

eClaims August Webinar

AGENDA

eClaims EDI R3.1 Recent News

eClaims EDI R3.1 Topics

? Questions?

eClaims EDI R3.1 News



eClaims EDI R3.1 News

July 29, 2020

- The July 21 webinar slide deck and video recording are now available on the <u>eClaims Presentation page</u>. The Agenda for July's webinar included:
 - eClaims EDI R3.0 News
 - eClaims EDI R3.1 News
 - Payer Compliance Update

eClaims EDI R3.1 News

August 11, 2020

- A FROI/SROI-02 document has been updated and posted to the <u>NY</u> <u>Requirements Table</u> page. This document serves as a reference guide on how to submit a FROI/SROI-02.
- The eClaims EDI R3.1 FAQs have also been updated with two new questions:
 - How do I accept a case after a FROI-04/SROI-04 has been submitted?
 - How do I update Denial Reason Codes (DN0198) and/or Denial Reason Narratives (DN0197) after a FROI-04/SROI-04 has been submitted?

eClaims EDI R3.1 Topics



SROI-04 Filing to Update Full Denial Reason Code/Denial Narrative

In eClaims EDI R3.1, any SROI-02 filed to update Full Denial Reason Code/Denial Narrative will be rejected. A SROI-04 must be filed to update Full Denial Reason Code or Denial Narrative.

Website Changes

eClaims



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Release Versions



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NYS Workers' Compensation Board

Subject Number Announcement

- Subject Number 046-1319: The Publication of eClaims R3.1 Requirement Tables and the Implementation Date for Mandatory EDI Claims Reporting
 - Released Wednesday, August 12, 2020.
 - Announced New York State's mandatory implementation of IAIABC Claims EDI 3.1 release, effective March 15, 2021.
 - Mandatory testing for all flat-file trading partners to begin November 16, 2020, as described in section 3.7 of the <u>Implementation Guide</u>.

Part of Body WCIO Codes and "acceptance"

- In eClaims EDI R3.1, Part of Body will allow up to 10 Parts of Body to be reported.
- IAIABC Standard uses WCIO Part of Body codes.

eClaims <u>Change Log</u> reminder:

Item #	Document	ltem	Description of Change	Publish	Implementat
				Date	ion date
	DN Reporting Requirements Specific to NYS		In accordance with Section 300.37 1 c, a completed report as defined in Section 300.22 must be filed with the Board to indicate that the claim has been accepted if the claim is not being controverted. As described on this reference document under DN0074 (Claim Type Code) and DN0075 (Agreement to Compensate Code), "acceptance" is based on the date of accident. DN0036 (Part of Body Injured Code) listed on the FROI is the accepted body part(s) of the claim once acceptance has been designated.	6/12/2020	3/15/2021

New IAIABC Data Element for Benefit Change Reason Code

- IAIABC Claims EDI Committee voting ended on July 22, 2020, to approve the IRR900 Benefit Change Reason Code new data element requested by New York on behalf of Claim Administrators to eliminate the paper process for submitting supporting document on each SROI-CA/CB as indicated in <u>FAQ #19</u>.
- IAIABC Systems EDI Committee will assign the Data Element Number, Record Layout Position, Values and standard edits as listed on the Edit Matrix. Once this information is available, NY will post on the eClaims change log with a minimum of six months' notification for implementation.

New IAIABC Data Element for Benefit Change Reason Code

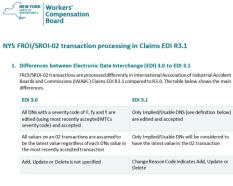
- The approved resolution is:
 - IRR CLM900 BENEFIT CHANGE REASON CODE (DNXXXX)
 - Definition: A code reported at the Claim level identifying the reason the Benefit Type Code or Net Weekly Amount has changed. This is not at the Benefit segment level.
 - DP Rule: This DN can only be required/reported on a SROI MTC CB Change in Benefit Type or CA - Change in Benefit Amount. It does not apply to any other SROI MTCs. This should not carry over to future transactions. The jurisdiction should have a current statutory reason for requiring this DN and should be outlined in the jurisdiction's Trading Partner Tables. The data element cannot be Mandatory if the reason for the change in the Net Weekly Amount or Benefit Type Code can be determined by another Data Element elsewhere in the standard.

New IAIABC Data Element for Benefit Change Reason Code

- The approved resolution is:
 - IRR CLM900 BENEFIT CHANGE REASON CODE (DNXXXX)
 - Values: (To be determined by Systems Committee)
 - ? = Independent Medical Exam (IME) or Claim Administrator Consultant
 - ? = Employee Treating Physician medical report
 - ? = Recalculation of Net Weekly Amount based on Wage Statement
 - ? = Jurisdiction Directed
 - ? = Stipulated or negotiated Net Weekly Amount (not jurisdiction directed)

FROI/SROI-02 Transaction Processing Reference Document

FROI/SROI-02 transaction processing in Claims EDI R3.1



2. Acceptance method

IAIABC Section 4 Change 02 Claims EDI R3.1 rules as approved in IRR897 on December 11, 2019, to be published in the IAIABC Implementation Guide on January 1, 2021, offer two methods of accepting an 02-Change transaction.

- Accepting data of only those DNs that are specified in the Change Variable Segment, after applying edits.
- Accepting data of all DNs that are included in 02-Change transaction after applying appropriate edits.

New York has decided to go with option (i) above.

2a. Implied/Usable DNs

Upon further investigation, WCB determined that the edits will be applied to Implied/Usable DNs, which include the following:

- a. DNs that are listed in the Change Variable Segment
- b. Variable Segment DNs that have its counter ("Number Of" DN) listed in the Change Variable Segment
- c. All DNs with 02-Requirement code of (F Fatal, m Mandatory Match Data Element, mc– Mandatory Conditional Match Data Element, M – Mandatory).

NYS FROI/SROI-02 transaction processing in Claims EDI R3.1

Questions?



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For eClaims EDI R3.1 upgrade questions, email eClaims31@wcb.ny.gov

For eClaims EDI R3.0 questions, email eClaims@wcb.ny.gov

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Thank You

