

# Idaho Industrial Commission EDI R3.0 Workshop



February 20, 2019

# Introduction

## Facilitators:

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# Origination of Workers' Compensation EDI

- **IAIABC** = **I**nternational **A**ssociation of **I**ndustrial **A**ccident **B**oards and **C**ommissions
- Insurance Companies
- State Jurisdictions

## Joined forces to create:

1. A standard set of data describing workers' compensation accidents and policy information.
2. A standard method of processing that data.

# Why Electronic Data Interchange?

- Allows states to compare accident information by using standardized data
- Allows insurance companies to send standardized data to all states rather than customized data to each individual state
- Employs standard data structures – *An eye is an eye*
- Applies standard editing criteria – *What is wrong for one is wrong for all and for the same reasons*
- Reduces data entry error
- Improves timeliness of data

# Resources

IAIABC – [www.iaiabc.org](http://www.iaiabc.org)

- IAIABC EDI Claims R3.0 Standards documents
- IAIABC On-line Communities

IIC/ISO website – <https://iicedi.info/>

- Idaho Implementation Guide
- Technical inquiries – [iicedi@iso.com](mailto:iicedi@iso.com)

Monitor announcements on both websites for updated requirements. V 2.2 implemented 11/13/18.

IAIABC Education HQ - <http://educationhq.iaiabc.org>

# Discussion Objectives

- Filing Expectations
- Performance Measurements
- Accurate and Timely Filing by October 1, 2019
- FROI Filing Scenarios
- SROI Filing Scenarios
- Voluntary Payments

# Discussion Objectives

- Wages and Concurrent Employment
- Gross/Net Weekly Amounts
- PPI Ratings/Body Part Code/Lump Sum Pmt
- MTC RE and Reduced Earnings Segments
- Actual/Deemed Earnings (RE)
- Date of Disability (initial/current)

# Discussion Objectives

- Recovery Codes
- Reclassification
- Reduced Benefit Descriptions
  - Reclassification
  - Decrease in Indemnity
- Common Rejection Errors



# EDI Trading Partner Agreement

A Trading Partner Agreement is the electronic registration required prior to submitting any EDI files.

The EDI Trading Partner may be the surety or the claims administrator and is typically determined by ownership of the software system holding the claim data.

Each Trading Partner must complete a Trading Partner Agreement documenting the “sender” of the data, the carriers or self-insured employers they will report, the claims administrator responsible for adjusting the claims, and their filing method and/or vendor information.

The Commission will review data reported on the profile and respond to vendor with approval or advise of any issues.

The changes are not instantaneous; they require review, approval and implementation by our EDI vendor. You will be notified of an effective date to begin filing with the newly reported changes.

All changes must be reported by filing an updated profile.

<https://iicedi.info/>

# Legacy Claim vs EDI R3 Claim

**Legacy Claim:** Any claim filed with the Commission on or before **11/03/2017**

**EDI R3 Claim:** Any claim filed with the Commission on or after **11/04/2017** is required to be filed electronically via EDI Release 3.0

This requirement is *unrelated to the date of injury*.

# EDI Acronyms

**FROI = First Report Of Injury**

**SROI = Subsequent Report Of Injury**

**JCN = Jurisdiction Claim Number**

**MTC = Maintenance Type Code** (*examples*)

00 = Original

CB = Change Benefit Type

01 = Cancel

RE = Reduced Earnings

04 = Denial

FN = Final

02 = Change

Sx = Suspension

# Expectations

Reportable events are filed **correctly** and **timely**.

Issues identified are **resolved promptly**:

- Claims reported with incorrect surety – IC cannot attach coverage
- Claims filed then cancelled – IC needs cancel reason
- Re-establishing claim needs filed if cancelled in error (refile without JCN)

Claim reporting is the responsibility of the **in-state** surety or claims administrator.

*IC will not contact out-of-state claims administrators or sureties identified as the EDI trading partner or sender to respond to filing issues (cancel reason, claim filed with incorrect surety, etc)*

FROIs received as a Complaint [legal filing] will be established by the IC. The Complaint will then be forwarded to the claims administrator to assume handling by filing the FROI using the JCN provided.

FROIs received at the IC on paper will be sent to in-state surety/claims administrator for filing and the claim will be monitored for timely filing.

- (1) Initial (first) notice of FROI/Complaint filing sent to in-state claims administrator.
- (2) A follow-up reminder is sent ten (10) days from first notice if no EDI file has been received.
- (3) The third request may be copied to the surety's jurisdiction compliance contact for escalation/assistance in securing the filing.

# EDI Audit

- Each “trigger event” must be reported [consistent with §72-806 notices to claimant]
- Any unreported events are considered for the purpose of measuring compliance during audit
- Patterns of missed trigger events/filings may flag surety for full on site audit
- Timely filing of trigger events are measured for compliance [see Idaho Event Tables]



# Idaho FROI Event Table

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?		
R3	FROI	00	Original	2	12/29/2017		J = Jurisdiction Defined	medical treatment deemed necessary by physician whether or not medical treatment was sought	10	C = Calendar Days	D = From Administrator Notification
R3	FROI	00	Original	2	11/04/2017		J = Jurisdiction Defined	seeking any medical treatment	10	C = Calendar Days	D = From Administrator Notification
R3	FROI	00	Original	2	11/04/2017		C = Lost Time	missing time from work >=1	10	C = Calendar Days	D = From Administrator Notification
R3	FROI	00	Original	2	11/04/2017		Q = Employee Death	Alleged work related death not previously reported and not denied	10	C = Calendar Days	I = From Date of Death
R3	FROI	00	Original	2	11/04/2017		M = MTC Defined	when there is a subsequent first report (FROI) for a claim that was previously denied in its entirety (FROI 04), and no SROI has been accepted by the same claim administrator.	0	C = Calendar Days	H = Immediate

