

CLAIMS RELEASE 3.1

WEBINAR

June 2024



Facilitator

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Discussion Objectives

- **Release 3.1 Migration**

 - Policy verification process for FROI

 - Reporting self-insured employers

- **FROI filing review**

 - Reporting compensability determinations timely

 - Maintaining compliance

 - Takeover claims

- **Avoiding and resolving duplicate claim filings**

- **Review of IP filings and impact on performance data**

- **MTC CD filing**

Discussion Objectives

- **EDI audits**
- **Resolving rejected transactions**
- **Proper Reporting of:**
 - Reduced earnings
 - Dependents
 - Impairment ratings
- **Proper filing of:**
 - SROI PY
 - SROI AN
 - SROI FN

R3.1 Migration

All FROI/SROI URs should now be filed

Paper filings are no longer accepted

EDI filing requirements supported by IDAPA 17.01.01.601

Version 1.7 Tables available at <https://iicedi.info>

Overpayment Change of Status Notices still required

Email to **ChangeofStatus@iic.Idaho.gov**

Policy Verification Process

Insurer Type Code indicator **I** – **Insurer** in FROI record initiates policy verification process

DN0028 Policy Number Identifier reported on **FROI**
must *exactly* match

DN0028 Policy Number Identifier reported in **POC**

Insurer FEIN must match the paper/underwriting company reported

VERIFY AN EMPLOYER'S COVERAGE

<https://iic.Idaho.gov>

Policy Verification


FROI transaction record:

POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	WEB SRV POLICY MSG
WC1040866	03/31/2023	03/31/2024	3 Policy Number Identifier does not exist

FROI transaction error message:

ELEMENT NUM	ERROR NUM	VAR. SEG. NUM	ELEMENT NAME	JUR. ERR. MSG.	STANDARD ERR. DESC.
0028	064	00	POLICY NUMBER IDENTIFIER	DN28 not matchingNCCI,contact carrier,see IG SEC E	INVALID DATA RELATIONSHIP

Policy verification search results:



Idaho Industrial Commission

SENECA FOODS CORP

Insurance Coverage Provider

AMERICAN ZURICH INS CO

Policy Number

WC104086608

Coverage Date

05/21/2024

Self-Insured Employers

Insurer Type Code indicator **S - Self Insurer** in FROI record

- bypasses policy verification tool
- status verified against sender's Trading Partner Profile

Self-Insured Employers must be authorized in Idaho

Employers with high deductible policies are not self-insured

Self-Insured Employer may have subsidiaries that are not independently self-insured

Subsidiaries are reported under the self-insured entity FEIN

Self-Insured Employers

Self-Insured Employer - Giant Supermarket

Subsidiaries - Giant Pharmacy, Giant Liquor, Giant Fuel Stop

Insured Name [DN0017]

Insured FEIN [DN0314]



Giant Supermarket

Employer Name [DN0018]

Employer FEIN [DN0016]



**Giant Supermarket,
Pharmacy, Liquor or
Fuel Stop**

Policy Identifier Process

FROI rejected for policy data - resolve TR promptly

- *timely filing statistics drop*
- *audit allowance 95%*
- *maintain at least industry standard*

State Benchmarks		
Timely %	Payment Days	Accepted Rate
95.0%	27.8	93.0%
Claim Administrator Statistics		
Timely %	Payment Days	Accepted Rate
68.0%	26.0	95.0%

FROI Filings

FROI 00 – Establishes a claim and absent a subsequent denial, the 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 with a new JCN. No additional filings will be accepted on this JCN.

Once a FROI MTC 01 is filed, it cannot be “undone.” The JCN should be removed from the claim record and the FROI should be resubmitted to re-establish the claim.

FROI Filings

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

IDAPA 17.01.01.305.11.a – a compensability determination must be made within 30 days of Claims Administrator knowledge of the claim

Filing of a FROI UI **does not allow additional time beyond 30 days.** Every FROI UI filing must be followed by a FROI 00 or a FROI 04 within 30 days of CA knowledge of the claim.

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

FROI Filings

Timely Filing Performance Measurement

Measured on the establishing FROI using [DN0041] Date CA Had Knowledge of Injury and the TA Acknowledgement Status Date

§72-602 Idaho Code requires the FROI to be filed with the Commission within 10 days

Resolve rejected filings promptly

- ✓ Monitor
- ✓ Correct
- ✓ Resubmit

Establishing FROI UI

DATE EMPLOYER HAD KNOWLEDGE OF INJ	DATE CLAIM ADMIN HAD KNOWLEDGE OF INJ
03/19/2024	03/25/2024

JUR. CLAIM NO.	RPT	MTC	MTC DATE	STATUS	RLS	INS. RPT. NO.	TRANS. DATE
2024011393	FROI	04	04/26/2024	TA	3.1	84721849	04/26/2024 19:53:35
2024011393	FROI	02	04/19/2024	TA	3.1	83374849	04/19/2024 11:31:10
2024011393	FROI	UI	03/29/2024	TA	3.1	79381849	03/29/2024 19:53:20

FROI initially filed within 10 days of CA Knowledge

Compensability determination NOT made within 30 days
Non-prompt adjusting

DATE EMPLOYER HAD KNOWLEDGE OF INJ	DATE CLAIM ADMIN HAD KNOWLEDGE OF INJ
03/13/2024	03/13/2024

JUR. CLAIM NO.	RPT	MTC	MTC DATE	STATUS	RLS	INS. RPT. NO.	TRANS. DATE
2024010196	FROI	00	04/05/2024	TA	3.1	1477413342	04/05/2024 19:53:22
2024010196	FROI	UI	03/20/2024	TA	3.1	1436470342	03/20/2024 19:53:08

FROI initially filed within 10 days of CA Knowledge

Compensability determination made within 30 days



Takeover Claims

FROI AQ is expected – do not file FROI AU on an existing claim with a JCN

FROI AQ must contain established JCN

Contact IC for JCN if not already provided by prior CA

If AQ is rejected – verify match data – do not file AU or 00

SCREEN	ELEMENT NUM	ERROR NUM	VAR. SEG. NUM	ELEMENT NAME	JUR. ERR. MSG.	STANDARD ERR. DESC.
MAIN	0005	117	00	JURISDICTION CLAIM NUMBER	Resubmit AQ/AU w_out JCN - check match fields	MATCH DATA VALUE NOT CONSISTENT WITH VALUE PREVIOUSLY REPORTED

Resubmit AQ/AU without JCN - check match data fields

Scores of duplicate claims being filed when AQ rejects and AU or 00 is filed

Complaint Filed as First Report of Injury

A COMPLAINT filing is a request for a Commission hearing. A claim must be established promptly so legal documents may be recorded. When IC files the claim a JCN is immediately generated so the adjudication process may move forward.

