 00 (Original) transactions followed by two FROI 04 (Denial) transactions. The SROI data file contains a single batch comprised of three SROI SX (Suspension) transactions.

**Data Filenames:** ABC\_20171001\_FROI\_141000\_P.txt  
ABC\_20171001\_SROI\_141000\_P.txt

The WCB processes the FROI data file first and then processes the SROI data file. All records from both files are accepted. The Board creates the corresponding Acknowledgement files and the Forms Zip files as follows:

**Ack Filenames:** ABC\_20171001\_FROI\_141000\_P\_ACK.txt  
ABC\_20171001\_SROI\_141000\_P\_ACK.txt

**Forms Zips:** NY\_123456789\_F\_2017101\_141000\_P\_FORMS.zip  
NY\_123456789\_S\_2017101\_141000\_P\_FORMS.zip

The MANIFEST.txt file in the FROI Forms Zip contains the following records:

- NY\_G0760905\_04\_0\_K5551101\_000000005.pdf
- NY\_G0760906\_04\_0\_L5551102\_000000007.pdf
- 2 Forms Generated

The FROI Forms Zip file contains the following PDF files:

- NY\_G0760905\_04\_0\_K5551101\_000000005.pdf
- NY\_G0760906\_04\_0\_L5551102\_000000007.pdf

*The FROI Zip file does NOT contain PDFs for the two FROI 00 (Original) transactions because the FROI-00 does not require the EDI transaction be mailed to the parties.*

The MANIFEST.txt file in the SROI Forms Zip contains the following records:

- NY\_G0760937\_SX\_S\_0\_98200\_000000001.pdf
- NY\_G0760937\_SX\_S\_0\_9845GGX1\_000000003.pdf
- NY\_G0760933\_SX\_S\_0\_554914991\_000000005.pdf
- 3 Forms Generated

The SROI Forms Zip file contains the following PDF files:

- NY\_G0760937\_SX\_S\_0\_98200\_000000001.pdf
- NY\_G0760937\_SX\_S\_0\_9845GGX1\_000000003.pdf
- NY\_G0760933\_SX\_S\_0\_554914991\_000000005.pdf

### 3.6.4 Forms Not Included in Forms Zip File

The “paper forms” column in the NY FROI Event Table in the *NYS R3.1 Event Table* refers to two legacy paper forms that are not EDI forms. The *Statement of Rights (Form C-430S)* and the *Diagnostic Testing Network (Form DT-1)* will never be included in the Forms Zip file as they contain little or no EDI data. Claim administrators should continue to use existing procedures for obtaining/completing/mailing these forms to the parties. These forms can be found on the [Forms section](#) of the Board’s website.

## 3.7 Test Plan for Flat Filers

The testing process includes a test plan made up of three mandatory tests and a fourth test that the submitter completes, as needed. All submitters must complete all mandatory tests described in this section to be approved to submit production data files. Completion of these tests ensures that the submitter has established connectivity with the Board and can handle all types of MTCs. Vendors do not have to repeat the test plan for every customer. Once a vendor is in production, there is no need to repeat the test plan when implementing additional clients for New York. The exception is if the customer is a pass-thru. Then they would need to test. Each test is listed below:

1. **Test A:** Single Data File (FROIs only)
2. **Test B:** Two Data Files (FROIs and SROIs)
3. **Test C:** Single Data File (SROIs only)
4. **Test D:** One or Two Data Files (FROIs and/or SROIs) (As Needed)

During the test period, the submitter uploads the test data file as specified in Test A to the Board’s sFTP server. Once the file is uploaded to the sFTP server, the submitter must notify the Board Testing Coordinator ([eClaims-Support@wcb.ny.gov](mailto:eClaims-Support@wcb.ny.gov)) that the file has been uploaded.

In response to the submitter’s email notification, the Board will process the test file and generate an Acknowledgement file on the sFTP server for the submitter to download. An acknowledgement to a test data file contains a ‘T’ in the Test/Production Indicator in the Header Record. After the Board returns the results of each test, the submitter should submit their next test file within three business days.

The eClaims Inquiry application, an online application which gives trading partners, vendors, insurers and TPAs the ability to view accepted and rejected claims transactions with the Board, can be used for test transactions. Users will be able to view accepted/rejected transactions using the FROI/SROI transaction search, as well as Error Reports, as described on the [Inquiry Overview page](#) in the eClaims section of the Board’s website.

