



EDI Basics for Claim Adjusters

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Introduction

For EDI questions:

1. Contact our vendor, ISO RIDLTEDI@iso.com
2. RIDLT contact is dlt.wcedi@dlt.ri.gov or 401-462-8100

Introduction

- RI DLT mandated electronic filing of some workers' compensation forms on March 1, 2015.
 - Legal agreements are still submitted on paper
 - Notices are submitted electronically (EDI)
- RI DLT uses the national standard, Claims Release 3, established by The International Association of Industrial Accident Boards and Commissions (IAIABC).

Forms

These are the most frequently used legal documents. They are filed on paper.

- Nonprejudicial Agreement, Memorandum of Agreement, Mutual Agreement
- Wage Statement, Dependency Form
- Termination of Benefits, Suspension Agreement & Receipt

Forms

Electronic forms are reported through EDI:

- First Report of Injury (FROI)
- Subsequent Report of Injury (SROI)

Note: Sometimes BOTH a legal document and an EDI form are required

EDI Forms – FROI, SROI

First Report of Injury (FROI)

- Reports the information related to an injury

Subsequent Report of Injury (SROI)

- Reports when indemnity benefits **START, STOP or CHANGE**
- Reports the status of the claim (open or closed)
- Reports amount of other benefits paid-to-date

EDI Forms - ACK

- Acknowledgement (ACK)
 - RI DLT responds to each FROI and SROI with ACK
 - ACK tells adjuster if FROI or SROI was
 - Accepted (TA)
 - Accepted with Errors (TE)
 - Rejected (TR)
- You must check ACK to be sure FROI or SROI was accepted
- You must fix errors

EDI Forms - ACK

- Acknowledgement (ACK) reports a list of errors (TE, TR)
- Error Example: DN0059 Manual Classification Code is invalid
 - FROI 00 reported value 9999 which is not a valid value in the table

SCREEN	ELEMENT NUM	ERROR NUM	VAR. SEG. NUM	ELEMENT NAME	JUR. ERR. MSG.	STANDARD ERR. DESC.
EMPLOYMENT (FROI 1.0)	0059	058	00	MANUAL CLASSIFICATION CODE	Code/ID Invalid	CODE/ID INVALID

EDI Forms - ACK

- If the ACK shows Accepted with Errors (TE)
 - Investigate each error
 - Determine how to correct the error(s)
 - Submit a CORRECTION – FROI (CO) or SROI (CO)
- If the ACK shows Rejected (TR)
 - Determine the cause of the error(s)
 - If there's an error in the transaction - submit the same transaction with corrections
 - If there's a sequence error - submit a different transaction

FROI – New Injury

- FROI 00 – Original
 - Reports an injury to RI DLT
 - Replaces DWC-01 form

FROI – Ongoing Injury

- FROI UR – Legacy
 - Reports a legacy injury to RI DLT.
 - Legacy - claim started before EDI and is still open
 - FROI UR sets up the electronic claim record

FROI – Denial

- FROI 04 – Denial
 - Reports claim is being denied
 - No indemnity has been paid
 - Does not replace a paper form
 - A first report is required if injury is reported to employer
 - A denial is not required in RI
 - Requested by claim adjusters because it is required in many states with strict penalties
 - A FROI 04 may be reported instead of the FROI 00 or after

FROI – Update Injury Information

- FROI 02 – Change
 - Reports to RI DLT that information was updated
 - Adjuster initiates an 02 Change
 - Replaces DWC-01 form with Correction Box checked
 - Restrictions on changing MATCH data used to identify the claim: Employee SSN, Name, injury date, claim admin
claim number: Only one match data element per FROI 02

FROI – Update Injury Information

- FROI CO – Correction
 - Sent when a FROI was accepted with error (TE)
 - Acknowledgement record reports the error(s)
 - Adjuster RESPONDS to TE with FROI CO – Correction
 - Correction must be the **very next** transaction after the FROI TE
 - Any other transaction will be rejected with a sequence error