- IC receives COMPLAINT form [IC-1001] *in lieu of* FROI
- IC files the claim and obtains JCN
- IC emails Complaint and JCN with instructions to CA to assume claim
- CA must enter JCN on their claim record to avoid duplicate claim

Complaints Creating Duplicate Claim Filings

COMPLAINT
FILED AT IC

ADMIN RECEIVES COPY OF
COMPLAINT AND FILES
without JCN 10101

REASONS:

COMPLAINT filed as First Report
FROI UR filed without established JCN
FROI AQ rejected for no JCN
FROI AU filed
FROI 00 filed instead of UR
FROI 01 not filed to cancel

INITIAL CLAIM FILING
JCN 10101
ADJUDICATION PROCESS ADVANCES

DUPLICATE CLAIM FILING
JCN 11102

SETTLEMENT AGREEMENT
FILED and PARTIES NOTIFIED

SROI PY FILED REPORTING
SETTLEMENT PAID

PROBLEMS CREATED:

Multiple claim records for same injury
Disruptive to adjudication process
Potentially leaves insurer with exposure
Claimant receives multiple notices of claim filings

LIABILITY DISCHARGED
JCN 10101

LIABILITY RETAINED
JCN 11102

STIPULATION FILED TO
COMBINE CLAIMS

Initial Payment Filings – SROI IP

IP Filing is due within one (1) day of payment issue date

Prompt claim servicing measurement [*requirement that first payment is issued within 28 days of disability*] can be assessed by the IP filings

Resolve TRs promptly - overpayment notices are being filed with no IP

Maintain at least 90% IP [on file or filed timely] to achieve compliance

Two issues affecting compliance that trading partners can control:

- Reporting first *payable* date as benefit period start date
- Real-time reporting

Reporting Benefit Period Start Date

INITIAL DATE LAST DAY WORKED	INITIAL DATE DISABILITY BEGAN	INITIAL DATE EMPLOYER HAD KNOW OF DATE OF DISAB	FULL WAGES PAID FOR DATE OF INJURY IND.
04/25/2023	04/26/2023	05/10/2023	Y - Yes

INITIAL RTW DATE	INITIAL RTW TYPE CODE	INITIAL RTW PHYS RESTRICTIONS IND	INITIAL RTW WITH SAME EMPLOYER IND
05/08/2023	A - ACTUAL		

FIRST DAY OF DISABILITY AFTER THE WAITING PERIOD	DATE CLM ADMIN KNEW DISAB EXCEEDED WTG PERIOD
05/01/2023	

NUMBER OF BENEFITS	01	waiting period NOT met or payable	EXAMPLE 1
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SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	050 - Temporary Total	IP - Initial Payment	04/26/2023	05/07/2023	0001	5	\$435.15	05/27/2023	04/26/2023	\$435.15	04/26/2023	\$435.15

32 Days
Untimely

NUMBER OF BENEFITS		EXAMPLE 2
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SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	050 - Temporary Total	IP - Initial Payment	05/01/2023	05/07/2023	0001		\$435.15	05/27/2023	04/26/2023	\$435.15	04/26/2023	\$435.15

27 Days
Timely

Sample IP Filing

Accurate initial payment data

JUR. CLAIM NO.	RPT	MTC	MTC DATE	STATUS	RLS	INS. RPT. NO.	TRANS. DATE
2023050514	SROI	IP	03/09/2024	TA	3.1	202308406	03/09/2024 20:27:39

NUMBER OF BENEFITS		01										
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	050 - Temporary Total	IP - Initial Payment	02/14/2024	03/06/2024	0003	1	\$2,014.29	03/07/2024	02/14/2024	\$640.91	02/14/2024	\$640.91
NUMBER OF PAYMENTS		01										
SEQ NBR	PAYMENT REASON CODE		PAYMENT COVER PERIOD START DATE		PAYMENT COVER PERIOD THROUGH DATE		PAYEE		PAYMENT ISSUE DATE		PAYMENT AMT	
1	050 - Temporary Total		02/14/2024		03/06/2024				03/07/2024		\$2,014.29	

Benefit Period Start Date to Payment Issue Date = 22 days [Target =< 28 days]
Captures only the actual initial payment data (640.91 x 3 weeks 1 day= \$2,014.29)
Payment segment reflects payment of \$2,014.29

§72-402 Idaho Code – requires the first payment to be issued within **28 days** from date of disability
IDAPA 17.01.01.305.10 – requires copy of the first payment to be sent to the IC on the **day of issuance** (audit allowance 3 days)

- ✓ Audit criteria met
- ✓ EDI filing criteria met

Sample IP Filing

Inaccurate initial payment data

JUR. CLAIM NO.	RPT	MTC	MTC DATE	STATUS	RLS	INS. RPT. NO.	TRANS. DATE
2023022625	SROI	IP	11/13/2023	TA	3.1		11/13/2023 11:31:16

NUMBER OF BENEFITS		01										
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	050 - Temporary Total	IP - Initial Payment	08/23/2023	10/31/2023	0010	0	★ \$7,873.76	09/19/2023	08/22/2023	\$787.47	08/22/2023	\$787.47
NUMBER OF PAYMENTS		01										
SEQ NBR	PAYMENT REASON CODE		PAYMENT COVER PERIOD START DATE		PAYMENT COVER PERIOD THROUGH DATE		PAYEE	PAYMENT ISSUE DATE		PAYMENT AMT		
1	050 - Temporary Total		08/23/2023		10/31/2023			09/19/2023		★ \$7,873.76		

Payment *timely* issued 9/19/23 for the period 8/23 – 9/19/23
IP not **triggered** until 11/13/23 (see MTC date above)
IP then captured the *next three payments* issued during that period increasing Benefit Amount Paid and Payment Amount

FLAGGED AS NON-COMPLIANCE/AUDIT ISSUE

	Transaction Date	Check Number	Payee	Service Dates	Financial Category	Amount Paid
: Indemnity/PD						
	9/19/2023	101	Sample Claimant	08/23/2023 - 09/19/2023	Temporary Total Disability	3,149.88
	10/6/2023	102	Sample Claimant	09/20/2023 - 10/03/2023	Temporary Total Disability	1,574.00
	10/17/2023	103	Sample Claimant	10/04/2023 - 10/17/2023	Temporary Total Disability	1,574.94
	10/31/2023	104	Sample Claimant	10/18/2023 - 10/31/2023	Temporary Total Disability	1,574.94

\$7,873.76



SROI MTC CD – Compensable Death

- Acknowledgement that benefits are now due, but dependency status is not known, and 010 (fatal) payments cannot yet be issued [file within 28 days of disability]
- IP filed following CD if dependency is later established and payments are initiated
- PY filed when no dependents have made a claim and payment made to ISIF for \$10k

Scenarios

dependency not known then proven after 28 days and payments commence

CD → IP

dependency not known and no claim made for benefits after one year

CD → PY

EDI AUDITS

same audit criteria but measured by EDI filings

FROI EDI filing data identifies:

- timely/untimely claim filing performance
- prompt claim servicing – compensability determination within 30 days from CA Knowledge of Claim

SROI EDI filing data identifies:

- prompt claim servicing – initial payment within 28 days of disability
- COS notices issued to the worker for trigger events
- COS notices filed or filed timely with the Commission

Transactions in TR status are not considered filed

EDI AUDITS

Resuming audits of §72-806 notices filed with the IC

The Commission suspended issuing administrative findings for Change of Status notices not on file or not filed timely since EDI was mandated in 2017. Trading partners have now had time and experience with the EDI claim standards and issuing audit findings for non-compliance will resume.

Insurers audited during the suspension period were provided a *review summary* in lieu of administrative audit findings.