### 3.7.1 Basic Tests

For all tests A through D, basic tests will be performed on the test data file to ensure that the file meets connectivity and file structure requirements. If a test data file is rejected during any test, the submitter is required to correct the test data file and resend it.

All test data files must consist of the following:

- Header Record (with the Test/Production indicator, DN 104, set to ‘T’)
- Trailer Record

Listed below are the types of basic tests and the results that cause a test data file rejection. Submitters must correct the file and repeat the test if a file is rejected.

Testing Type	Result
File Naming Convention	Invalid
Header Record	Missing/Invalid
Trailer Record	Missing/Invalid
Record Structure	Invalid
Data Type	Mismatch

The Board will test each FROI/SROI transaction according to the NY requirement tables. See the [NY Requirement Tables – EDI R3.1](#) page in the eClaims section of the Board’s website.

The results of each test will be evaluated to determine if the submitter is ready to proceed to the next step.

### 3.7.2 Test A – Single Data File (FROIs only)

Test A tests the initial FROI transactions and the integrity of the data file. Once received, the Board will process and acknowledge the test data file. This step is designed to test:

- File technical content (Fatal Errors)
- FROI transactions

During this phase of the test procedure, the submitter transmits one test data file of at least 20, but not more than 50, FROI transactions to the Board. The test data file must consist of the following transactions:

**1. At least one of each of the following FROI MTCs:**

- ‘00’ with multiple DN0036 (Part of Body Injured Code) DNs, using DN0421 (Body Part Injured Location Code) on at least one and DN0422 (Part of Body Injured Fingers/Toes Location Code) on at least one body part.
- ‘AU’
- ‘04’
- ‘AQ’. This transaction should be rejected since the test database will not have FROIs from a previous claims administrator.

**2. ‘04’ – At least one instance of FROI Denial:**

- One with a DN0031 (Date of Injury) prior to 1/1/2019
- One with a DN0031 (Date of Injury) on or after 1/1/2019

The test data file must not include MTCs other than those listed above.

The Board will examine the test results to determine if the submitter is ready for the next step of the testing process. The transaction acceptance rate must be at least 90% to pass the test and proceed to the next step. Transaction rates below 90% are considered a failure of the test. The submitter must repeat the test by sending a new test file.

## 3.7.3 Test B – Two Data Files (FROIs and SROIs)

Test B tests previously accepted FROI transactions and initial SROI transactions. Once received, the Board will process and acknowledge the test data files. This step is designed to test:

- Acknowledgement process
- Follow-up FROI transactions on previously accepted transactions from Test A
- MTC sequencing requirements
- Initial SROI transactions on the previously accepted FROIs from Test A

During this phase of the test procedure, the submitter transmits two test data files of at least 10, but not more than 50, each of FROI/SROI transactions to the Board. The test data files must consist of the following transactions:

### FROI Test Data File

- At least one MTC '01' for the previously accepted transaction from Test A.
- At least one instance of a FROI MTC that indicates Acceptance after a Denial (see [R3.1 FAQ: How do I accept a case after a FROI-04/SROI-04 has been submitted?](#) on the Frequently Asked Questions page of the eClaims section of the Board's website.)
- At least four FROI changes (MTC-02) to:
  - Update a data element
  - Add a data element
  - Remove a data element
  - Delete a variable segment

### SROI Test Data File

- At least one each of the following SROI MTCs: '04,' 'AC,' 'CD,' 'EP,' 'IP,' 'PD,' 'UR,' and 'PY' from a previously accepted transaction.
- At least one SROI-IP with DN0414 (Reduced Earnings Week Start Date), DN0415 (Reduced Earnings Week End Date), and DN0435 (Reduced Earnings Net Weekly Amount Due by Claim Administrator) present.

At least three instances of a SROI Denial:

- a. One with a DN0031 (Date of Injury) prior to 1/1/2019
- b. One with a DN0031 (Date of Injury) on or after 1/1/2019
- c. One additional SROI-04 with any DN0031 (Date of Injury)

All transactions in Test B are expected to include Board Case IDs, i.e., DN0005 (Jurisdiction Claim Number), that were returned in the Acknowledgement file in Test A. The test data files must not include MTCs other than those listed above.