FROI – Delete the Claim

- FROI 01 – Cancel
 - Tells RI DLT to DELETE THE ENTIRE CLAIM
 - Used for duplicate claim – delete one of two
 - Used if a claim was reported by mistake – wrong state, wrong person, test claim

FROI – Acquisition

- FROI AQ – Acquired Claim.
 - Reports that a new TPA is handling the claim.
 - Minimal information is reported – enough to match the claim in our database
- FROI AU – Acquired Unallocated.
 - Reports that a new TPA is handling the claim
 - Used when no match was found on FROI AQ (TR)

SROI – Indemnity Benefits **Start** or Restart

- SROI IP – Initial Payment. First payment of WEEKLY indemnity benefits was made.
- SROI RB – Reinstatement of Benefits. First payment on a recurrence of WEEKLY indemnity benefits.
- SROI AP – Acquired Payment. New TPA makes its first payment of WEEKLY indemnity benefits.

SROI – Single Payment of Indemnity

- SROI PY – Payment. Adjuster makes a one-time payment of indemnity benefits
 - Past weekly benefits for a closed period
 - Disfigurement
 - Loss of Use
 - Commutation
 - Deny & Dismiss

SROI – Indemnity Benefits Change

- SROI CB – Change in Benefit Type
 - The type of weekly benefits changed
 - Example – change benefit type from 050 Temporary Total to 070 Temporary Partial
- SROI CA – Change in Benefit Amount
 - Amount of weekly benefits changed
 - Example - the provisional (estimated) compensation rate changed after wage statement was received

SROI – Indemnity Benefits **Stop**

- Suspension:
 - Note that in EDI the term “suspend” or “suspension” means weekly benefits ended.
 - The SROI Suspension is NOT THE SAME as the Suspension Agreement and Receipt Form DWC-05, a legal document authorizing the end of benefits that must be submitted on paper.

SROI – Indemnity Benefits **Stop**

- SROI Sx – shorthand for SROI Suspension codes: S1, SD, S4, etc.
- SROI S1 – Suspended, Returned to Work.
 - Weekly indemnity benefits ended because the claimant returned to work.

SROI – Indemnity Benefits **Stop**

- SROI SD – Suspended, Directed by Jurisdiction.
 - Weekly indemnity benefits were ended by the RI Workers' Compensation Court.
- SROI 04 – Denied.
 - Weekly indemnity benefits paid without liability end because the adjuster denied indemnity benefits and stopped benefits.

SROI – Indemnity Benefits **Stop**

- SROI S4 – Suspended, Employee Death.
 - Weekly indemnity benefits stop because the employee died
 - Death is not work related
 - Usually employee has been receiving weekly indemnity benefits for many years
 - Death ends the benefits

SROI – Indemnity Benefits **Stop**

- SROI S5 – Suspended, Incarceration
 - Benefits ended because the employee is in jail.
- SROI S7 – Suspended, Benefits Exhausted
 - Employee is no longer entitled to benefits
 - Partial Incapacity Gate

SROI – Indemnity Benefits **Stop**

- SROI S8 – Suspended, Jurisdiction Change
 - Weekly indemnity benefits paid under The RI WC Act end because the employee is now collecting benefits under a different program: Federal, Long Shore, a different state
- SROI S6 – Suspended, Whereabouts Unknown
 - Checks returned, no forwarding address
 - Check with legal counsel before ending benefits

SROI – Report Status of the Claim

- SROI SA – Sub-Annual.
 - Due at 6 month intervals from date of injury on open claims
 - Replaces Interim Report of Payment (DWC-22)
 - Due on indemnity and NON-indemnity claims
- SROI FN – Final.
 - Due when the adjuster closes the claim file
 - Reports all benefits and expenses paid to date
 - Replaces Itemized Statement (DWC-50)
 - Does NOT replace the Final Report of Payment (DWC-22) which was sent when weekly indemnity benefits ended

SROI – Report Status of the Claim

- SROI UR –Legacy Claim
 - Immediately follows acceptance of the FROI UR.
 - Shows a “snapshot” of a claim that was open when EDI began. Reports all benefits and expenses paid to date.
 - There is no need to make up SROIs for events that happened before EDI began. Submit the next SROI going forward.