Audit of Change of Status (COS) Events

§72-806 Idaho Code – requires notice of any change in status to claimant received within 15 days

IDAPA 17.01.01.801 – requires copy of notice to be provided to Commission contemporaneously (15 days)

IDAPA 17.01.01.305 – requires copy of first income benefit check to be provided to Commission on same day of issuance

Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Statute	Paper Form(s)	Receiver
Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From			
CA	Change in Benefit Amount	2 = EDI Mandate Date	9/14/2023		M = MTC Defined	<p>M = (1) Claim Administrator has identified that the Net Weekly Amount (DN0087) for this benefit type has changed from the previously reported Net Weekly Amount, and the Benefit Type Code has not changed, and benefits are not currently being reinstated.</p> <p>OR</p> <p>(2) Claim Administrator has identified that the Net Weekly Amount (DN0087) for this benefit type has changed from the previously reported Net Weekly Amount, and Reduced Earnings are being reported.</p> <p>OR</p> <p>(3) Claim Administrator has identified that the Net Weekly Amount (DN0087) for this benefit type has changed from the previously reported Net Weekly Amount, and Benefit Credits (if by Commission order) are being reported.</p>	15	C = Calendar Days	J = From Report Trigger	§72-806	Form IC-8 or equivalent	EE
							§72-806 Notice to Claimant					
CB	Change in Benefit Type	2 = EDI Mandate Date	9/14/2023		M = MTC Defined	<p>Claim Administrator has identified that the Benefit Type Code (DN0085) has changed from the previously reported Benefit Type Code and there has been no "terminating transaction" accepted.</p> <p>OR</p> <p>The Employer is resuming (Benefit Type Code 2xx), salary in lieu of compensation, after 0xx indemnity benefits have been paid and there has been no "terminating transaction" accepted; for example (EP, IP, CB,-2xx) or (EP, IP, SX, RB-0xx, CB-2xx).</p> <p>A terminating transaction is an SX or 04.</p>	15	C = Calendar Days	J = From Report Trigger	§72-806	Form IC-8 or equivalent	EE
							IDAPA 17.01.01.801 Copy to IC					
IP	Initial Payment	2 = EDI Mandate Date	9/14/2023		M = MTC Defined	<p>Claim administrator has issued the initial payment of an indemnity benefit other than a lump sum payment/settlement for</p> <p>Lost time in excess of 5 days or employee is admitted inpatient to a hospital.</p>	1	C = Calendar Days	G = From Initial Payment (IP) (Payment Issue Date of IP)	17.01.01.305.10 IDAPA	NA	NA
							IDAPA 17.01.01.305					
SX	SX - Full Suspension	2 = EDI Mandate Date	9/14/2023		M = MTC Defined	Full Suspension – All payment(s) of indemnity benefits have stopped.	15	C = Calendar Days	J = From Report Trigger	§72-806	Form IC-8 or equivalent	EE

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EDI Audit of Claim

Claimant is injured on 11/07/23 and notifies employer on the same day as he leaves for medical treatment. (1) Employer reports the claim to claims administrator on 11/15/23. Claimant was taken off work by his physician and on 12/04/23 (2) claims administrator issues his first payment for the period 11/08/23 – 11/28/23. (3) Claimant is released to return to full duty work on 12/18/23. Claimant is evaluated for an IME on 1/03/24 and awarded a 2% LE impairment rating. The IME report is received by the claims administrator 1/20/24. The (4)(5) claims administrator issues the full payment and (6) closes their claim file.

EVENTS REPORTED

- (1) FROI 00 is filed with the Commission on 11/22/23 [due by 11/25/23] *timely*
- (2) SROI IP is filed on 12/05/23 reporting first payment issued on 12/04/23 [due by 12/05/23] *timely*
- (3) SROI SX – S1 is filed on 1/07/24 [due 1/02/24] *untimely*
- (4) SROI PY is filed on 1/21/24 [due 1/21/24] *timely*
- (5) SROI SX – S7 is filed on 1/22/24 suspending benefits as of 1/30/24 [due 2/14/24] *timely*
- (6) SROI FN is filed on 2/10/24 [due 2/21/24] *timely*

COS Events – 5

COS Events on File – 5

COS Events Filed Timely – 4

COS Events Filed Untimely – 1

COS Not Filed or Untimely Filed 80%
Audit Allowance 90%

Resolving Rejected Transactions

CACN	JCN	REPORT	MTC	MTC DATE	FILE STATUS	RELEASE	TRANSMISSION DATE	EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	DOI
CACN		FROI	00	03/10/2024	TR	3.1	3/10/2024 12:00:00 AM	CLAIMANT	CLAIMANT	03/04/2024
CACN		FROI	00	03/13/2024	TR	3.1	3/13/2024 12:00:00 AM	CLAIMANT	CLAIMANT	03/04/2024
CACN		FROI	00	03/24/2024	TR	3.1	3/24/2024 12:00:00 AM	CLAIMANT	CLAIMANT	03/04/2024
CACN		FROI	00	03/26/2024	TR	3.1	3/26/2024 12:00:00 AM	CLAIMANT	CLAIMANT	03/04/2024
CACN		FROI	00	03/27/2024	TR	3.1	3/27/2024 12:00:00 AM	CLAIMANT	CLAIMANT	03/04/2024
CACN		FROI	00	04/08/2024	TR	3.1	4/8/2024 12:00:00 AM	CLAIMANT	CLAIMANT	03/04/2024
CACN		FROI	00	04/10/2024	TR	3.1	4/10/2024 12:00:00 AM	CLAIMANT	CLAIMANT	03/04/2024
CACN		FROI	00	04/14/2024	TR	3.1	4/14/2024 12:00:00 AM	CLAIMANT	CLAIMANT	03/04/2024
CACN		FROI	00	04/17/2024	TR	3.1	4/17/2024 12:00:00 AM	CLAIMANT	CLAIMANT	03/04/2024
CACN		FROI	00	05/05/2024	TR	3.1	5/5/2024 12:00:00 AM	CLAIMANT	CLAIMANT	03/04/2024
CACN		FROI	00	05/08/2024	TR	3.1	5/8/2024 12:00:00 AM	CLAIMANT	CLAIMANT	03/04/2024
CACN		FROI	00	05/12/2024	TR	3.1	5/12/2024 12:00:00 AM	CLAIMANT	CLAIMANT	03/04/2024
CACN		FROI	00	05/15/2024	TR	3.1	5/15/2024 12:00:00 AM	CLAIMANT	CLAIMANT	03/04/2024
CACN		FROI	00	05/16/2024	TR	3.1	5/16/2024 12:00:00 AM	CLAIMANT	CLAIMANT	03/04/2024
CACN		FROI	00	05/17/2024	TR	3.1	5/17/2024 12:00:00 AM	CLAIMANT	CLAIMANT	03/04/2024

Timely

Untimely

Trading partner has resubmitted the same transaction 15 times without making any changes to the policy number identifier as indicated in the error message.

