

FROI/SROI Tab



In June 2013 the Board implemented **eClaims** making it mandatory for all WC insurers to submit information electronically via Electronic Data Interchange (EDI).

The FROI/SROI tab displays the information transmitted electronically by Claim Administrators in eCase.

The EDI process replaces the C-7, C-669, C-8/8.6, and the C-2 filed by carriers. Information previously found in the Case Folder on those forms will be displayed on the FROI/SROI tab. The C-11, C-240, RFA-2 and other forms will remain as they are.

There are three screens on the FROI-SROI tab: **Latest Values**, **Summary of Benefits**, and **Cumulative Benefits, OBTs, and Recoveries**.

In addition, there will be copies of **servable documents** in the Case Folder. These pdfs are created from the electronic transmissions and are the equivalents of the forms C-669 and C-7, and notices of cessation or modification of payments. These are printable. See Subject Number here: http://www.wcb.ny.gov/content/main/SubjectNos/sn046_522.jsp

eClaims Glossary

Claim Administrator: The organization that administers a Workers' Compensation claim. It can be an insurer, a licensed third party administrator (TPA), a self-insured employer, a self-insured group trust, or a guarantee fund.

FROI: (rhymes with "Troy") First Report of Injury: This is the data transaction that will replace the paper forms C-2, VF-2, VAW-2, and some C-669s (when used for claim acceptance). A FROI may also be a denial of a claim.

SROI: Subsequent Report of Injury. This data transaction primarily replaces the C-8/8.6.

Legacy claim: This is any claim that already exists in CIS with a Case # at the time the claim administrator begins transmitting data electronically.

MTC or Maintenance Type Code: Identifies the claim event that requires the filing of a FROI or SROI; is made up of two characters that immediately follow FROI or SROI. Find a list of all MTC codes here: http://www.wcb.ny.gov/content/ebiz/eclaims/ReqTables/NYS_R3_Quick_Code_RefRev.xls

Servable document: A printable copy of the FROI or SROI transaction found in the case folder that can be sent by parties whenever a copy of the document must be filed with the claimant, the claimant's attorney, a medical provider, etc. Carriers will access these servable documents in eCase.

Latest Values Tab

Case Details for WCB Case ID: [REDACTED]

Actions

Case ID: [REDACTED] Name: [REDACTED]

Case Status: No Further Action

Case Info | Party of Interest | Case Folder | FROI/SROI | Board Awards | Related Materials

Latest Values | Summary of Benefits | Cumulative Benefits, OBTS, & Recoveries

| Who Code | Insurer POI ID | Insurer Name | Claim Admin POI ID | Claim Admin Name | First Rcvd Date | Last Rcvd Date | Last Rcvd |
|----------|----------------|--|--------------------|--|-----------------|----------------|-----------|
| C0 | W112502 | INDEMNITY INS.CO OF NORTH AMER | T100025 | ESIS, INC | 11/20/2014 | 06/23/2015 | SROI-IP |
| C0 | W112502 | INDEMNITY INSURANCE COMPANY OF N AMERICA | T100083 | SEDGWICK CLAIMS MANAGEMENT SERVICES, INC | 08/07/2015 | 09/23/2015 | SROI-SA |

1 Claim Type: I - Indemnity

2 Agreement to Compensate: W - Without Liability

Suspension Effective Date: [REDACTED]

Suspension Narrative: [REDACTED]

Work Status

Initial Date of Lost Time: [REDACTED]

Initial Date Last Day Worked: 10/11/2013

Initial Date Disability Began: 11/12/2013

Initial Return to Work Date: [REDACTED]

Current Date Last Day Worked: [REDACTED]

Current Date Disability Began: [REDACTED]

Latest Return to Work Status Dt: [REDACTED]

3 Return to Work Type: [REDACTED]

Physical Restrictions: [REDACTED]

Return to Work Same Employer: [REDACTED]

Possible Reduced Earnings: [REDACTED]

Claim Representative

Name: [REDACTED] Phone: [REDACTED]

Wages / Salary

Estimated Wage: 1,215.09

Calculated Wage: 1,215.09

Gross Concurrent Employer(s) Wage: [REDACTED]

Calculated Weekly Compensation Amount: 400.00

Number of Days Worked Per Week: 5

Full Wages Paid for Date of Injury: No

Employer Paid Salary in Lieu of Compensation: No

4 Nature of Injury: 37 - Inflammation

Part of Body: 38 - Shoulder(s)

Cause of Injury: 57 - Strain or Injury By - Pushing or Pulling

Accident/Injury Description: PUSHING BEVERAGE CART VEERING TO THE RIGHT LOOSENED RT SHOULDER ANCHOR LOOSENED REQUIRING SURGERY

Initial Treatment: [REDACTED]

Knowledge

Date Employer Had Knowledge of the Injury: 10/17/2013

Date Claim Administrator Had Knowledge of Injury: 10/28/2013

Date Employer Had Knowledge of Date of Disability: 10/11/2013

Occupation Description: FLIGHT ATTENDANT

Manual Classification: g Or Scintillometer Surveying - All Other Emps. & D

Lump Sum Payment/Settlement: [REDACTED]

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

This tab displays the latest value received by the Board for each data field. If the data was received on the last FROI or SROI accepted, the text is blue. If received in a prior transaction, the text is red with an *.