The Board will examine the test results to determine if the submitter is ready for the next step of the testing process. The transaction acceptance rate must be at least 90% to pass the test and proceed to the next step. Transaction rates below 90% are considered a failure of the test. The submitter must repeat the test by sending a new test file.

All FROIs are processed before SROIs. If a FROI test file fails, the Board will not process the SROI test file that was submitted for Test B. If a SROI file fails, only the SROI file will need to be re-submitted for Test B.

### 3.7.4 Test C – Single Data File (SROIs only)

Test C tests the previously accepted SROI transactions. Once received, the Board will process and acknowledge the test data file. This step is designed to test:

- Acknowledgement process
- Follow-up SROI transactions on previously accepted transactions
- SROI periodic reports
- MTC Sequencing requirement

During this phase of the test procedure, the submitter transmits one test data file of at least 30, but not more than 50, SROI transactions to the Board. The test data file must consist of the following transactions:

- At least one each of the following SROI MTCs: 'CA,' 'CB,' 'ER,' 'RB,' 'SX' (with DN0418 [Suspension Reason Code]: Full = 'S1,' 'S2,' 'S4,' 'S5,' 'S7,' 'SD,' 'SJ') 'SA,' and 'SU' from a previously accepted transaction.
- At least four of each of the following SROI Changes (MTC-02) to:
  - Update a data element
  - Add a data element
  - Remove a data element
  - Delete a variable segment
- At least one SROI-RB
- A SROI-04 after a previous SROI-04 to change DN0198 (Full Denial Reason Code)
- At least three instances of Acceptance after a SROI Denial (see [R3.1 FAQ: How do I accept a case after a FROI-04/SROI-04 has been submitted?](#) on the Frequently Asked Questions page of the eClaims section of the Board's website):
  - Two without indemnity payments (medical only)
    - One with a DN0031 (Date of Injury) prior to 1/1/2019
    - One with a DN0031 (Date of Injury) on or after 1/1/2019
  - One with an indemnity payment

All transactions in Test C are expected to include the Board Case IDs, i.e., DN0005 (Jurisdiction Claim Number), that were returned in the Acknowledgement file in Test A or Test B. The test data files must not include MTCs other than those listed above.

The Board will examine the test results to determine if the submitter is ready to upload production data files. The transaction acceptance rate must be at least 90% to pass the test and proceed to the next step. Transaction rates below 90% are considered a failure of the test. The submitter must repeat the test by sending a new test file. Depending on the results of Tests A, B, and C, the submitter may elect to perform Test D. The Board may also require the submitter to perform Test D.

### 3.7.5 Test D – One or Two Data Files (FROIs and or SROIs) (As Needed)

Test D tests new FROI and SROI transactions for miscellaneous scenarios that the submitter or the Board wishes to test. Once received, the Board will process and acknowledge the test data files.

During this phase of the test procedure, the submitter transmits a maximum of six files that contain no more than 50 each of FROI/SROI transactions to the Board. Submitters may include FROIs/SROIs from previously accepted transactions.

The Board will examine the test results to determine if the submitter is ready for production data file upload.

Test files can continue to be sent until January 7, 2022.

### 3.8 Moving from Test Completion to Production Status

The length of the testing period depends on the submitter's transaction acceptance rate and data quality. Once the trading partner has met the data quality criteria as stated in the Test Plan, the Board will notify the trading partner by email that the trading partner has passed the tests and is approved for production Claims EDI reporting of workers' compensation FROI/SROI data with the Board on January 24, 2022.

All trading partners are expected to complete R3.1 testing and be ready to submit R3.1 production transactions on January 24, 2022. Any trading partner who submits through sFTP flat file and has not successfully passed sFTP testing by January 24, 2022, is strongly encouraged to utilize the eClaims Web Data Entry application to submit R3.1 production transactions, as this will eliminate the risk of rejected transactions.

While all trading partners will be placed into production for sFTP flat file and Web Data Entry on January 24, 2022, a testing environment will remain available for those sFTP filers who have not completed Test A, B, and C and wish to continue to test while in production for R3.1. Trading partners who wish to continue to submit test transactions should reach out to [eClaims31@wcb.ny.gov](mailto:eClaims31@wcb.ny.gov).

#### 3.8.1 Key Claims EDI R3.0 to R3.1 Cutover Dates

- Flat file submissions can be submitted until 6 p.m. ET on Thursday, January 20, 2022.
- Web Data Entry will be available until 5 p.m. ET on Friday, January 21, 2022.
- eCase will be available until 5 p.m. ET on Friday, January 21, 2022.
- Further information will be shared as available if any other online systems are impacted.