CA had knowledge of the claim on 3/06/24

Rejections impact performance

JCN	DATE OF INJURY	CA KNOWLEDGE	FILED	DAYS LAPSED
CLAIM 1	01/22/24	01/23/24	01/31/24	8
CLAIM 2	12/20/23	01/18/24	01/26/24	8
CLAIM 26	12/26/23	01/03/24	01/12/24	9
CLAIM 27	01/01/24	01/01/24	01/10/24	9
CLAIM 28	12/26/23	12/27/23	01/05/24	9
CLAIM 29	11/27/23	12/27/23	01/05/24	9
CLAIM 30	01/20/24	01/21/24	01/31/24	10
CLAIM 31	01/19/24	01/19/24	01/29/24	10
CLAIM 32	01/18/24	01/19/24	01/29/24	10
CLAIM 33	12/19/23	01/16/24	01/26/24	10
CLAIM 34	01/15/24	01/16/24	01/26/24	10
CLAIM 35	12/19/23	01/16/24	01/26/24	10
CLAIM 36	01/14/24	01/15/24	01/25/24	10
CLAIM 37	01/12/24	01/15/24	01/25/24	10
CLAIM 38	12/16/23	01/09/24	01/19/24	10
CLAIM 39	12/26/23	01/05/24	01/15/24	10
CLAIM 40	12/25/23	12/26/23	01/05/24	10
CLAIM 41	03/01/24	03/01/24	03/11/24	10
CLAIM 42	01/31/24	02/13/24	02/24/24	11
CLAIM 43	02/15/24	02/18/24	03/04/24	15
★ CLAIM 44	03/04/24	03/06/24	05/18/24	73
Untimely FROI				7%

Scenario: Claims Administrator filed 44 claims in the audit period with an average of 11 days to file.

With just *three* claims over 10 days, the percentage of timely filed claims is 93%.

Audit findings are issued when the Untimely Filed FROIs are below **95%**.

NOTE: *Claim 44 took 73 days to file successfully. During this time, an initial payment was issued, and claimant returned to work. The SROI IP and SX transactions rejected because the FROI was not promptly resolved and the two SROI [Change of Status] events were ultimately filed untimely.*

Industry Performance

State Benchmarks		
Timely %	Payment Days	Accepted Rate
92.1%	24.7	90.8%
ADMINISTRATOR A		
Claim Administrator Statistics		
<i>Excellent</i>		
Timely %	Payment Days	Accepted Rate
99.9%	27.5	98.3%
ADMINISTRATOR B		
Claim Administrator Statistics		
<i>Needs Improvement</i>		
Timely %	Payment Days	Accepted Rate
86.0%	26.0	88.8%
ADMINISTRATOR C		
Claim Administrator Statistics		
<i>Below Standards</i>		
Timely %	Payment Days	Accepted Rate
89.9%	30.7	67.7%

REPORT
CARDS

COMING
SOON!

Resolving Rejected Transactions

Compliance Analytics									
	CLAIMS ADMIN A	CLAIMS ADMIN B	CLAIMS ADMIN C	CLAIMS ADMIN D	CLAIMS ADMIN E	CLAIMS ADMIN F	CLAIMS ADMIN G	CLAIMS ADMIN H	CLAIMS ADMIN I
Outstanding TR									
Outstanding TR	35	127	12	91	78	28	104	13	21

Trading Partner Details					
Trading Partner	Accepted	Rejected	Accepted Rate	Timely %	Payment Days
	21,024	367	98.3%	99.9%	27.5
Grand Total	21,024	367	98.3%	99.9%	27.5

Trading partner submitted 21,391 transactions during the first quarter of the year with only 367 rejections. An accepted rate of 98.3% is outstanding.

Actionable Outstanding			
Trading Part..	Maintenance Type Code	Element Number	
	CA - Change in Benefit Amount	0002 - Maintenance Type Code	5
	SX - Full Suspension	0072 - Latest RTW/Status Date	1
	UR - Update Report	0042 - Employee SSN	3
		0043 - Employee Last Name	2
		0044 - Employee First Name	2

Trading partner has resolved their actionable outstanding transactions except for the 13 identified here.

Reduced Earnings

Reported on SROI IP, CA, CB, RB, SX

Do not report on SROI 02 – RE segments are excluded

CA triggered by change in gross/net weekly amounts

Reporting 0.00 in Reduced Earnings Net Weekly Amount Due by Claims Administrator [DN0435] will pass the edits as **it is a value**

Should represent the payment owed by CA for that period

Reduced Earnings – IP with 3 weeks of TPD

Benefit Segment

SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	070 - Temporary Partial	IP - Initial Payment	03/25/2024	04/14/2024	03	0	\$782.56	04/16/2024	04/08/2024	\$254.60	04/08/2024	\$254.60

When multiple weeks of TPD benefits are being reported, the Gross/Net Weekly Amount Effective Dates and Gross/Net Weekly Amounts represent the most current TPD rate and date reported

Reduced Earnings Segment

NUMBER OF REDUCED EARNINGS				03			
SEQ NBR	RED EARNINGS WEEK NBR	RED EARNINGS WEEK START DATE	RED EARNINGS WEEK END DATE	Report earnings paid by employer	DEEMED RED EARNINGS	Report benefit amount owed by CA	NET WEEKLY AMOUNT DUE BY CLAIM ADMIN
1	01	03/25/2024	03/31/2024	\$344.00			\$305.52
2	02	04/01/2024	04/07/2024	\$468.00			\$222.44
3	03	04/08/2024	04/14/2024	\$420.00			\$254.60

Reduced Earnings Start and End Dates align with Benefit Period Start and Through Dates

All Reduced Earnings segments are reported

Most current TPD rate and dates reported for gross/net weekly

Reduced Earnings - Example

Incorrect Filing

BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
070 - Temporary Partial	IP - Initial Payment	03/25/2024	04/08/2024	0002	1	\$765.96	04/08/2024	04/01/2024	\$336.05	04/01/2024	\$336.05

RED EARNINGS WEEK NBR	RED EARNINGS WEEK START DATE	RED EARNINGS WEEK END DATE	ACTUAL RED EARNINGS	DEEMED RED EARNINGS	NET WEEKLY AMOUNT DUE BY CLAIM ADMIN
01	03/25/2024	03/31/2024	\$30.00		\$0.00
02	04/01/2024	04/08/2024	\$112.50		\$0.00

PAYMENT REASON CODE	PAYMENT COVER PERIOD START DATE	PAYMENT COVER PERIOD THROUGH DATE	PAYEE	PAYMENT ISSUE DATE	PAYMENT AMT
070 - Temporary Partial	03/25/2024	03/31/2024	INJURED WORKER	04/08/2024	\$381.90

Reports first payment of \$381.90 in TPD benefits for the period 3/25 – 3/31/24

Reports two reduced earnings segments reporting \$0 due by claims administrator

Benefit segment reflects a cumulative total TPD paid of \$765.96

Reduced Earnings - Example

Incorrect Filing

BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
050 - Temporary Total		11/02/2023	01/10/2024	0010	0	\$4,139.76	11/27/2023	11/02/2023	\$446.64	11/02/2023	\$446.64
070 - Temporary Partial	SX - SUSPENSION	01/11/2024	02/14/2024	0005	0	\$1,102.81	02/28/2024	01/11/2024	\$446.64	01/11/2024	\$446.64

RED EARNINGS WEEK NBR	RED EARNINGS WEEK START DATE	RED EARNINGS WEEK END DATE	ACTUAL RED EARNINGS	DEEMED RED EARNINGS	NET WEEKLY AMOUNT DUE BY CLAIM ADMIN
01	01/11/2024	01/17/2024	\$334.13		\$666.62
02	01/18/2024	01/24/2024	\$338.25		\$666.62
03	01/25/2024	01/31/2024	\$424.88		\$666.62
04	02/01/2024	02/07/2024	\$66.00		\$666.62
05	02/08/2024	02/14/2024	\$523.88		\$666.62

Gross/Net Weekly Effective Date should report 2/08/24 [week 5]

Gross/Net Weekly Amount should report the amount paid in TPD for the most recent period [week 5]