# Idaho SROI Event Table

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?		
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From
R3	SROI	02	Change	2=EDI Mandate Date	11/04/2017		M=MTC Defined	Change in claim "master" data (When Claim Administrator identifies a change in a data element designated on the Element Requirement Table)	NA	NA	H=Immediate (when clm admin knows.)
R3	SROI	04	Denial	2=EDI Mandate Date	11/04/2017		M=MTC Defined	(The entire claim is being denied after any FROI or any SROI has been filed. A SROI 04 is required to deny a claim after a previously reported FROI was accepted.)	NA	NA	H=Immediate
R3	SROI	AP	Acquired/Payment	2=EDI Mandate Date	11/04/2017		M=MTC Defined	The claim administrator who acquired the claim has processed their first payment of indemnity benefits.	15	C = Calendar Days	J = From Report Trigger (acquiring clm admin makes first payment of benefits)
R3	SROI	CA	Change in Benefit Amount	2=EDI Mandate Date	11/04/2017		J=Jurisdiction Defined	Payment amount less than full TTD shall be reported every two weeks	14	C = Calendar Days	J = From Report Trigger
R3	SROI	CA	Change in Benefit Amount	2=EDI Mandate Date	11/04/2017		M=MTC Defined	Change in the amount or the rate being paid to claimant	15	C = Calendar Days	J = From Report Trigger (acquiring clm admin makes first payment of benefits)
R3	SROI	CB	Change in Benefit Type	2=EDI Mandate Date	11/04/2017		M=MTC Defined	Change in type of benefit being paid	15	C = Calendar Days	J = From Report Trigger (acquiring clm admin makes first payment of benefits)

# EDI Audits

IC is currently providing feedback regarding EDI filing performance without issuing non-compliance findings when auditing.

Audit Guidelines are currently being updated to include EDI performance measurements.

EDI non-performance may generate administrative audit findings beginning

**October 1, 2019.**

# FN Audit

At this time, all SROI FNs are being reviewed by IC staff to determine proper payment of benefits.

IC will attempt to administratively audit and close claim using the data reported.

An emailed request for additional information or filings may be necessary and a ***prompt response [15 business days] is expected*** per IDAPA 17.02.06.021.

Ongoing issues with benefit reconciliation may flag surety for full on-site audit.

# FROI Reports

A FROI MTC is required to establish a claim

**FROI UI** – Establishes claim filing and acknowledges a compensability determination *has not* been made.

**FROI 04** – Establishes claim filing and a decision to deny the claim has been made (*if subsequent review of claim determines claim is compensable, a denial rescission date may be included on subsequent reports to acknowledge acceptance*).

**FROI 00** – Establishes claim filing and absent a subsequent denial, claim is considered accepted after 32 days.

*Filing of the FROI 00 itself does not represent claim acceptance*

**FROI 01** – Cancels the claim. The FROI and all other transactions must be re-filed. Once a FROI MTC 01 is filed, it cannot be “undone.” The JCN should be removed from the report and the FROI should be resubmitted to re-establish.

# FROI Employer/Insured

**Employer** Name [DN0018] and FEIN [DN0016]

Legal name of the business entity filing the claim  
– hired/paid the employee [PEO]

**Insured** Name [DN0017] and FEIN [DN0314]

Named entity of the policy

- parent company if hierarchy organization
- captive/group name
- not a/k/a the INSURER

# Acquiring Claims

When assuming claims from a claims administrator who has already filed FROI or SROI reports, a **FROI AQ** must be filed to report the change in claims administrator. The JCN must be included in the report to avoid establishing a duplicate claim.

When assuming claims from a claims administrator who has not previously filed a FROI report, or who has not received a TA acknowledgement on a FROI filing, a **FROI AU** should be filed.



# Incident Only

FROI 00 may be filed to report a claim deemed “Incident Only” at the time of filing.

Requirements: (see Idaho Implementation Guide)

- Claim Type Code [DN0074] must = N  
(notification of incident only)
- Initial Treatment Code [DN0039] must = 0  
(none)
- If incident becomes reportable, FROI 02  
must be filed to update Claim Type Code

# Employee ID Types

**Qualifier [DN0270]** Identifies *type of ID reported*

Accepted: SSN (**S**), Green Card Number (**G**),  
Employment Visa (**E**), Passport Number (**P**), or ID  
Assigned by Jurisdiction (**A**)

ITIN may be reported as (A) ID Assigned by  
Jurisdiction (*see Idaho Implementation Guide*). An  
ITIN cannot be reported using the (S) SSN Type  
Qualifier as the edits will recognize as invalid SSN  
and transaction will be rejected.

Must file FROI 02 to correct misreported SSNs

# Fatality Claims

Employee Date of Death [DN0057]

Death Result of Injury Code [DN0146]

- Death Related to Injury **does not imply liability**
- If the incident reported is allegedly/reportedly a result of the industrial incident, the indicator must be marked Y (yes)

Date of Death is only reported on fatal claims. To report the termination of benefits on a time-loss claim because claimant has died, file SROI S4.

# Commencing Indemnity Payments

Payment of TTD/TPD is initiated by SROI MTC IP (initial payment) or EP (employer paid)

IP/EP may not be filed while claim is in a UI status (FROI UI)

FROI 00 or 04 must be filed prior to initiating benefit payments

Agreement to Compensate Code may denote *voluntary* payments v *compensable* payments

# Agreement to Compensate Code

## **W – Without Liability**

Until a determination has been made to accept liability for the claim, the **W** code should be present on the IP and all subsequent reports

## **L – With Liability**

Once a determination to accept liability for the claim has been made, the **W** code should be updated to **L** by filing a SROI 02 and **L** would remain present on all subsequent reports

If the claim has ultimately been denied after voluntary payments have been made, a SROI 04 is filed indicating denial.

A SROI FN is filed to report claim closure and benefits will be audited for proper payment through the denial date.

*Voluntary payments may not be recovered in this scenario*

IP Note: When the waiting period is comprised of non-consecutive days, a W (waiting period) code should be present for NON-CONSECUTIVE PERIOD CODE [DN0212]

# SROI MTC IP/EP

Initial Payment (IP) – Surety has issued the first indemnity benefit check to the claimant.

Transaction will report the benefit type paid, benefit start period, gross and net weekly amounts, and payment amount. The benefit start period represents the current period being paid.

Benefit Type	MTC	Gross Wkly Amt	Gross Wkly Amt Eff Date	Net Wkly Amt	Net Wkly Amt Eff Date	Ben Start Date	Ben Thru Date	# Wks	# Days	Ben Type Paid Amt	Ben Payment Issue Date
050 - Temporary Total	IP - Initial Payment	677.70	03/05/2018	677.70	03/05/2018	03/05/2018	03/19/2018	2	1	1,452.21	03/19/2018

IP transaction will include a payment segment showing check made payable to the worker.