### 3.9 Ongoing Monitoring

During production, the Board will monitor data transmissions for completeness, validity, and accuracy. Trading partners may be sent quality control reports that measure their data quality. Trading partners are expected to meet or exceed a 90% accuracy rate for transaction acceptance. The Board will automatically monitor the quality of the data received during production from individual trading partners. The data quality is determined based upon all error types and the number of rejections over a specified period of time.

Trading partner profiles must be kept up to date. The Board must be notified of any changes. If the transmission mode or specifications are changed, re-testing some or all transaction types may be required.

### 3.10 Migration from Claims EDI R3.0 to R3.1

The test period is a transition time for trading partners. During the test period, claim administrators will be transmitting their R3.1 FROI/SROI test data files to the Board, while at the same time, still submitting R3.0 transactions. When the Board migrates to R3.1, the "Flip the Switch" strategy will be used to complete the process. As New York develops the final migration plans, the Board will communicate to trading partners any transition window when the Board cuts over to R3.1 submissions.

### 3.11 Use of Vendors

As part of the Board's eClaims migration, it will authorize experienced Claims EDI R3.1 vendors to submit claims data to the Board following satisfactory completion of testing with the Board.

The list below includes known vendors offering a Claims EDI R3.1 related product and/or service for submitting claims data electronically. This listing is in alphabetical order and does not represent an endorsement by the Board of any vendor listed, or a recommendation of one vendor over another. The Board does not warrant or represent that this information is current, complete, or accurate. The Board assumes no responsibility for any errors in the information provided, nor assumes any liability for any damages incurred as a consequence, directly or indirectly, of the use and application of this information, and shall be held harmless against all claims, suits, judgments and/or damages resulting from the disclosure of any of this information, including all costs and fees.

**NOTE:** If you are a vendor with Claims EDI R3.1 experience and would like to have your company added or removed, please contact [eClaims31@wcb.ny.gov](mailto:eClaims31@wcb.ny.gov).

- Actec Systems, Inc. ([www.actec.com](http://www.actec.com))
- Aerie EDI Group ([www.aerieedigroup.com](http://www.aerieedigroup.com))
- Ebix/Peak Performance Solutions, Inc. ([www.ebix.com](http://www.ebix.com))
- HealthTech, Inc. ([www.htedi.com](http://www.htedi.com))
- Insurance Services Office ([www.iso.com](http://www.iso.com))
- Mitchell Workers' Compensation Solutions ([www.mitchell.com](http://www.mitchell.com))
- Riskconnect (<http://www.Riskconnect.com>)

Additional information regarding the use of data vendors may be obtained from the [IAIABC](#).

### 3.12 eClaims Web Data Entry Testing and Instructions

The eClaims Web Data Entry application is primarily for low-volume filers, but it is not limited solely to that group.

#### Existing R3.0 Web Data Entry Trading Partners

Organizations that have already been approved to submit through Web Data Entry in Claims EDI R3.0 will be provided the opportunity to access a separate Claims EDI R3.1 test environment. This will allow users to gain experience and note any changes to the Web Data Entry application for Claims EDI R3.1. There is no formal testing requirement and use of the test environment is optional. All existing organizations will have production access to the Claims EDI R3.1 Web Data Entry application effective January 24, 2022, regardless of whether they utilize the R3.1 test environment.

#### New Trading Partners

New trading partners must participate in a formal testing process. The formal testing process includes a test plan made up of entering data into the eClaims Web Data Entry application. All submitters must complete all mandatory tests described in this section to be approved to submit production data files. Completion of these tests ensures that the submitter understands a minimum of five scenarios per FROI/SROI type and is capable of handling a representative sample of MTCs. Each new trading partner is expected to submit no more than 50 total transactions.