Net Weekly Amount Due by Claim Administrator does not compute based on actual reduced earnings

Reporting Dependents

Eligible dependents must be reported on all fatal claims paying benefits

On FROI, SROI, Both	REC	DN#	DATA ELEMENT NAME	FORMAT		02				04	AB	AP	CA	CB	CD	EP	ER	FN	IP	NT	PX	PD	PY	RB	SX	UI	UR	VE	AN		
							Reportable Change																								
					Capture?	02 Requirement Code	Group	A (Add)	U (Update)	D (Delete)	R (Remove)																				
Dependent/Payee Relationships																															
SROI	R22	0097	Dependent/Payee Relationship Code	2 A/N	Y	MC		Y	Y	Y	B	MC	MC	MC	MC	MC	X	MC	MC	MC	MC	X	X	MC	MC	MC	X	AR	MC	MC	MC
SROI	R22	0425	Dependent First Name	15 A/N	Y	MC		Y	Y	Y	B	MC	MC	MC	MC	MC	X	MC	MC	MC	MC	X	X	MC	MC	MC	X	AR	MC	MC	MC
SROI	R22	0426	Dependent Last Name	40 A/N	Y	MC		Y	Y	Y	B	MC	MC	MC	MC	MC	X	MC	MC	MC	MC	X	X	MC	MC	MC	X	AR	MC	MC	MC
SROI	R22	0427	Dependent Date of Birth	DATE	Y	MC		Y	Y	Y	B	MC	MC	MC	MC	MC	X	MC	MC	MC	MC	X	X	MC	MC	MC	X	AR	MC	MC	MC
SROI	R22	0428	Dependent Gender Code	1 A/N	N	NA		N	N	N	B	NA	NA	NA	NA	NA	X	NA	NA	NA	NA	X	X	NA	NA	NA	X	NA	NA	NA	NA
SROI	R22	0429	Dependent Extent of Dependency	1 A/N	N	NA		N	N	N	B	NA	NA	NA	NA	NA	X	NA	NA	NA	NA	X	X	NA	NA	NA	X	NA	NA	NA	NA

DN0097 mandatory unless CD filed with no subsequent IP/EP

DNs 0425 0426 0427 mandatory on non-legacy claims

Legacy claim – CA had knowledge of the claim prior to 9/14/23



Dependent Segment

EMPLOYEE NUMBER OF DEPENDENTS		03			
NUMBER OF DEPENDENT/PAYEE RELATIONSHIPS		03			
SEQ NBR	DEPENDENT/PAYEE RELATIONSHIP CODE	BIRTH ORDER	DEPENDENT FIRST NAME	DEPENDENT LAST NAME	DEPENDENT DATE OF BIRTH
1	3 - Widower	1 - FIRST	FIRST	LAST	06/15/1986
2	4 - Son/Daughter	1 - FIRST	FIRST	LAST	5/18/2004
3	4 - Son/Daughter	2 - SECOND	FIRST	LAST	12/01/2014

Relationship Codes

2 = Widow
 3 = Widower
 4 = Son or Daughter
 5 = Brother or Sister
 6 = Mother or Father
 7 = Disabled Child
 8 = Jurisdiction Fund

Numerical Birth Order

0 Jurisdiction Fund
 1 – 9
 additional dependents A - K

Birth Order is reset for each Relationship Code

Widow/Widower (2 or 3) birth order 1
 Son/Daughter (4) birth order 1
 Next Son/Daughter (4) birth order 2
 Mother (6) birth order 1
 Father (6) birth order 2

Dependent Segment — child turns 18 and out of school

IP reports widower plus two children with gross/net weekly amount of \$499.40 based on 55% ASW 2022

SEQ NBR	DEPENDENT/PAYEE RELATIONSHIP CODE	BIRTH ORDER	DEPENDENT FIRST NAME	DEPENDENT LAST NAME	DEPENDENT DATE OF BIRTH	
1	3 - Widower	1 - FIRST	FIRST	LAST	06/15/1986	← 45% ASW
2	4 - Son/Daughter	1 - FIRST	FIRST	LAST	5/18/2004	← 5% ASW
3	4 - Son/Daughter	2 - SECOND	FIRST	LAST	12/01/2014	← 5% ASW

CA filed to remove first child and report new gross/net weekly amount of \$454.00 based on 50% ASW 2022

SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	010 - Fatal	CA - Change in Benefit Amount	06/18/2021	05/17/2022	47	5	\$22,806.93	05/31/2022	05/18/2022	\$454.00	05/18/2022	\$454.00

SEQ NBR	DEPENDENT/PAYEE RELATIONSHIP CODE	BIRTH ORDER	DEPENDENT FIRST NAME	DEPENDENT LAST NAME	DEPENDENT DATE OF BIRTH	
1	3 - Widower	1 - FIRST	FIRST	LAST	06/15/1986	← 45% ASW
2	4 - Son/Daughter	1 - FIRST	FIRST	LAST	12/01/2014	← 5% ASW

Impairment Ratings

Apportionment – only report the rating attributed to the subject injury

10% Upper Extremity with 2% apportioned to pre-existing injuries

Report 8% UE

Averaging – report the average of the two ratings

10% Upper Extremity and 17% Upper Extremity

Report 13.5% UE

Combined Ratings – report the final whole person rating

10% Lower Extremity combined with 16% Upper Extremity

Report 14% WP

Impairment Ratings

Multiple Ratings – may report up to ten (10) occurrences

NUMBER OF PERMANENT IMPAIRMENTS	02		
SEQ NBR	PERM IMPAIRMENT BODY PART	PERM IMPAIRMENT PERCENT	PERM IMPAIRMENT BODY PART LOCATION
1	38 – SHOULDER(S)	5.00	L – LEFT
2	51 – HIP	2.00	L – LEFT

Multiple Teeth – report one (1) occurrence for each affected tooth

NUMBER OF PERMANENT IMPAIRMENTS	02		
SEQ NBR	PERM IMPAIRMENT BODY PART	PERM IMPAIRMENT PERCENT	PERM IMPAIRMENT BODY PART LOCATION
1	16 – TEETH	100.00	
2	16 – TEETH	100.00	

Report **rated** body part code – not *injured* body part code

Impairment Ratings

Body Part Location Code [DN0432] is now required when reporting Impairment where the location may be:

B = Bilateral
L = Left
R = Right

} Example: *eye, ear, arm, leg*

Drill down on Fingers, Toes, Eyes and Ears for complete Body Part Code

36. Finger(s)	Other than thumb and corresponding muscles
IAIABC Subsequent Report of Injury (SROI) Codes:	*
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

Impairment v Disability – Benefit Type Codes

BTC 030 - PPI not paid by settlement

BTC 530 - PPI paid by settlement

BTC 040 - PPD not paid by settlement

BTC 540 - PPD paid by settlement

530 not used when PPI advanced or paid in a single lump payment

BTC X30 *Statutory rating or physician rated impairment*

BTC X40 *Disability based on loss of wage-earning capacity*

Impairment Ratings

Single lump payment may be submitted with SROI PY

NUMBER OF BENEFITS		01											
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT	
1	030 – Permanent Partial Scheduled	PY – Payment Report	03/05/2024	5/13/24	10	0	\$5,318.50	03/22/2024	03/05/2024	\$531.85	03/05/2024	\$531.85	
LUMP LUMP PAYMENT/SETTLEMENT CODE			<i>Report <u>actual</u> number of weeks and days</i> DO NOT REPORT ONE DAY									MAX MEDICAL IMPROV. DATE	
NS – Non-Specified												03/05/2024	