### Payment Reason Details

SEQ NO.	REASON CODE		
1	050 - Temporary Total		

  

PAYMENTS COVER PERIOD		PAYMENT	
START DATE (MM/DD/CCYY)	THROUGH DATE (MM/DD/CCYY)	ISSUE DATE (MM/DD/CCYY)	AMT.
11/14/2018	11/18/2018	12/11/2018	\$216.00

  

PAYEE	██████████
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The IP transaction may also include an additional segment showing a check issued for any child support distribution (reallocation).

*Support of another person is the only allowable reallocation per 72-802*

### Payment Reason Details

SEQ NO.	REASON CODE		
2	050 - Temporary Total		

  

PAYMENTS COVER PERIOD		PAYMENT	
START DATE (MM/DD/CCYY)	THROUGH DATE (MM/DD/CCYY)	ISSUE DATE (MM/DD/CCYY)	AMT.
11/14/2018	11/18/2018	12/11/2018	\$128.57

  

PAYEE	Child Support Services
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Fatality claims must include Dependent/Payee Relationship Codes [DN0097] on IP transaction.

First Position = Relationship

Second Position = Numerical Birth Order

<b>Variable Segment Counters</b>			
0078	Number of Permanent Impairments	00	
	Filler		
0082	Number of Death Dependent/Payee Relationships	05	
	<b>Death Dependent/Payee Relationship</b>		5 Occurrences
0097	Dependent/Payee Relationship Code	21	Widow/1 <sup>st</sup> Birth Order
0097	Dependent/Payee Relationship Code	41	Son or Daughter / 1 <sup>st</sup> Birth Order
0097	Dependent/Payee Relationship Code	42	Son or Daughter / 2 <sup>nd</sup> Birth Order
0097	Dependent/Payee Relationship Code	43	Son or Daughter / 3 <sup>rd</sup> Birth Order
0097	Dependent/Payee Relationship Code	44	Son or Daughter / 4 <sup>th</sup> Birth Order

# SROI MTC IP/EP

Employer Payment (EP) – Employer is continuing claimant's pre-injury wages.

- Benefit Period Start Date is reported  
(consistent with claimant's first date of disability)
- No earnings are reported
- No payment segment present

A suspension must be filed when employer paid benefits (wage continuation) ends.

Must report benefit type code (BTC) 240 on all employer paid reports.

*No other employer paid benefit type codes are accepted*

BENEFIT					
TYPE		MTC	NUMBER OF BENEFITS		
240 - Employer Paid (EP) Unspecified		EP - Employer Paid	01		

  

SEQ. NO	GROSS WEEKLY		NET WEEKLY	
	EFF. DATE (MM/DD/CCYY)	AMT	EFF. DATE (MM/DD/CCYY)	AMT.
1				

  

BENEFIT PERIOD				PAYMENT	
WEEKS	DAYS	START DATE (MM/DD/CCYY)	THROUGH DATE (MM/DD/CCYY)	ISSUE DATE (MM/DD/CCYY)	AMT
		10/03/2018	10/16/2018		

IP must be filed with the IC within one day of issuance to be considered timely.

EP must be filed within 15 days of the CA's knowledge wages are being continued.

*Timely filing will be considered a performance measurement for audit purposes.*

Report Type	Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From
SROI	EP	Employer Paid	2=EDI Mandate Date	11/04/2017		M=MTC Defined	(The first report of payment of an indemnity benefit, other than a lump sum payment/settlement, that has been paid by the employer in lieu of compensation, and the claim administrator is not paying any indemnity benefits at this time.)	15	C=Calendar Days	D=Administrator Notification
SROI	IP	Initial Payment	2=EDI Mandate Date	11/04/2017		J = Jurisdiction Defined	Lost time in excess of 5 days or claimant hospitalized.	1	C = Calendar Days	G = From Initial Payment (IP)

# *Gross Weekly Amount*

## *Net Weekly Amount*

Gross weekly amount defined: the weekly benefit amount payable *before* any Adjustment, Credit or Redistribution

Gross weekly amount simplified: Compensation Rate

Net weekly amount defined: the weekly benefit amount payable *after* any Adjustment or Credit is applied to Gross

Net weekly amount simplified: Compensation Rate

*An adjustment or credit is not typical*

***Gross Weekly Amount***

***Net Weekly Amount***

TTD payment = weekly compensation rate

TPD payment = weekly calculated payment due

PPI payment = 55% ASW for year of injury

*Essentially reflects the benefit entitlement amount for the benefit type/period being paid*

# Estimated Wages

If the Average Wage is estimated so a timely payment may be made, the Estimated Gross Weekly Amount Indicator must be marked.

ESTIMATED GROSS WEEKLY AMT. IND.	CALCULATED WEEKLY COMP.
Y - Yes	\$179.97

Once actual wages are obtained, the indicator must be removed so it does not appear on subsequent reports. A claim typically will not be closed with estimated wages indicator present.



# Concurrent Employers

Report any concurrent employer [DN0141] whose wages [DN0143] are considered when calculating the average weekly wage.

The Average Wage and the Calculated Weekly Compensation Amount reflect the combined figures from all employers *and* the secondary employer(s) wages are reported separately.

NUMBER OF CONCURRENT EMPLOYERS			01
SEQ NO.	NAME	PHONE NO.	WAGE
1	PINNACLE		\$76.11

# Acquiring Claims

After acquiring a claim from another claims administrator, and after having filed the FROI AQ, a **SROI AP** will be filed as the first payment report to denote the first payment issued by the *new* claims administrator.

SROI AP may follow a previously filed and accepted SROI IP or EP.

# Suspension of Benefits

The commencement of indemnity benefits has been reported with SROI MTC IP/EP.

Benefits are considered continuing until a benefit suspension has been reported as SROI MTC S1, S2, S3, S4, S5, S7, S8, S9, SD or SJ.

Each benefit *started* must also be *stopped*.

# Suspension Codes

The Suspension (Sx) code should accurately reflect the reason benefits have terminated.

Effective date = last payable date of disability

S1 = Returned to Work, Medically

Determined/Qualified to Return to Work

S2 = Medical Non-Compliance

S3 = Administrative Non-Compliance

S4 = Claimant Death

S5 = Incarceration (every S5 filing will be reviewed by IC as incarceration is not always valid to suspend indemnity benefits)

S7 = Benefits Exhausted

S8 = Jurisdiction Change

S9 = Pending Settlement Approval (may not suspend benefits during settlement *negotiation*)

SD = Directed by Jurisdiction

SJ = Pending Appeal or Judicial Review

# Suspension of Benefits (SOP)

The CA is deemed compliant with the SOP filing requirements outlined in IDAPA 17.02.06.021 with a SROI MTC Sx filing [until claim closure] as it contains cumulative benefit totals.