The FROI/SROI transactions are listed below:

- **FROI-00/FROI-AU**
  - At least one FROI-00 with multiple DN0036 (Part of Body Injured Code) DNs, using DN0421 (Body Part Injured Location Code) on at least one and DN0422 (Part of Body Injured Fingers/Toes Location Code) on at least one body part.
- **FROI-04/SROI-04**
  - One instance of Acceptance after a FROI-04
  - At least three instances of Acceptance after a SROI Denial (see [R3.1 FAQ: How do I accept a case after a FROI-04/SROI-04 has been submitted?](#) on the Frequently Asked Questions page of the eClaims section of the Board's website):
    - Two without indemnity payments (medical only)
      - One with a DN0031 (Date of Injury) prior to 1/1/2019
      - One with a DN0031 (Date of Injury) on or after 1/1/2019
    - One with an indemnity payment
- **FROI-UR**
- **FROI-02/SROI-02**
  - At least four FROI-02 to:
    - Update a data element
    - Add a data element
    - Delete a variable segment
    - Remove a data element
  - At least four SROI-02 to:
    - Update a data element
    - Add a data element
    - Delete a variable segment
    - Remove a data element
- **SROI-IP/SROI-AP/SROI-EP/SROI-RB**
  - At least one SROI-IP with DN0414 (Reduced Earnings Week Start Date), DN0415 (Reduced Earnings Week End Date), and DN0435 (Reduced Earnings Net Weekly Amount Due by Claim Administrator) present
  - At least one SROI-RB
- **SROI-CD**
- **SROI-CB/SROI-CA**
- **SROI-SX/SROI-AC**
  - At least one SROI-SX with DN0418 (Suspension Reason Code): Full = 'S1,' 'S2,' 'S4,' 'S5,' 'S7,' 'SD,' and 'SJ'
- **SROI-UR/SROI-SU**
- **SROI-SA**

Note: During the formal testing process, each Web Data Entry submitter must submit no more than 50 total transactions. That number is per Web Data Entry submitter, not per individual user registered to submit transactions for a submitter.

Once the testing of the transactions listed above is completed, an email should be sent to the Board's eClaims work group at [eClaimsTradingPartner@wcb.ny.gov](mailto:eClaimsTradingPartner@wcb.ny.gov).

The eClaims work group will verify that all test transactions have been completed and will notify the trading partner that they have been approved for production.

## 4 EDI Data Requirements

This section explains the EDI data requirements for reporting claims in eClaims, with links to the appropriate part of the eClaims documentation set.

### 4.1 EDI Reports

Reporting in EDI is driven by events that occur during the life of a claim. Information about these claim events will be communicated to the Board via Maintenance Type Codes (MTC). Each MTC is an electronic report that is associated with a claim’s events.

These are the MTCs that are accepted by the Board:

First Report of Injury (FROI)	Subsequent Report of Injury (SROI)
00 – Original	02 – Change
01 – Cancel Entire Claim	04 – Denial
02 – Change	AC – Acquisition/Indemnity Ceased
04 – Denial	AP – Acquired/Payment
AQ – Acquired Claim	CA – Change in Benefit Amount
AU – Acquired/Unallocated	CB – Change in Benefit Type
UR – Upon Request (Grandfathered)	CD – Compensable Death
	EP – Employer Paid
	ER – Employer Reinstatement
	IP – Initial Payment
	PD – Partial Denial
	PY – Payment Report
	RB – Reinstatement of Benefits
	SU – Sync Up
	SX – Full Suspension
	UR – Upon Request (Grandfathered)
	SA – Sub-Annual

### 4.2 NYS R3.1 Event Table

The *NYS R3.1 Event Table*, posted on the [NY Requirement Tables – EDI 3.1](#) page in the eClaims section of the Board’s website, details the claim events that must be reported to the Board. It provides the time frames for reporting these claim events and the MTCs that are expected. Time frames that are given for the reporting of claim events are those stated in NYS Workers’ Compensation Law.

The *NYS R3.1 Event Table* is made up of the following components:

- **Instructions:** The IAIABC instructions for understanding and interpreting the Event Table.
- **IAIABC Change Log Table:** Contains information on the changes that have been made to the Event Table in consideration of updates that a jurisdiction may apply to their tables.
- **First Report of Injury Event Table:** Details claim events for which a FROI is expected.
- **Subsequent Report of Injury Event Table:** Details claim events for which a SROI is expected.
- **Periodic Report Event Table:** Details when claim administrators are expected to file periodic reports.

For many claim events, a concurrent filing of certain paper forms will still be required. The required paper forms are indicated on the *NYS R3.1 Event Table*. The Board will compile the claim data submitted into a document that will be available for printing from eCase. The claim administrator may use this document to satisfy the paper filing requirements listed on the Event Table.

