

Idaho Industrial Commission EDI Claims R3.0 Workshop



Consistent with Version 2.7

Introduction

Facilitator:

Richelle Flores – EDI Program Analyst



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

- 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

Monitor announcements on both websites for updated requirements.

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

Discussion Objectives

- Filing Expectations
- Performance Measurements
- Accurate and Timely Filing
- 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
- Reduced Benefit Descriptions
 - Reclassification
 - Decrease in Indemnity
- Common Rejection Errors
- Migration to Release 3.1

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 the vendor with approval or advise of any issues. Changes are not instantaneous; trading partners will be notified of an effective date to begin filing with the newly reported changes.

Pursuant to IDAPA 17.01.01.601.03 the Trading Partner Agreement must be updated as changes occur and is subject to audit.

<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 (claim in suspense)
- Claims filed then cancelled – IC needs cancel reason (email contact required)
- 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

- Trigger events must be reported [consistent with §72-806 notices to claimant]
- Unreported trigger 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

Pursuant to IDAPA 17.01.01.601 FROIs and SROIs are required to be filed in accordance with IAIABC EDI Claims Release 3.0 and the Commission's guides and tables.

Each FROI/SROI must comply with formatting requirements and must contain the information identified as mandatory or mandatory conditional, as applicable. EDI non-performance may generate administrative audit findings.

FN Audit

SROI FNs are being reviewed by IC staff to determine proper payment of benefits.

At this time, IC will attempt to administratively audit and close the claim using the data reported, though it may be inaccurate or incomplete.

An emailed request for additional information or filings may be necessary and a ***prompt response [15 business days] is expected*** per IDAPA 17.01.01.602.

IC advancing toward random audit of FN.

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. All FROI/SROI transactions must be re-filed if 01 filed in error.

Once a FROI MTC 01 is filed, it cannot be undone. The JCN should be removed from sender's claim system 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

Insured Name [DN0017] and FEIN [DN0314]

Named entity of the policy

- parent company if hierarchy organization
- captive/group name
- not 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.

Trading partners may contact the IC to obtain JCN.

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. An ITIN cannot be reported using the
(**S**) SSN Type Qualifier as the edits will recognize
as invalid SSN and transaction will be rejected.

ITIN format 9XX-**X**X-XXXX

X = 5, 6, 7, 8 or 9

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 denotes *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** should 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. (No Sx is required)

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 | ██████████ |
|-------|------------|
|-------|------------|

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

Support of another person is the only allowable redistribution 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 |
|-------|------------------------|

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

First Position = Relationship

Second Position = Numerical Birth Order

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

SROI MTC IP/EP

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

Benefit Period Start Date is consistent with claimant's first date of disability.

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

While it is allowable to report claimant's TTD rate, you must ensure employers pay actual wages and not the workers compensation rate.

Must use benefit type code (BTC) 2XX

| 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 Y.

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

Once actual wages are obtained, the indicator must be updated to N. 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 ongoing until a benefit suspension has been reported via SROI MTC S1, S2, S3, S4, S5, S7, S8, S9, SD or SJ.

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 (these will be reviewed as incarceration is not always a valid reason to terminate 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 claims administrator is deemed compliant with the SOP filing requirements outlined in IDAPA 17.01.01.602 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.

An FN may not be filed without a prior Sx, except in the case of an S8 or SROI 04 filing.

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 1st)
- Rate changes at 52 weeks
- Actual wages have been obtained
- Change in dependent status (fatality claims)

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

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

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

Impairment Ratings

| | |
|---|---|
| 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 |
| 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 – Lump Payment

Any lump payment of benefits [typically PPI] should be reported on the SROI PY.

- Report Lump Sum Payment/Settlement Code [DN0293] as NS – Non-Specified Lump Sum Payment
- BTC should be 0XX rather than 5XX
- MTC must be included at Claim Level and Benefit Level with 0XX BTC code [Event]

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 Settlement

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

- Benefit Type Code 5XX
- Payee should identify all payees
- Reduced Benefit Amount Code *may* apply [slides 73/74]
- Benefit segment and payment segment both report Benefit Type Code 5XX

SROI MTC FN is filed when the claims administrator closes their 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.

An MTC RE is required every time the Gross/Net Weekly Amount changes; otherwise, the RE segments will be included on the next MTC due.

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

Required when Gross/Net Weekly Amount changes

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

Reinstatement of Benefits

| | |
|--|---|
| INITIAL DATE LAST DAY WORKED | INITIAL DATE DISABILITY BEGAN |
| 07/08/2020 | 07/08/2020 |
| INITIAL RTW DATE | |
| 08/02/2020 | |
| FIRST DAY OF DISABILITY AFTER THE WAITING PERIOD | DATE CLM ADMIN KNEW DISAB EXCEEDED WTG PERIOD |
| 07/08/2020 | 07/14/2020 |
| RETURN TO WORK TYPE CODE | PHYSICAL RESTRICTIONS INDICATOR |
| A - Actual | |
| CURRENT DATE LAST DAY WORKED | CURRENT DATE DISABILITY BEGAN |
| 10/11/2020 | 10/12/2020 |

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. The IC recognizes 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 |

Benefit Redistribution

Benefit ACR - SROI x

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 Amount Code [R/D]

DO NOT reduce the Gross/Net Weekly Amounts

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.