The SROI MTC FN will be filed when the claims administrator has closed their file.

# Reinstatement of Benefits

Once benefits have been suspended they may be reinstated by filing the SROI MTC RB. A new payment segment is required on an RB and it should only reflect the current payment being issued.

The RB is not intended to report a change in the benefit type being paid when continuous benefits are issued. The RB is intended to report benefits are being initiated again after suspension.

# Reinstatement of Benefits

When benefits have been paid and suspended, then an underpayment is discovered, an RB is not necessary *unless there is a new period of disability*.

Scenario: IC audits the FN report and finds an underpayment due to miscalculation of claimant's compensation rate. Adjuster issues the adjustment check and files a new FN. The FN will capture and report the updated payment figures.



# Change in Benefit Type

When *continuous* benefits are being paid, but the benefits are *changing* from the previously reported BTC.

Scenario: TTD to TPD

The benefit segment reflects the cumulative total TTD benefits paid and now shows a second segment showing TPD benefits.

Benefit Type	MTC	Gross Wkly Amt	Gross Wkly Amt Eff Date	Net Wkly Amt	Net Wkly Amt Eff Date	Ben Start Date	Ben Thru Date	# Wks	# Days	Ben Type Paid Amt
070 - Temporary Partial	CB - Change in Benefit Type	303.34	11/04/2018	303.34	11/04/2018	11/04/2018	11/10/2018	1	0	303.34
050 - Temporary Total	CB - Change in Benefit Type	563.95	11/02/2018	563.95	11/02/2018	11/02/2018	11/03/2018	-	2	1,289.03

This CB will include an RE Segment reporting earnings used to support the calculation of TPD benefits for this period.

# Change in Benefit Amount

When claimant's Calculated Weekly Compensation Amount [DN0134] changes (comp rate)

- Rate tied to the ASW (every January 1<sup>st</sup>)
- Rate changes at 52 weeks
- Actual wages have been obtained
- Change in dependent status (fatality claims)
- PPI/PPD benefits commence

Comp rate is updated and the gross/net weekly amounts will reflect the new benefit rate on subsequent reports.

CALCULATED WEEKLY COMP.
\$677.70

# Impairment Ratings

Part of Body Codes are defined by WCIO and are referenced in the Idaho Implementation Guide

<https://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx>

- Multiple ratings [occurrences] may be reported (up to 6)
  - Must drill down on: Fingers, Toes, Eyes, Ears
  - Report **rated** body part code – not *injured* body part code
  - Permanent Impairment Body Part Code [DN0083]  
accepts Whole Body – 99
- \* Part of Body Injured Code [DN0036] does not accept Whole Body

# Impairment Ratings



**Workers Compensation Insurance Organizations**

**Injury Description Codes**

**Part of Body**

<b>Code</b>	<b>Narrative Description</b>
<b>I. Head</b>	*
10. Multiple Head Injury	Any combination of below parts
11. Skull	*
12. Brain	*
<b>13. Ear(s)</b>	Includes: hearing, inside eardrum
<b>IAIABC Subsequent Report of Injury (SROI) Codes:</b>	*
13A.	Total deafness of both ears

# Impairment Ratings

36. Finger(s)	Other than thumb and corresponding muscles
<b>IAIABC Subsequent Report of Injury (SROI) Codes:</b>	*
36A.	The loss of an index finger and metacarpal bone there of
36B.	The loss of an index finger at the proximal joint
36C.	The loss of an index finger at the second joint
36D.	The loss of an index finger at the distal joint
36E.	The loss of a second finger and the metacarpal bone there of
36F.	The loss of a middle finger at the proximal joint
36G.	The loss of a middle finger at the second joint
36H.	The loss of a middle finger at the distal joint
36I.	The loss of a third or ring finger and the metacarpal thereof
36J.	The loss of a ring finger at the proximal joint

# SROI PY – Advance of PPI

Scenario: Claimant is paid an advance of PPI benefits not yet awarded or due

Required 72-806 notice is sent to the worker outlining an advance of PPI benefits is being issued and it will be recovered by shortening the period in which benefits are being paid. **Be sure the paper notice is contemporaneously filed with IC to ensure the required advance approval to recover the “overpayment” is obtained!**

The SROI PY is filed reporting (1) benefit type paid 030 – PPI; (2) lump sum settlement code AD – Advance; (3) benefit period start/through dates consistent with the date the payment is issued; and (4) a payment segment.

## [Recovery of advance demonstrated on slide 66]

BENEFIT PERIOD				PAYMENT	
WEEKS	DAYS	START DATE (MM/DD/CCYY)	THROUGH DATE (MM/DD/CCYY)	ISSUE DATE (MM/DD/CCYY)	AMT
0000	1	12/19/2018	12/19/2018		\$2,000.00

  

SEQ NO.	BENEFIT TYPE	LUMP SUM SETTLEMENT CODE
1	030 - Permanent Partial/Scheduled	AD - Advance

# SROI PY - \$10k ISIF

Fatality claim with no dependents

- SROI MTC FN/AN is filed to report medical/funeral/indemnity benefits paid
- Affidavit of Due Diligence is filed with the IC after one year
- Commission issues Order for \$10k payment/invoice
- Payment is issued and SROI MTC PY is filed with IC

# SROI PY - \$10k ISIF

PY includes the following to denote payment to Industrial Special Indemnity Fund:

DN0082 Number of Death Dependent/Payee Relationships—01

DN0097 Dependent/Payee Relationship Code—80

DN0085 Benefit Type Code—010 (fatal benefits)

DN0222 Payment Reason Code—010 (fatal)

DN0217 Payee—Industrial Special Indemnity Fund/IIC



# SROI PY – Lump Sum

A benefit suspension must be on file to provide summary of benefits paid to compare to DSS if benefits have been paid prior to LSS.

SROI MTC PY is filed when LSS is approved

- BTC5XX
- Payee should identify all payees: claimant, claimant's counsel, child support
- Reduced Benefit Amount Codes [slide 74]

SROI MTC FN is filed when CA closes claim

# Reduced Earnings (Segment)

Reported as a variable segment on a SROI MTC IP, RB or CB transaction.