File RB after PY if payments continue after the lump payment of benefits
File SX after PY if paid in full or after RB when paid in full

only use NS – Settlement Code [DN0293] in this scenario

Overpayments

Overpayment Recovery Process has not changed

DN0433 Overpayment Amount – Current

Overpayments may be recorded in this field, but the required IC prior approval for recovery is not achieved by this filing

Obtaining Recovery Authorization

COS notice must be contemporaneously provided to IC

Note: *If sent by mail or fax, it will be stamped FILED and returned to CA to place in claim file as required. If sent via email, retain email in claim record.*

SROI PY Filings – Settled Claims

A PY must be *correctly* filed for every claim settled by lump sum

SROI MTC PY is due one day after payment issue date

- Benefit Type Code 5XX (typically 500 – Unspecified)
- All benefits paid are reported on PY (sweeps all prior benefits paid)
- Lump Sum Settlement Code must be present (typically SF or SP)
- Payment segment should identify all payees (claimant/attorney/child support)
- Reduced Benefit Amount Code [DN0212] may apply

Commission will continue to make requests for the PY until filing is complete and accurate

Lump Sum Settlement

Lump Sum Payment/Settlement Code:

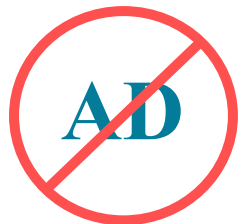
SF – Settlement Full (full/final)

SP – Settlement Partial (medicals open)

AS – Agreement Stipulated (settle single issue)

AW – Award (adjudicated LSS – not typical)

NS – Non Specified (any lump payment)



AD – Advance (not applicable for a settlement)

Reduced Benefit Amount Code

No Money Settlement = N

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

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

a payment segment will not be present on the PY

Reduced Benefit Amount Code

Claim Settled Under Another Date of Injury = **S**

Scenario: A settlement is filed 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* settlement.

a payment segment will not be present on the PY

No prior benefits paid
No benefits paid by settlement

REDUCED BENEFIT AMOUNT CODE			NON-CONSECUTIVE PERIOD CODE			BENEFIT CHANGE REASON CODE			ANTICIPATED WAGE LOSS INDICATOR		NET TO ZERO CODE	
S - Claim Settled Under Another DOI			S (or N) explains absence of <i>benefit</i> segment and absence of <i>payment</i> segment on PY									
NUMBER OF BENEFITS			00									
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT

Prior benefits paid
No benefits paid by settlement

REDUCED BENEFIT AMOUNT CODE			NON-CONSECUTIVE PERIOD CODE			ANTICIPATED WAGE LOSS INDICATOR						
S - Claim Settled Under Another DOI			S (or N) explains absence of BTC 5XX in <i>benefit</i> segment and absence of <i>payment</i> segment on PY									
NUMBER OF BENEFITS			02									
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	050 - Temporary Total		12/19/2022	01/17/2023	0004	2	\$1,815.62	04/11/2023	01/01/2023	\$435.15	01/01/2023	\$435.15
2	070 - Temporary Partial		12/12/2022	12/18/2022	0001	0	\$93.97	04/11/2023	12/12/2022	\$93.97	12/12/2022	\$93.97

Benefit Segment on SROI PY

NUMBER OF BENEFITS		06										
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	030 - Permanent Partial/Scheduled	A	03/13/2023	05/26/2024	0063	0	\$34,958.00	04/21/2023	03/13/2023	\$499.40	03/13/2023	\$499.40
2	050 - Temporary Total		11/16/2022	01/24/2023	0010	0	\$7,047.40	01/24/2023	01/01/2023	\$704.74	01/01/2023	\$704.74
3	070 - Temporary Partial		01/25/2023	01/29/2023	0000	5	\$134.21	02/23/2023	01/25/2023	\$187.90	01/25/2023	\$187.90
4	500 - Unspecified Lump Sum Pmt/Settlement		01/19/2024	01/19/2024	D		\$2,545.00	E				
5	501 - Medical Lump Sum Pmt/Settlement		01/19/2024	01/19/2024			\$10,000.00					
6	540 - Perm Partial Unsch Lump Sum Pmt/Settlement		01/19/2024	01/19/2024			\$37,455.00					

A – MTC is not present in the benefit segment

B – Benefits paid prior to settlement sweep in

C – All benefits paid by settlement reflect benefit type codes 5XX

D – Benefit type weeks and days not present on 5XX segments

E – Gross/Net Weekly Amounts not present on 5XX segments

Segments on SROI PY

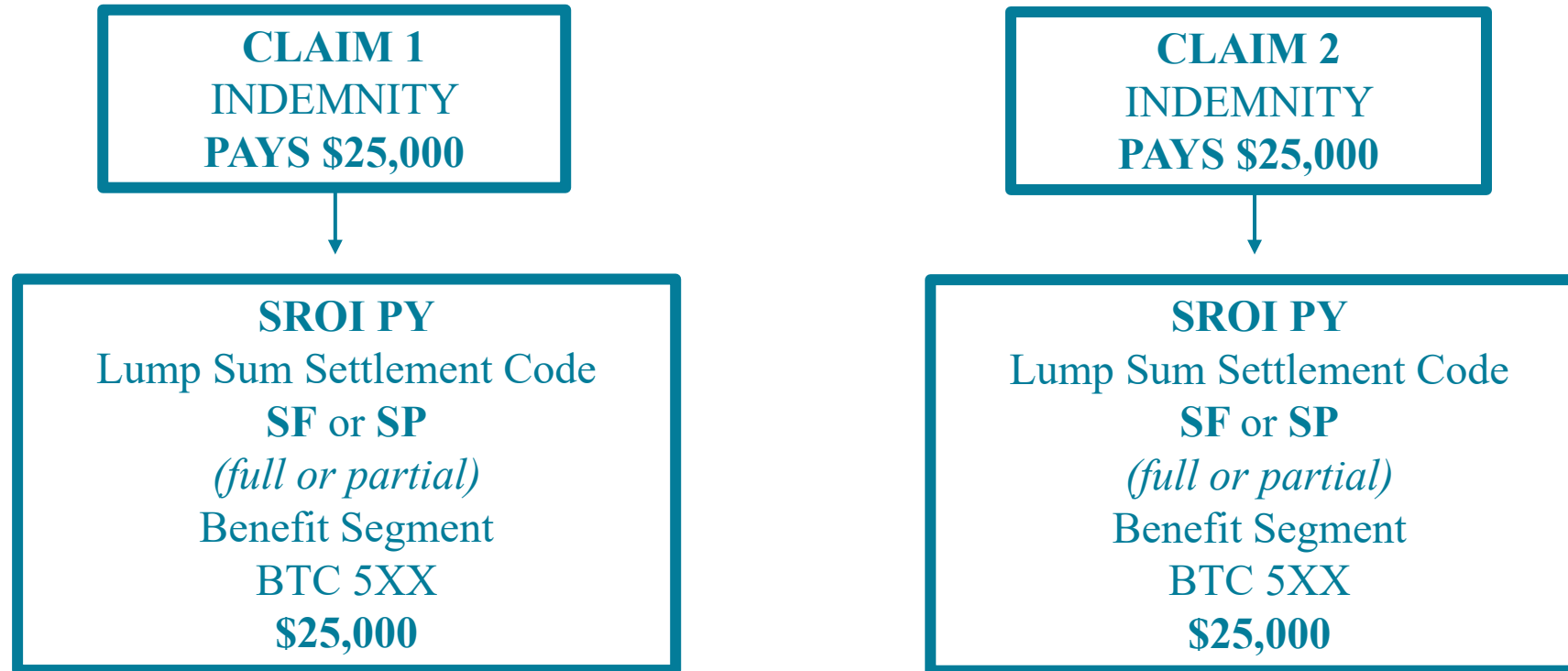
Benefit segment reflects all benefits paid but only the 5XX benefit payments are being issued with this payment