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

Lump Sum Settlement

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

NS – Non-Specified (any lump payment)

Lump Sum Settlement

- BTC5XX (typically 500 - Unspecified)
- Payment segment 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.

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

Policy Number Identifier [DN0028]

This data element is required for all insured employers and must match **EXACTLY** as reported to NCCI for Proof of Coverage. If the carrier reported WC58123720 to NCCI, the trading partner must report the same.

Trading partner may not add or remove any characters.

~~WC~~58123720

WC581237~~20~~

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

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 | View |
| 2 | 050 - Temporary Total | View |

No Payment Segment Present – IP/RB/PY

NUMBER OF PAYMENTS

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

Edit Matrix

Population Restrictions – Defines reason for error

| 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

DN Error Message – Advises what edits are applied to the data based on the ERT

| Sorted by Error Message & DN | <p>Edit Matrix Population Legend: F = Edit applies to the data elements deemed essential for a transmission/transaction to be processed. L = *Not grayed out: Edit applies to the data elements based on the requirements indicated on the Element Requirement Table. *Grayed out: The standard edit will not be applied by the jurisdiction</p> <p>Relaxed requirement edits: L = Claim: requirement is limited to "conditional" on new claims reported in R3 environment because the data may not (and may never be) available on legacy claims. V = Event: requirement is limited to "conditional" on claims where benefits are being "initiated" or "reinstated" in R3 because the data may not have been collected at the time payments were started in the R1 environment. NI = No migration impact</p> <p>Jurisdiction will apply edits?: F = Essential data element; must be edited for successful transaction processing Y = Yes - indicates that all edits marked for the data element will be applied; some may be based on conditions defined in the Element Requirement Table N = No - indicates that none of the standard edits marked for the data elements will be applied</p> <p>For Population Restrictions: For Data Elements that have certain 'population values' allowed for specific data elements, a "P" is indicated in the 'Population Restrictions Indicator' column and the associated data element population restriction is detailed in the Population Restrictions Table.</p> | Relaxed requirement edits (err msg 001 and 108) | Jurisdiction will apply edits? | Population Restrictions Indicator | Mandatory field not present |
|------------------------------|--|---|--------------------------------|-----------------------------------|-----------------------------|
| DN | IAIABC Data Element Name | | | | 001 |
| 0154 | Employee ID Assigned by Jurisdiction | NI | Y | P | L |

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>Received on Paper (MTC JE): 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>A. For incoming MTC 00, 04, UI, AQ, AU following a MTC JE: <u>If the incoming JCN is blank, then</u></p> <ol style="list-style-type: none"> 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. 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. <p>B. If the incoming JCN is not blank then:</p> <ol style="list-style-type: none"> 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. 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. |

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 |
|--------------|------------------------------|---|
| no | S13 | MTC's can follow based upon the MTC that preceded the SA report |
| yes | S14 | SROI MTC EP is allowed to follow if no previous SROI MTC EP accepted (or accepted w/error) OR SROI MTC IP is allowed to follow if no previous SROI MTC IP accepted (or accepted w/error). IP <u>is</u> allowed to follow, if EP previously filed and EP is allowed to follow, if IP previously filed. (S14) |
| yes | S15 | SROI MTC S1 S2 S3 S4 S5 S7 S8 SD allowed to follow if SROI MTC AP, IP, EP, RB or UR was accepted (or accepted w/error-NA for IIC) |
| yes | S16 | SROI MTC RB allowed to follow SROI MTC CA if MTC S1 S2 S3 S4 S5 S7 S8 S9 SD was accepted immediately prior to SROI MTC CA. An intervening SROI MTC SA (02 or CO-NA for IIC) is allowed. |
| no | S17 | SROI MT UR can follow a SROI MTC SA if a FROI UR is on file and a SROI MTC SA is the only SROI on file excluding SROI MTC 02 or CO. |
| no | S18 | Any SROI MTC can follow. Technical: Apply no sequencing edit when the latest FROI is FROI UR. SROI MTC CO Exception: The SROI MTC CO will only be accepted if a SROI UR on file is in TE ack status. If not, SROI MTC CO will receive 063 error. Normal sequencing will apply to the MTC that follows the SROI MTC UR. Business Note: SROI MTC that follows the SROI UR should reflect the next action needed on the claim(s) as determined by the trading partner sending the data. |
| no | S19-S24 | Place holder for standard sequencing edits used in other states. |
| yes | S25 | SROI FN is allowed to follow CA if SX (SX, S1 - S9, SD, SJ) was accepted immediately prior to CA. An intervening QT, SA, AN 02 or CO is allowed (if MTC valid in Jurisdiction). |

EDI Claims Release 3.1

Effective July 18, 2022

- Identifies changes in FROI/SROI 02 Reports
- Reduced Earnings Reporting
- Cancel Reason Codes
- Narrative MTC
- Includes ITIN as Employee ID Type Qualifier
- Begins Rejecting transactions for Invalid Employer Policy Identifier [DN0028] or Incorrect Insurer FEIN
- Legacy Claim Filing – All claims converted to EDIR3.1 (no paper accepted) [FROI/SROI UR]

Idaho Industrial Commission

EDI Claims R3.0 Workshop