Report either *ACTUAL* or *DEEMED*

NUMBER OF REDUCED EARNINGS					01
WEEK	PAY PERIOD STARTING DATE	PAY PERIOD ENDING DATE	ACTUAL	DEEMED	NET WEEKLY AMOUNT DUE BY CLAIM ADMIN
01			\$383.83		

Mutually exclusive elements

*A zero present will result in a TR*

# Reduced Earnings (MTC)

An MTC RE should be filed contemporaneously with the issuance of TPD payments to report claimant's earnings while eligible for TPD benefits.

The benefit segment will continue to report the cumulative total benefits paid with each report filed.

Weeks where claimant's earnings exceed their average weekly wage continue to be reported.

Claimant's AWW is \$600

Week 1 – \$625 actual earnings reported

Week 1 – \$ 0 TPD paid (earnings exceed AWW)

Week 2 – \$400 actual earnings reported

Week 2 – \$134 TPD paid

Check issued for \$134 with the Gross/Net  
Weekly Amount reported on this benefit segment  
also reporting \$134 (current benefit due)

# Reduced Earnings (MTC)

Reduced Earnings Segment cannot be changed

An RE segment appearing on a SROI02 is excluded from the transmission [IAIABC rules]

SROI02 may not be filed to:

- Attempt to *change* previously reported RE data
- Attempt to *report* RE data

Consistent with the recent IDAPA rule changes allowing TPD benefits to be calculated and paid consistent with claimant's pay period, each week of gross earnings may instead be reported as the pay period gross earnings unless claims administrator continues to calculate weekly.

**Audit Note:** *When TPD benefits are calculated consistent with the employer's pay period, the claim file must (1) identify employer's work week (2) include employer's pay period/pay cycle and (3) include pay dates to support timely payment of benefits.*

# Date of Disability

## **Initial** date disability began [DN0056]

- First day of disability (first day of waiting period)
- Should remain consistent on all reports

## **Current** date disability began [DN0144]

- First qualifying day of disability in the *current* period of disability being reported
- Reported when a benefit period has stopped and benefits are resuming for subsequent period
- Should never be the same date as the *initial* date

# Date of Disability

## Suspension Report – IP followed by S1

INITIAL DATE		
EMPLOYER HAD KNOWLEDGE OF DATE OF DISABILITY (MM/DD/CCYY)	CLM ADM KNEW OF DISABILITY (MM/DD/CCYY)	FIRST DAY OF DISABILITY AFTER THE WAITING PERIOD (MM/DD/CCYY)
01/08/2019	01/22/2019	01/13/2019
LAST DAY WORKED (MM/DD/CCYY)	DISABILITY BEGAN (MM/DD/CCYY)	RETURN TO WORK (MM/DD/CCYY)
01/07/2019	01/08/2019	02/01/2019

CURRENT DATE		
LAST DAY WORKED (MM/DD/CCYY)	DISABILITY BEGAN (MM/DD/CCYY)	RETURN TO WORK / STATUS (MM/DD/CCYY)

RETURN TO WORK			
TYPE CODE	WITH PHYS. RESTRICTIONS	WITH SAME EMPLOYER	WAGE LOSS INDICATOR
A - Actual	N - No	Y - Yes	



# Recovery Codes

## Accepted Codes:

820 – Subrogation

830 – Overpayment [indemnity/medical/expenses]

880 – Voided Indemnity Benefit Check

890 – Voided Other Benefit Check [medical]

NUMBER OF RECOVERIES		
SEQ NO.	RECOVERY CODE	RECOVERY AMT.

# Recovery Codes

Voided indemnity checks will appear under recovery code 880 – the CA will back out any returned/cancelled/voided indemnity check from the corresponding BTC in the benefit segment.

*(consistent with voiding and reissuing lost/damaged check)*

Amounts populated in code 830 or 880 on an FN filing will likely trigger the claim for a more detailed review and verification that the required 72-806 notice was filed with the IC (on paper/by email) contemporaneously with the issuance of the notice and prior to recovery of indemnity benefits.

# Overpayments Recovered

The total benefits reported paid for BTC050 is \$414.15 *more* than what was due. Total benefits reported paid for BTC030 is \$414.15 *less* than what was due. We are able to recognize the overpayment of TTD is recovered by the underpayment of PPI.

Be sure the paper notice is contemporaneously filed with IC to ensure the required advance approval to recover the overpayment is obtained!

Also acceptable to Reclassify Benefits [see slides 71-72]

Benefit Type	MTC	Gross Wkly Amt	Gross Wkly Amt Eff Date	Net Wkly Amt	Net Wkly Amt Eff Date	Ben Start Date	Ben Thru Date	# Wks	# Days	Ben Type Paid Amt
030 - Permanent Partial/Scheduled		414.15		414.15		12/06/2018	01/02/2019	4	0	1,242.45
070 - Temporary Partial						09/28/2018	12/02/2018	7	6	1,591.09
050 - Temporary Total		638.99		638.99		09/26/2018	11/08/2018	1	6	1,600.83

# Redistribution

Benefit ACR - SROI ×

NUMBER OF BENEFITS ACR

001

SEQ NO.	BENEFIT TYPE	CODE	START DATE (MM/DD/CCYY)	END DATE (MM/DD/CCYY)	WEEKLY AMT.
1	050	H - Court-Ordered Lien against WC	02/24/2018	04/13/2018	\$93.46

Close

Enter the start date and amount of the weekly deduction. If the weekly withholding amount should change file a FROI 02 to update the weekly amount and new start date.

**DO NOT** enter a Reduced Benefit Description [R/D]

**DO NOT** reduce the Gross/Net Weekly Amounts

# Benefit Credit

Benefit Credit Code [DN0126]

P = Advance

Reimbursement of pre-paid benefits/advance

The only accepted code.

# Advance of PPI (Recovery)

## [Recovery of Advance scenario from slide 51]

Once the PPI award is assigned, an MTC RB will be filed to reinstate the benefits. Identify the appropriate body part code and rating and begin payments.

Benefit A/C/R (Adjustment/Credit/Redistribution) Segment reflecting the recovery must be included on the RB reflecting the recovery.