1 Claim Type is a data field. Possible values are on the right. Notification Only indicates the carrier has not yet decided to accept (and may have denied if there is a FROI-04 or SROI-04 present); all the others indicate acceptance of the claim.

| Claim Type Code | |
|-----------------|---------------------|
| M | Medical Only |
| I | Indemnity/Lost Time |
| N | Notification Only |
| B | Became Medical Only |
| L | Became Lost Time |

2 Agreement to Compensate may be with or without liability. If it is W -Without Liability, this indicates that the Claim Administrator is making temporary payment under §21-a or §25-1-f.

3 Return to Work may be Actual or Released.

4 Part of Body will only be one part and will not indicate left or right. Accident/Injury Description will include multiple body parts, if necessary, and indicate left or right, if necessary. If appropriate, an examiner uses this information to update the Case Info tab.

Summary of Benefits Tab

Information displayed on this tab is sent in SROIs. Previously, this information was sent on the C-8/8.6.

- 1** Insurer information. If multiple insurers, payments made by each would be listed separately.
- 2** This information is from **CIS Case Details**—not the Claim Administrator. Pass days are submitted by the Claim Administrator and may be updated by the case owner or determined as part of a decision.
- 3** **Benefit Period** information.
- 4** The **Through Date** (an IAIABC standard data field) comes from the Claim Administrator; CIS calculates the **To Date** which continues to be used by the Board.
- 5** Examples of **Adjustments, Credits, and Redistributions (ACR)** are: Apportionment/Contribution, Subrogation, Illegally Employed Minor, etc.
- 6** Reduced Benefit Amount Code - Definition: A code that identifies the reason a benefits segment may be missing from a transaction or may contain values less than reported in a previous transaction due to benefit amount being decreased or reclassified or a claim being reported that was settled under another Date of Injury. Values: D=Decrease in Indemnity, N=No Money Settlement, R=Reclassification of Benefit, and S=Claim Settled Under Another DOI.

Cumulative Benefits, OBTs, & Recoveries Tab

Case Admin Reports Options Help

Case Details for WCB Case # [redacted]

Case ID: [redacted] Name: [redacted] District: Albany

Case Status: Newly Assembled

Case Info | Party of Interest | Case Folder | **Cumulative Benefits, OBTs & Recoveries** | Board Awards | Related Materials

Latest Values | Summary of Benefits

| Who Code | Insurer POI ID | Insurer Name | Ongoing Indemnity Payments |
|----------|----------------|----------------------------------|----------------------------|
| PI | W086003 | Fireman's Fund Insurance Company | No |

Cumulative Benefits Paid by Claim Administrator:

| Benefit Type | First Start Date | Last Through Date | Claim Weeks | Claim Days | Total Amount Paid | Claim Admin POI ID | Claim Admin Name |
|-------------------------|------------------|-------------------|-------------|------------|-------------------|--------------------|----------------------------------|
| 050 - Temporary Total | 04/05/2014 | 04/26/2014 | 3 | 0 | 2,100.00 | W086003 | Fireman's Fund Insurance Company |
| 070 - Temporary Partial | 04/27/2014 | 06/15/2014 | 7 | 0 | 2,100.00 | W086003 | Fireman's Fund Insurance Company |
| Total | | | | | 4,200.00 | | |

Other Benefits Paid by Insurer:

| Other Benefit Type (OBT) | Amount |
|------------------------------------|-----------------|
| 350 - Total Payments to Physicians | 900.00 |
| 380 - Total Hospital Costs | 1,195.22 |
| 450 - Total Pharmaceutical Costs | 122.98 |
| Total | 2,128.00 |

Recoveries Made by Insurer:

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

This tab displays *cumulative* amounts of payments

- 1** Information of Insurer who made the payments.
- 2** Cumulative Benefits are listed by Benefit Type and are not listed as separate periods or by MTCs.
- 2a** Benefit Type Code Totals paid to date
- 3** Examples of other Benefit Types (OBTs) paid by the Insurer are Total Funeral Expenses, Total Penalties, Total Employee Penalties, Total Interest, Total Claimant's Legal Expenses, Total Hospital Costs, Total Other Medical, etc
- 3a** Other Benefit Type Code totals paid to date
- 4** Examples of Recoveries made by Insurer are: Special Fund Recovery, Deductibles Recovery, Overpayment Recovery, etc.
- 4a** Recovery Totals to Date