To view the *NYS R3.1 Event Table*, see the [NY Requirement Tables – EDI R3.1](#) page in the eClaims section of the Board’s website.

Additional information about the reporting and time frames of claim events is available in the NYS eClaims MTC Filing Instructions. See the [Implementation Guide – EDI R3.1](#) page in the eClaims section of the Board’s website.

### 4.3 NYS R3.1 Element Requirements Table

The *NYS R3.1 Element Requirements Table* details the data elements that must be reported to the Board. It indicates which data elements must always be reported and gives the conditions under which other data elements are required. The *NYS R3.1 Element Requirements Table* is made up of the following components:

- **Instructions:** The IAIABC instructions for understanding and interpreting the Data Element Requirement Table.
- **IAIABC Change Log:** Contains information on the changes that have been made to the *NYS R3.1 Event Table* for consideration of updates that a jurisdiction may apply to their tables.
- **FROI Element Requirements:** Provides information about the data element requirements for electronic filings of FROIs.
- **FROI Conditional Requirements:** Details the claim conditions for reporting data elements on Maintenance Type Codes (MTC) for FROIs.
- **FROI-02 Exceptions:** For MTC-02: If there is a Reportable Change Code of KG, JG, IG, YG on the FROI Element Requirements Table then there will be an entry on this table to indicate when an MTC-02 should be triggered. This table does not communicate the edits. The edits are provided on either the Conditions Table or the Population Restrictions Table in the *NYS R3.1 Edit Matrix*.
- **SROI Element Requirements:** Provides information about the data element requirements for electronic filings of SROIs.
- **SROI Conditional Requirements:** Details the claim conditions for reporting data elements on MTCs for SROIs.

- **SROI 02 Exceptions for MTC-02:** If there is a Reportable Change Code of ‘KG,’ ‘JG,’ ‘IG,’ ‘YG’ on the SROI Element Requirement Table, then there will be an entry on this table to indicate when an MTC-02 should be triggered. This table does not communicate the edits. The edits are provided on either the Conditions Table or the Population Restrictions Table in the *NYS R3.1 Edit Matrix*.
- **Event Benefits Segment Element Requirements:** Provides information about the data element requirements for the Event Benefits Segment found on SROI MTC.
- **Event Benefit Conditional Requirements:** Details the claim conditions for reporting data elements on the Event Benefits Segment.

Some data elements are listed as Mandatory Conditional (MC) on the *NYS R3.1 Element Requirements Table*. These conditions are defined in the FROI, SROI and Event Benefit Conditional Requirement components.

To view the *NYS R3.1 Element Requirements Table*, see the [NY Requirement Tables – EDI R3.1](#) page of the eClaims section of the Board’s website.

### 4.4 NYS R3.1 Edit Matrix Table

The *NYS R3.1 Edit Matrix* table details which data elements have edits applied to them and the error codes that are associated with those edits. It provides the language of the error codes that may be returned by the Board in acknowledgments for electronic filings that have been rejected. The *NYS R3.1 Edit Matrix* table is made up of the following components:

- **Instructions:** The IAIABC instructions for understanding and interpreting the *NYS R3.1 Edit Matrix* table.
- **IAIABC Change Log:** Contains information on the changes that have been made to the *NYS R3.1 Event Table* for consideration for updates that a jurisdiction may apply to their tables.
- **DN – Error Message:** Indicates which data elements will have edits applied and details those edits.
- **Valid Value Table:** Indicates the values that will be accepted by the Board for the data elements that are listed.
- **Valid Value Detail Page 1:** (Page 1 of 2) expresses the jurisdiction’s acceptable code values presenting the code and the code description.
- **Valid Value Detail Page 2:** (Page 2 of 2) expresses the jurisdiction’s acceptable code values presenting the code and the code description.
- **Match Data Table:** Indicates which data elements will be used by the Board as the primary and secondary data elements for the matching of new and existing claims.
- **Population Restrictions:** Details the reasons for the error messages associated with data elements and the specific language of error messages in acknowledgments.
- **FROI Sequencing:** Details the expected sequencing of MTC for FROI for receipt by the Board.
- **SROI Sequencing:** Details the expected sequencing of MTC for SROI for receipt by the Board.

Matching is the process of determining whether an electronic filing is a new claim or belongs to an existing case. Sequencing is the order in which electronic filings are accepted.

Electronic filings that contain invalid data or have improper sequencing will be rejected by the Board. An acknowledgment explaining the error or errors will be provided.