Benefit Type Code – 030 PPI (same code as reported on the PY paying the advance)

Benefit Adjustment Start/End Dates – identifies the shortened period benefits are being paid to allow the recovery of the advanced benefits *[requires you to calculate in advance the actual start/end dates of the shortened period]*

Benefit Adjustment Weekly Amount – the weekly benefit amount being recovered (55% ASW for the year of injury/PPI rate)

---

### Benefit ACR - SROI

NUMBER OF BENEFITS ACR

000

SEQ NO.	BENEFIT TYPE	CODE	START DATE (MM/DD/CCYY)	END DATE (MM/DD/CCYY)	WEEKLY AMT.

# Reduced Benefit Amount Code

## Reclassification of Benefit = **R**

Reduced Benefit Amount Code R is used when previously reported benefits have been *shifted* from one benefit type code to another.

*a benefit segment must always be present*

# Example:

Benefits were initially reported as paid under BTC 050.

Benefit Type	MTC	Gross Wkly Amt	Gross Wkly Amt Eff Date	Net Wkly Amt	Net Wkly Amt Eff Date	Ben Start Date	Ben Thru Date	# Wks	# Days	Ben Type Paid Amt	Ben Payment Issue Date
050 - Temporary Total	IP - Initial Payment	283.90	05/21/2018	283.90	05/21/2018	05/21/2018	05/30/2018	1	3	353.10	06/14/2018

Subsequent SROI FN report includes Reduced Benefit Amount Code R and the benefit segment now reports all benefits have been reclassified to BTC 070.

Benefit Type	MTC	Gross Wkly Amt	Gross Wkly Amt Eff Date	Net Wkly Amt	Net Wkly Amt Eff Date	Ben Start Date	Ben Thru Date	# Wks	# Days	Ben Type Paid Amt
070 - Temporary Partial						05/21/2018	05/30/2018	1	3	353.10

*Once the Reduced Benefit Amount Code R has been reported on a trailing SROI, the value will remain on all future transactions.*



# Reduced Benefit Amount Code

**Decrease in Indemnity = D**

Reduced Benefit Amount Code D is used when previously reported benefits have been *fully* or *partially* reduced. The current benefit segment accurately reflects total benefits paid. Essentially correcting previous reporting error.

*a benefit segment may not always be present*

# Example:

Benefits were previously reported as paid for BTC 050

Benefit Type	MTC	Gross Wkly Amt	Gross Wkly Amt Eff Date	Net Wkly Amt	Net Wkly Amt Eff Date	Ben Start Date	Ben Thru Date	# Wks	# Days	Ben Type Paid Amt	Ben Payment Issue Date
050 - Temporary Total	IP - Initial Payment	338.85	01/04/2018	338.85	01/04/2018	01/04/2018	01/31/2018	4	0	1,355.40	01/31/2018

Subsequent SROI FN report includes the Reduced Benefit Amount Code D and a benefit segment is no longer present.

***The Reduced Benefit Amount Code D should never be present on an Initial Payment transaction.***

# Lump Sum Settlement

A benefit suspension must be on file to provide summary of benefits paid to support DSS.

SROI MTC PY is filed when LSS is approved

- LS Payment/Settlement Code

SF – Settlement Full (full/final)

SP – Settlement Partial (medicals open)

AS – Agreement Stipulated (settle one issue)

AW – Award (adjudicated LSS – not typical)

AD – Advance (see previous PPI scenario)

# Lump Sum Settlement

- BTC5XX (typically 500 non-specified)
- Payee should include all payees: claimant, claimant's counsel, child support

SROI MTC FN is filed when CA closes claim.

Legacy claims continue to be handled on paper.  
A PY must be on file for every R3 EDI claim settled by lump sum.

# Reduced Benefit Amount Code

**No Money Settlement = N**

Scenario: A waiver of subrogation settlement is approved for the claim, but no money is being paid as part of the LSS.

A benefit segment will only be present if indemnity benefits were paid *prior to* LSS.

***a payment segment will not be present on PY***

# Reduced Benefit Amount Code

## Claim Settled Under Another DOI = **S**

Scenario: A settlement is approved for multiple claims, but no money is attributed to this claim.

A benefit segment will only be present if indemnity benefits were paid *prior to* LSS.

*a payment segment will not be present on PY*

# Filing Errors

Each claim administrator's software or EDI filing vendor will validate for errors before transmitting the file to the IC. However, this will not guarantee the file will then pass IC edits.

Don't assume the file was rejected by the IC without first verifying whether the file may have been rejected by your vendor.

# Filing Errors

Batch Error – ISO will send notification via email when an *entire batch* rejects.

R22 line has invalid segments for file ID\_R3P\_20190130\_165018.txt at line11. The file has been moved to the rejected folder.

Sender FEIN = XXXXXXXXX Sender Postal Code = 83712XXXX Send date : 20190130 Send time : 143853 File : ID\_R3P\_20190130\_165018.txt has been moved to the rejected folder

Email inquiries to [HCedi@iso.com](mailto:HCedi@iso.com)



# Common Rejection Errors

## MTC Reported at Benefit Level

BENEFIT		
TYPE	MTC	NUMBER OF BENEFITS
070 - Temporary Partial	FN - Final	01

MTC (Maintenance Type Code) occurs twice in the SROI layout

- A49 Record (Claim Level)
- R22 Record Companion (Benefit Level)

When the MTC (Maintenance Type Code) applies to the *claim as a whole*, the MTC is reported at the Claim Level only – it is not populated in the benefit segment.

Example: SROI 02, SROI 04, SROI FN, SROI PY (BTC 5XX series/lump sum)

# Common Rejection Errors

BTC Received in Multiple Variable Segments  
Only one benefit segment per Benefit Type Code is allowed.

SEQ NO.	BENEFIT TYPE	BEN. SCREEN
1	050 - Temporary Total	<a href="#">View</a>
2	050 - Temporary Total	<a href="#">View</a>

## No Payment Segment Present – IP/RB/PY

### NUMBER OF PAYMENTS

DETAIL	SEQ NO.	REASON CODE	ISSUE DATE (MM/DD/CCYY)	AMT.

# Edit Matrix

Helps you understand the reason for error so you can make corrections and resubmit.