NUMBER OF BENEFITS		04										
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	050 - Temporary Total		04/14/2022	11/06/2022	0020	4	\$8,405.48	11/08/2022				
2	070 - Temporary Partial		06/15/2022	12/16/2022	0001	4	\$3,350.82	12/16/2022				
3	501 - Medical Lump Sum Pmt/Settlement		03/13/2024	03/13/2024			\$10,000.00	03/20/2024				
4	530 - Perm Partial Sch Lump Sum Pmt/Settlement		03/13/2024	03/13/2024			\$15,000.00	03/20/2024				

Payment segment captures only the 5XX benefits with the latest Benefit Payment Issue Date of 3/20/24

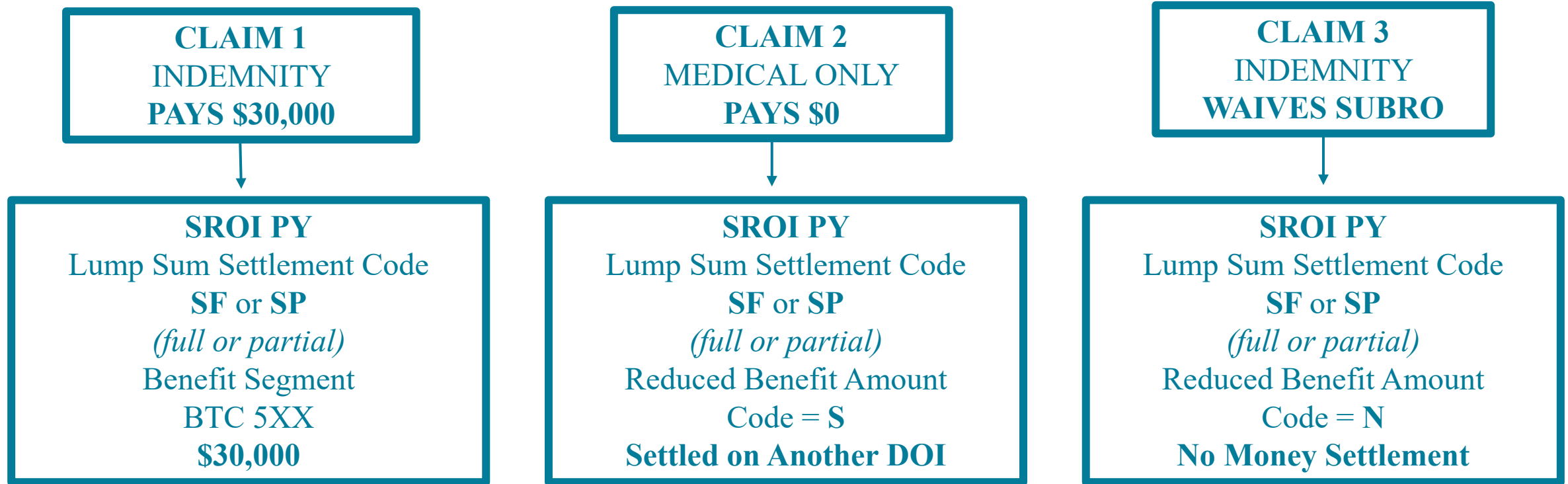
LUMP SUM PAYMENT/SETTLEMENT CODE		AWARD/ORDER DATE		JURISDICTION CLAIM NBR-REL		
SF		03/13/2024				
NUMBER OF PAYMENTS		02				
SEQ NBR	PAYMENT REASON CODE	PAYMENT COVER PERIOD START DATE	PAYMENT COVER PERIOD THROUGH DATE	PAYEE	PAYMENT ISSUE DATE	PAYMENT AMT
1	501 - Medical Lump Sum Pmt/Settlement	03/13/2024	03/13/2024	CALDWELL LAW GROUP, P.L.L.C. A	03/20/2024	\$10,000.00
2	530 - Perm Partial Sch Lump Sum Pmt/Settlement	03/13/2024	03/13/2024	CALDWELL LAW GROUP, P.L.L.C. A	03/20/2024	\$15,000.00

SETTLEMENT AGREEMENT - A
TWO CLAIMS
PAYS \$50,000



Combined payments \$50,000
matches agreement

SETTLEMENT AGREEMENT - B
THREE CLAIMS
PAYS \$30,000



Combined payments \$30,000
matches agreement

AN Filings – Event Table

Report Type	Maintenance Type		Event Rule			Report Trigger		Statute	Periodic Qualifiers		Periodic Report Due		
	Code	Description	Criteria	From	Thru	Criteria	Trigger Value		Status	Activity	Value	Due Type	From
SROI	AN	Annual	2=EDI Mandate Date	9/14/2023		M=MTC Defined	<p>Any claim for which Benefit Type Code 010 (Fatal) or 020 (Permanent Total) was paid and reported, OR</p> <p>Any claim other than an unrescinded total denial, where DN0057 [Employee Date of Death] is populated and DN0146 [Death Result of Injury] = Y, regardless of whether or not indemnity has been paid.</p> <p>Note: If a claim is closed and an FN is accepted, the FN will replace the need for an AN at the beginning of the next calendar year.</p>	17.01.01.602 IDAPA	1= Open	J= Jurisdiction defined	If a prior FN has not been accepted, an AN should be triggered on the first day of the calendar year; however accepted no later than 90 calendar days from the first day of the calendar year.	C = Calendar days	J=Report Trigger (first day of calendar year)

AN Filings

- filed **only** for *fatal* or *total permanent disability* claims
- *should* trigger January 1st to capture the period end date December 31st of the prior year and before the CA is filed reporting the new rate for the new benefit year (statutorily due by end of first quarter of the new year)
- benefit segment sweeps in all benefits paid to-date and must include the period through date of December 31st unless benefits suspended prior
- all fatal claim filings must reflect the *qualified* dependents being paid at that moment in time

AN Filings

NUMBER OF BENEFITS			02									
SROI AN BENEFIT SEGMENT												
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	020 - Permanent Total		05/08/2014	12/31/2023	0503	4	\$240,433.39					
2	050 - Temporary Total		04/30/2013	05/07/2014	0053	2	\$21,198.74					

NUMBER OF BENEFITS			02									
SROI CA BENEFIT SEGMENT												
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	020 - Permanent Total	CA - Change in Benefit Amount	05/08/2014	04/30/2024	0520	6	\$251,567.99	04/23/2024	01/01/2024	\$638.87	01/01/2024	\$638.87
2	050 - Temporary Total		04/30/2013	05/07/2014	0053	2	\$21,198.74	05/07/2014	04/29/2014	\$404.37	04/29/2014	\$404.37