To view the *NYS R3.1 Edit Matrix* table, see the [NY Requirement Tables – EDI R3.1](#) page in the eClaims section of the Board's website.

### 4.5 Data Element Name (DN) Reporting Requirements Specific to New York State

New York State Workers' Compensation Law requires that the Board obtain certain data to fulfill statutory requirements. The *NYS R3.1 DN Reporting Specifics* document lists the DNs that capture the required data. These requirements have been documented to assist claim administrators in the electronic reporting of claim information. Claim administrators are expected to report claim information in accordance with these requirements.

To view the *NYS R3.1 DN Reporting Specifics*, see the [NY Requirement Tables – EDI R3.1](#) page in the eClaims section of the Board's website.

Definitions of the data elements can be found in the *IAIABC EDI Release 3.1 Implementation Guide*.

Data quality is also an integral component of the successful use of EDI. A [Data Entry Conventions](#) document has been provided for reference to assist claim administrators.

### 4.6 Legacy Claims Reporting

A legacy claim is any claim that already exists in the Board's database and has been assigned a Jurisdiction Case Number (JCN) or WCB# at the time the claim administrator begins the use of EDI. The Board will provide each insurer with a data file(s) containing their legacy claims before their EDI implementation date.

The Board has relaxed conditions for data elements when the claim administrator obtained knowledge of the claim prior to January 1, 2008. Further information about the implementation of eClaims for legacy claims is on the [Implementation Guide – EDI R3.1](#) page in the eClaims section of the Board's website.

### 4.7 NYS Business Scenarios

Scenarios have been created to provide direction to claim administrators on the proper reporting of claim information. These scenarios detail circumstances that are specific to NYS Workers' Compensation Law. Claim administrators are expected to report claim information to the Board via the MTC and filing sequences that are specified in the scenarios.

The NYS Business Scenarios are currently being updated and will be posted at a later date on the eClaims section of the Board's website

General business scenarios for the reporting of claim information can be found in the *IAIABC EDI Release 3.1 Implementation Guide*.

## 4.8 NYS eClaims EDI R3.1 Change Log

The *NYS eClaims EDI R3.1 Change Log (Change Log)* is a spreadsheet that documents changes to the New York requirement tables and related documents subsequent to the posting of New York's finalized documentation.

It reports the following information:

- **Item #:** Number assigned on the *Change Log* for reference.
- **Document:** Document where the item is located.
- **Item:** The item that is changing.
- **Description of Change:** Brief explanation of the change.
- **Publish Date:** Date the change was published in the *Change Log* by New York.
- **Implementation Date:** Date that New York will begin to enforce change.

Claim administrators should monitor the *Change Log* on a regular basis to stay informed of upcoming changes and implementation time frames. New York may also announce changes using the Board's formal Subject Number process.

To view the *Change Log*, see the [NY Requirement Tables – EDI R3.1](#) page in the eClaims section of the Board's website.

## 5 Important Terminology

The following terminology is important to understanding eClaims and the processes explained in this guide.

### Acknowledgement Record

An acknowledgment record is an electronic reply sent by the Board for a FROI or SROI that was received by the Board. The acknowledgment record will indicate if the FROI or SROI was accepted or rejected. It will provide the Jurisdiction Case Number (JCN) to the claim administrator for FROIs and SROIs that are accepted. When a transaction is rejected, the acknowledgment record will provide the reasons for the rejection. Flat file submitters will receive an acknowledgment record via flat file. Web Data Entry submitters will receive an acknowledgement record via an immediate confirmation message.

### Acquired Claim

An acquired claim is a claim that was previously administered by a different claim administrator. The acquisition of a claim is a claim event that must be reported to the Board.

### Batch

A batch is a set of electronic data records. All batches must contain the correct header and trailer record as specified by the IAIABC Claims EDI R3.1 standard and have one or more FROI or SROI transactions. Batches that contain an incorrect header or trailer record will be rejected by the Board. The Board only accepts one batch per flat file. Additionally, the Board requires that FROI and SROI submissions be in separate flat files (batches).

### Claim Administrator

The claim administrator is the organization that administers a workers' compensation claim. A claim administrator can be an insurer, a licensed third-party administrator, a self-insured employer, a self-insured group trust or a guarantee fund.