ELEMENT NUM	ERROR NUM	VAR. SEG. NUM	ELEMENT NAME	JUR. ERR. MSG.	STANDARD ERR. DESC.
0154	001	00	EMPLOYEE ID ASSIGNED BY JURISDICTION		MANDATORY FIELD NOT PRESENT
0039	064	00	INITIAL TREATMENT CODE		INVALID DATA RELATIONSHIP

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0039	Initial Treatment Code	064	Invalid data relationship	For any FROI MTC, if DN0074 Claim Type Code is present and = N (Notification Only), then if DN0039 Initial Treatment Code is present then must be 0 (no medical treatment).	If DN0074 =N then DN0039 must be = 0

# Edit Matrix

A	B	C	D	E	F
DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0154	Employee ID Assigned by Jurisd	111	Must be valid content	<p>If DN0270-Employee ID Type Qualifier is = to A must be populated with one of the following. Option 2 may be used only if Option 1 is not applicable.</p> <p><u>Option 1</u> When establishing a claim must contain: Populate with ITIN (Individual Taxpayer Identification Number) as an Employee ID Assigned by Jurisdiction option if no other Employee ID value is applicable/available prior to using the derived Employee ID Assigned by Jurisdiction option shown under #2 below.</p> <p>Edits will check if first digit is 9 allow to a 9 digit number and validate that the 4th position is either a 7, 8 or 9. If the value in the field does not begin with 9, expect the Population Restriction noted below.</p> <p>Example: The ITIN is a nine digit number that always begins with the number 9 and has a 7, 8 or 9 in the forth digit, example 9xx-7x-xxxx or 9xx-8x-xxxx or 9xx-9x-xxxx.</p> <p><u>Option 2</u> When establishing a claim must contain: Populate with</p> <ul style="list-style-type: none"> <li>• First Character of DN0044 Employee First Name followed by</li> <li>• First Character of DN0043 Employee Last Name followed by</li> <li>• Up to 13 maximum of the right-most characters of DN0015 Claim Administrator Claim Number.</li> </ul> <p>Example: John Smith, with Claim Administrator Claim Number: WCA0000000000665A20652</p> <p>Would be Employee ID Assigned by Jurisdiction = JS0000665A20652</p> <p>Note: If DN0015 Claim Administrator Claim Number does not</p>	Data integrity disputed
0154	Employee ID Assigned by Jurisdiction	117	Match data value not consistent with value previously reported	Match data value not consistent with value previously reported	Only 1 match data DN can change per transaction

# Sequencing

Sequencing																																				
If Last Submitted FROI MTC Is:	Last FROI MTC Description	FROI Processing Notes # *	FROI No shade: FROI MTC(s) can follow. Grey: MTC Accepted: Cannot Follow Hidden Row/Column: MTC Not Accepted								SROI Processing Notes # *	SROI No shade: SROI MTC(s) can follow. Grey: MTC Accepted: Cannot Follow Hidden Row/Column: MTC Not Accepted																								
NONE	No MTC Filed		00	01	02	04	AQ	AU	UI	JE		02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SI	UI	VE
JE	Form received from the claimant (worker claim)	F8	00	01	02	04	AQ	AU	UI	JE		02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SI	UI	VE
JH	Jurisdiction History Data	F9	00	01	02	04	AQ	AU	UI	JE		02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SI	UI	VE
00	Original	F4	00	01	02	04	AQ	AU	UI	JE		02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SI	UI	VE
01	Cancel	F5	00	01	02	04	AQ	AU	UI	JE		02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SI	UI	VE
02 - FROI	Change	F1, F2	00	01	02	04	AQ	AU	UI	JE	F3	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SI	UI	VE
04 - FROI	Denial	F4, F6	00	01	02	04	AQ	AU	UI	JE	S10	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SI	UI	VE
AQ	Acquired Claim	F4, F6	00	01	02	04	AQ	AU	UI	JE		02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SI	UI	VE
AU	Acquired/Unallocated	F4	00	01	02	04	AQ	AU	UI	JE		02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SI	UI	VE
UI	Under Investigation		00	01	02	04	AQ	AU	UI	JE		02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SI	UI	VE

\* For Processing Notes, refer to tab 'Seq Processing Note - Exceptions' worksheet

# Sequencing

MTC's that are allowed to follow SROI Reports. If Invalid Sequence then Return 063 Invalid event sequence.

If Last Submitted SROI MTC Is:	Last SROI MTC Description	FROI Processing Notes #*	No shade: FROI MTC(s) can follow. Grey: MTC Accepted: Cannot Follow Hidden Row/Column:: MTC Not Accepted									SROI Processing Notes #*	No shade: SROI MTC(s) can follow. Grey: MTC Accepted: Cannot Follow Hidden Row/Column:: MTC Not Accepted																											
			00	01	02	04	AQ	AU	UI	JE	02		04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
02 - SROI	Change	F4	00	01	02	04	AQ	AU	UI	JE	S6	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
04 - SROI	Denial	F4	00	01	02	04	AQ	AU	UI	JE	S10, S14	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
AP	Acquired/Payment	F4	00	01	02	04	AQ	AU	UI	JE		02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
CA	Change in Benefit Amount	F4	00	01	02	04	AQ	AU	UI	JE	S16	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
CB	Change in Benefit Type	F4	00	01	02	04	AQ	AU	UI	JE	S16	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
EP	Employer Paid	F4	00	01	02	04	AQ	AU	UI	JE		02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
ER	Employer Reinstatement	F4	00	01	02	04	AQ	AU	UI	JE	S14	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
FN	Final	F4	00	01	02	04	AQ	AU	UI	JE	S14	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
IP	Initial Payment	F4	00	01	02	04	AQ	AU	UI	JE		02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
PD	Partial Denial		00	01	02	04	AQ	AU	UI	JE	S14	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
PY	Payment Report	F4	00	01	02	04	AQ	AU	UI	JE	S14 S15	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
RB	Reinstatement of Benefit	F4	00	01	02	04	AQ	AU	UI	JE	S14	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
RE	Reduced Earnings		00	01	02	04	AQ	AU	UI	JE	S14	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
S1	Suspension, RTW or Medically	F4	00	01	02	04	AQ	AU	UI	JE	S14	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
S2	Suspension, Medical Non-Compliance	F4	00	01	02	04	AQ	AU	UI	JE	S14	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
S3	Suspension, Administrative Non-	F4	00	01	02	04	AQ	AU	UI	JE	S14	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
S4	Suspension, Claimant Death	F4	00	01	02	04	AQ	AU	UI	JE		02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
S5	Suspension, Incarceration	F4	00	01	02	04	AQ	AU	UI	JE	S14	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
S7	Suspension, Benefits Exhausted	F4	00	01	02	04	AQ	AU	UI	JE	S14	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
S8	Suspension, Jurisdiction Change	F4	00	01	02	04	AQ	AU	UI	JE	S14	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
S9	Suspended Pending Settlement Approval		00	01	02	04	AQ	AU	UI	JE		02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
SD	Suspension, Directed By Jurisdiction	F4	00	01	02	04	AQ	AU	UI	JE	S14	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
SJ	Suspended Pending Appeal or Judicial		00	01	02	04	AQ	AU	UI	JE	S14	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
UI	Under Investigation		00	01	02	04	AQ	AU	UI	JE		02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
VE	Volunteer		00	01	02	04	AQ	AU	UI	JE		02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				
AN	Annual		00	01	02	04	AQ	AU	UI	JE	S14	02	04	AP	CA	CB	EP	ER	FN	IP	PD	PY	RB	RE	S1	S2	S3	S4	S5	S7	S8	S9	SD	SJ	UI	VE				