AN Filings

- ✓ MTC CA is filed at the first of the year when the gross/net weekly amount changes consistent with the ASW change for the new benefit year
- ✓ MTC CA is filed when dependent changes affect the gross/net weekly amount
- ✓ MTC 02 is filed when dependent changes are reported but do not result in a change to the gross/net weekly amount
- ✓ Dependent segment must always represent the qualifying dependents at that time

FN Filings

- captures all indemnity benefits paid
- provides **true** number of benefit weeks/days paid per BTC
- captures all medical benefits paid
- reports benefits paid by a prior claims administrator

SROI 02 or SROI CA may be filed after the FN to correct misreported information **but must be followed by another FN**

Due within 30 days of administrator's claim closure

FN Filings

MAX MEDICAL IMPROV. DATE		PERMANENT IMPAIRMENT MINIMUM PAYMENT IND.										
03/27/2024		N - No										

NUMBER OF PERMANENT IMPAIRMENTS		01										
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SEQ NBR		PERM IMPAIRMENT BODY PART				PERM IMPAIRMENT PERCENT				PERM IMPAIRMENT BODY PART LOCATION		
1		35 - Hand				3				L - LEFT		

WAGE EFFECTIVE DATE		AVERAGE WAGE		WAGE PERIOD		ESTIMATED GROSS WEEKLY AMOUNT IND		OVERPAYMENT AMOUNT CURRENT			
10/02/2023		\$508.38		01 - Weekly		N - No					

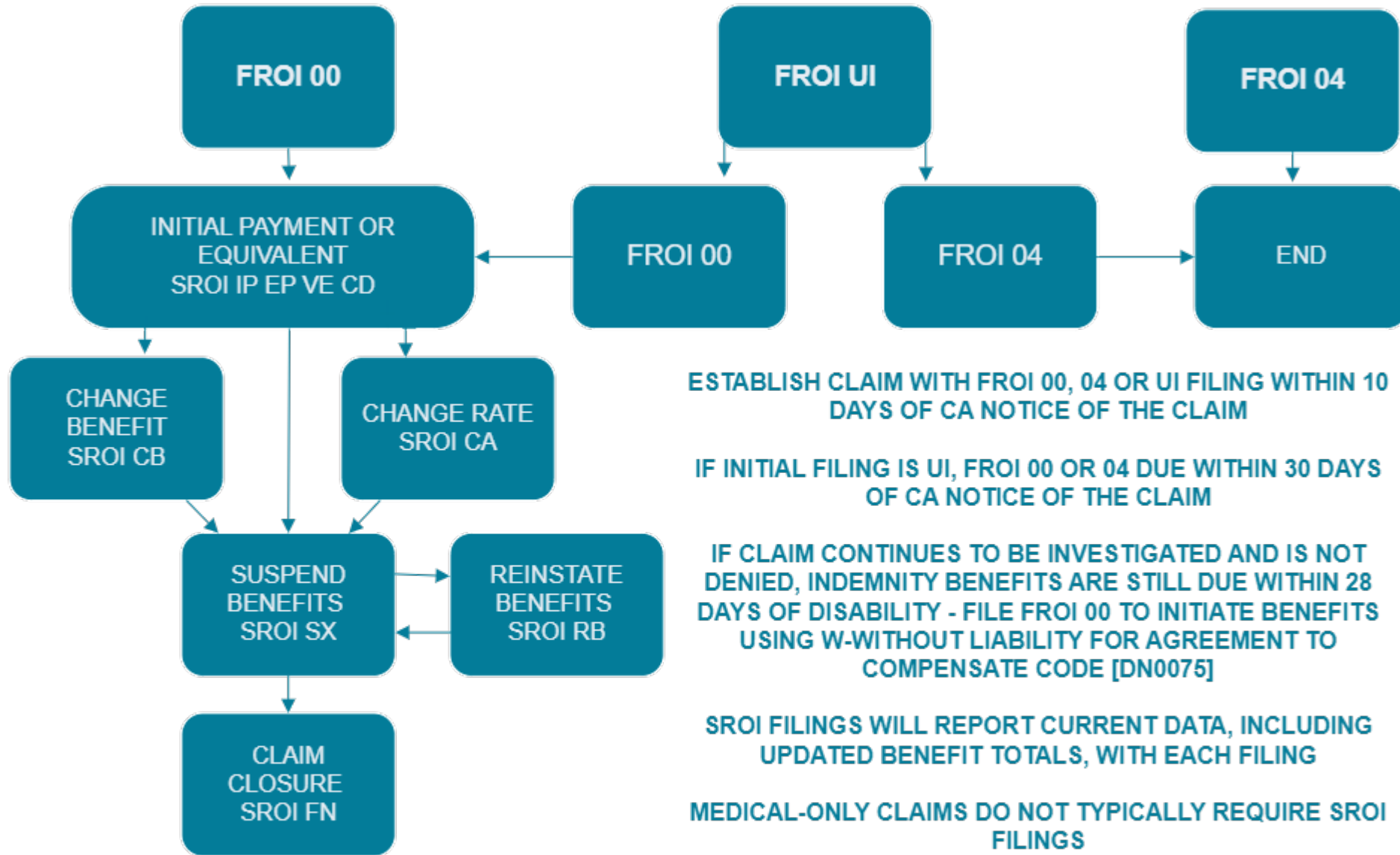
DISC. FRINGE BENEFITS		CALCULATED WEEKLY COMP		EMPLOYER PAID SALARY IN LIEU OF COMPENSATION IND		EMPLOYER PAID SALARY PRIOR TO ACQUISITION		WITHHELD ATTY FEES CURRENT			
\$0.00		\$435.15		N - No							

REDUCED BENEFIT AMOUNT CODE		NON-CONSECUTIVE PERIOD CODE		BENEFIT CHANGE REASON CODE		ANTICIPATED WAGE LOSS INDICATOR		NET TO ZERO CODE			
						N - No					

NUMBER OF BENEFITS		02										
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SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	030 - Permanent Partial/Scheduled		03/27/2024	05/28/2024	0009	0	\$4,786.65					
2	050 - Temporary Total		10/03/2023	10/28/2023	0003	5	\$1,616.27					

BASIC CLAIM EVENT FLOW



Miscellaneous

Claim Type Code – M [Medical Only]

benefit segment is not passed through when M is entered

Lump Sum Settlement Code – AD [Advance]

impairment segment is not passed through when AD is entered

TA Acknowledgements

TA acknowledgments returned on transaction is not an indication that all transaction data elements were *correctly* reported

Edits cannot verify math computations

Miscellaneous

SUSPENSION – Effective Date

last payable date benefits were owed and should match the Benefit Period Through Date in the benefit segment

MTC AB – Add Benefit

two *different* benefit types must be paid concurrently

MTC PD – Partial Denial

use when denying *specific treatment* or *specific body parts*
– not SROI04

Expanded Processing Schedule

Morning Files – files received before 11:30am ET will be processed in the morning run with AKC returned beginning at 12:30pm ET

Afternoon Files – files received after 11:30am ET and before 3:30pm ET will be processed in the afternoon run with AKC returned beginning at 4:30pm ET

Evening/Night Files – files received after 3:30pm ET and before 11:59pm ET will be processed in the overnight run with AKC returned beginning at 1:00am ET

wcPrism submissions must be completed by 6:00pm ET to be included in the overnight run

Trading Partners may connect and upload files seven (7) days a week

EDI Inquiries

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EDI Tables/Training

<https://iicedi.info>