### Claim Event

A claim event is a business circumstance in the life of a claim that must be reported to the Board. Examples of claim events are changes in data elements, payment of awards, and suspension of payments to a claimant.

### Claim Event Table

The *NYS R3.1 Event Table* details the claim events that must be reported to the Board. It provides the time frames for reporting these claim events and the MTCs that are expected.

### Data Call

A data call is a specific request for claim information that is made by the Board to a claim administrator.

### Data Element

A data element is a single piece of defined information within a transaction. Every data element is assigned a reference number and has a prescribed format. Some data elements must be sent using certain defined values. An example is DN0249 (Accident Premises Code), which must be sent as one alpha numeric character with a value of E, L, X, or R. Data elements are defined in the [IAIABC EDI Release 3.1 Implementation Guide](#).

### Data Element Requirement Table

The *NYS R3.1 Element Requirements* table details the data elements that must be reported to the Board. It indicates which data elements must be reported and details the conditions under which the data elements are required.

### Edit Matrix

The *NYS R3.1 Edit Matrix* table details which data elements have edits applied to them and the error codes that are associated with those edits. It provides the language of the error codes that may be returned by the Board in acknowledgments for electronic filings that have been rejected.

### Electronic Data Interchange (EDI)

EDI is the structured transmission of data between organizations by electronic means. This exchange of data will take place between trading partners and the Board.

### Federal Employer Identification Number (FEIN)

The FEIN is a unique numerical identifier of an employer and is required on initial reports of injury.

### First Report of Injury (FROI)

A FROI is an electronic transaction that generally occurs in the early stages of a workers' compensation claim. The most common FROI MTC is FROI-00, which is the initial report of injury for a claim.

### Header Record

The header record is the record that precedes each batch of electronic data that is transmitted. A header record identifies the sender and provides the date and time that a batch was created.

### International Association of Industrial Accident Boards and Commissions (IAIABC)

The IAIABC is a trade association representing government agencies responsible for the administration of workers' compensation systems. National EDI standards for electronic transmission of information on claims reporting, Proof of Coverage (POC), and medical bill payments are standards that have been developed by the IAIABC.

### IAIABC EDI Implementation Guide

The *IAIABC EDI Release 3.1 Implementation Guide* is a key technical resource for EDI implementations. It can be obtained from the IAIABC at [www.iaiabc.org](http://www.iaiabc.org).

### Jurisdiction Claim Number (JCN)

A JCN is the case number that is assigned by a jurisdiction for a workers' compensation claim. In New York State, the JCN is the same as the WCB#. The JCN or WCB# for a claim will be provided by the Board in the acknowledgment record for transactions that are accepted.

### Legacy Claim

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

### Maintenance Type Codes (MTC)

An MTC is a code that identifies the purpose of a transaction. Every FROI and SROI transaction has an MTC. FROI-00 and SROI-PY are examples of MTCs.

### Record

A record is a defined set of data elements.

### Receiver

The receiver is the recipient of data for a transaction in EDI. The receiver of claim data is the Board and the receiver of acknowledgment records is the sender of claim data.

### Report Trigger

A report trigger describes the event that causes a particular report to be due for submission to the Board. Report triggers are defined by the Board on the *NYS R3.1 Event Table*.

### Secure File Transfer Protocol (sFTP)

sFTP is a communications protocol that governs the transfer of files from one computer to another over a network.

### Sender

A sender is the originator of data of an EDI transaction. The sender receives acknowledgements for claim data that it sends to the Board.

### Subsequent Report of Injury (SROI)

A SROI is an electronic transaction that generally occurs in the later stages of a workers' compensation claim. SROI transactions typically report the payments that are made to an injured worker.

### Trading Partner

A trading partner is an entity that enters into an agreement with the Board to exchange data electronically. A trading partner can be an insurance company, licensed third-party administrator or self-insured employer.

### Transaction

A transaction is a single FROI or SROI MTC submittal.

### Trailer Record

A trailer record is the record in a batch file of claim data that indicates the end of the batch. The trailer record indicates how many transactions are in the batch.



# Workers' Compensation Board

For more information, see the [eClaims Implementation Guide](#) found under the Payers, eClaims section of the Board's website.

The New York State Workers' Compensation Board protects the rights of employees and employers by ensuring the proper delivery of benefits and by promoting compliance with the law. To learn more about the Workers' Compensation Board, visit [wcb.ny.gov](http://wcb.ny.gov).

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