\* For Processing Notes, refer to tab 'Seq Processing Note - Exceptions' worksheet

# Sequencing

**Idaho Sequencing Processing Notes Table** provides additional information related to the FROI Processing Notes on the Idaho FROI Sequencing Table and SROI Processing Notes on the Idaho SROI Sequencing Table. Refer to the FROI/SROI Processing Notes.

Used by IIC?	FROI/SROI Processing Notes #	Processing Notes
yes	F1	FROI MTC 00 or 01 or 04 allowed to follow if no previous same FROI accepted (or accepted w/error-NA for IIC)
yes	F2	FROI MTC 02 allowed to follow if the Sender ID Group FEIN is same as Group FEIN for the previous Sender ID per latest report
yes	F3	Based on MTC that preceded the latest FROI or SROI report on file.
yes	F4	FROI MTC AQ or FROI MTC AU is allowed to follow if it is from different Claim Admin FEIN DN0187
yes	F5	FROI MTC's are allowed to follow if JCN is BLANK (to create new claim)
yes	F6	FROI MTC 00 is allowed to follow if no previous FROI 00 accepted (or accepted w/error-NA for IIC)
no	F7	SROI MTC UR allowed if HD1 Sender ID = Sender ID FEIN: xxxxxxxx Postal Code: xxxxxxxx
yes	F8	<p><b>Received on Paper (MTC JE):</b> If a MTC JE (Jurisdiction Reports Received on Paper) report is found, then incoming FROI MTC report will be accepted based on MTC reports allowed to follow per Sequencing Table. If the match is found, the JCN initially assigned on the MTC JE (Jurisdiction Reports Received on Paper) report will be returned on the acknowledgment. This JCN should be used on the report/claim going forward. Note: MTC JE (Jurisdiction Reports Received on Paper) is the MTC that IIC uses when Claim Form(s) are received from the claimant (worker claim) on or after 11/4/17.</p> <p><b>A. For incoming MTC 00, 04, UI, AQ, AU following a MTC JE:</b>  <u>If the incoming JCN is blank, then</u></p> <ol style="list-style-type: none"> <li>1) If the claim is found per match data then no error will be returned: This existing JCN will be provided by ISO to TP and to IIC.. TP should use this same JCN on all reports (FROI and SROI) that follow.</li> <li>2) If the claim is NOT found per match data then no error will be returned: ISO will assign a new JCN that will be provided to TP and to IIC. TP should use this same JCN on all reports (FROI and SROI) that follow.</li> </ol> <p><b>B. If the incoming JCN is not blank then:</b></p> <ol style="list-style-type: none"> <li>1) If the claim is found per match data and incoming <u>JCN does not match</u> the JCN on file then return an error on DN0005 with Error 039 No match on database as a TR acknowledgment. ISO would send the same invalid JCN back to the TP in the acknowledgment that the TP sent to IIC. The TP could either contact IIC for the JCN or resend the FROI report with no JCN and ISO would return the valid JCN per A1 above.</li> <li>2) If the claim is found per match data and JCN does match the JCN on file then no error will be returned: ISO would send this valid JCN to TP and to IIC. TP should use this same JCN on all reports (FROI and SROI) that follow.</li> </ol>

# Sequencing

**Idaho Sequencing Processing Notes Table** provides additional information related to the FROI Processing Notes on the Idaho FROI Sequencing Table and SROI Processing Notes on the Idaho SROI Sequencing Table. Refer to the FROI/SROI Processing Notes.

Used by IIC?	FROI/SROI Processing Notes #	Processing Notes
yes	S10	SROI MTC AP is allowed to follow if preceding FROI MTC AQ or AU was accepted (or accepted w/error-NA for IIC)
no	S11	<p>For SROI MTC UR, apply conditions as below:</p> <p>Condition 1) If the SROI MTC UR or SROI MTC AP CD EP FN IP PY SA is not the first SROI report following the FROI UR, then reject the SROI report and add the following to the 063 Error Message Text: SROI AP CD EP FN IP PY SA UR must follow FROI UR</p> <p>Scenario 1:            FROI UR            SROI CB (reject CB): 063 Error Message Text: SROI AP CD EP FN IP PY SA UR must follow FROI UR</p> <p>Condition 2) If the SROI MTC UR is sent after a SROI MTC AP CD EP FN IP PY SA, then reject the SROI report and add the following to the 063 Error Message Text: SROI UR not allowed after AP CD EP FN IP PY SA</p> <p>Scenario 2:            FROI UR            SROI IP            SROI UR (reject SROI UR): 063 Error Message Text: SROI UR not allowed after AP CD EP FN IP PY SA</p>
no	S12	<p>Any SROI MTC can follow; see SROI CO exception below.</p> <p>Technical: Apply no sequencing edit when the latest SROI is SROI MTC UR.</p> <p>SROI CO Exception: The SROI MTC CO will only be accepted if a SROI MTC UR on file is in TE ack status. If not, SROI MTC CO will receive 063 error.</p> <p>Normal sequencing will apply to the MTC that follows the SROI UR.</p> <p>Business Note: SROI MTC that follows the SROI MTC UR should reflect the next action needed on the claim(s) as determined by the trading partner sending the data.</p>
no	S13	MTC's can follow based upon the MTC that preceded the SA report
yes	S14	SROI MTC EP and IP is allowed to follow if no previous SROI MTC EP or IP accepted (or accepted w/error-NA for IIC)



Any Questions?