SROI – Compensable Death

- SROI CD – Compensable Death, Under Investigation.
 - Employee died as a result of the injury.
 - Fatality is compensable.
 - No weekly indemnity benefits have been paid.
 - Adjuster is investigating who may be a beneficiary.
 - Required in some states, not required in RI.
 - Provides important information but not used often.

SROI - Delete the Claim

- **FROI 01 – Cancel (there is no SROI Cancel)**
 - Tells RI DLT to DELETE THE ENTIRE CLAIM
 - In a situation of extreme sequence errors, a FROI 01 can be used to delete the claim and start reporting over again on a new record.

SROI – Employer Paid Benefits

- SROI EP – Employer Paid Indemnity Benefits.
 - Employer is paying salary in lieu of compensation.
- SROI ER – Employer Reinstated Indemnity Benefits.
 - Employer is paying salary in lieu of compensation on a recurrence.
- Neither is used when a self-insured pays weekly indemnity benefits.

SROI – Change

- SROI 02 – Change
 - Adjuster initiates the SROI 02 Change
 - Use FROI 02 for information only on FROI
 - Use SROI 02 for information only on SROI
 - SROI CB takes precedence over CA and 02
 - SROI CA takes precedence over 02
 - 02 is due when no other SROI can report this change
(benefit start date changes from 2/5/2015 to 2/6/2015)

SROI - Correction

- SROI CO – Correction
 - Used when a SROI was accepted with errors (TE)
 - Acknowledgement record reports the error(s)
 - Adjuster determines the correct data to report
 - Adjuster RESPONDS to TE with SROI CO – Correction
 - Correction must be the very next transaction after TE
 - Other transactions will be rejected as sequence error
 - Not used after SROI Rejected (TR), only after TE

Change vs Correction

Know the difference between Change and Correction

- Change (02): Adjuster initiates a Change
- Correction (CO): Adjuster responds to a transaction accepted with errors (TE)

Change vs Correction: Change

- FROI 02 – Change – Changes information previously reported on a FROI transaction. Example: claimant address changes.
- SROI 02 – Change – Changes information previously reported on a SROI transaction. Example: Benefit start date was incorrectly reported as 2/5/2015, should be 2/6/2015.
- SROI CA – Change in Benefit Amount - Reports a change in weekly benefit amount. Example: compensation rate changes.
- SROI CB – Change in Benefit Type – Reports a change in the type of weekly benefit paid. Example: total incapacity to partial incapacity.

Change vs Correction: Correction

- FROI CO – Correction – A FROI transaction was accepted with errors. The adjuster must submit a FROI CO as the very next transaction and it must correct those errors.
- SROI CO – Correction – A SROI transaction was accepted with errors. The adjuster must submit a SROI CO as the very next transaction and it must correct those errors.
- Contact Laura.Evans@DLT.ri.gov and RIDLTEDI@iso.com if you need help with an error

Change vs Correction: Data Elements

Every transaction has these two data elements:

- DN0002 Maintenance Type Code (MTC): The reason this transaction is sent. Example - FROI 00 (00 is MTC)
- DN0003 Maintenance Type Code Date (MTC Date): The date the transaction is sent. This date is usually assigned by your software.

Change vs Correction: Data Elements

Examples of MTC and MTC Dates:

Record Type	MTC	MTC Date
FROI	00	01/01/2016
SROI	IP	01/14/2016
SROI	S1	02/15/2016
SROI	FN	03/28/2016

Change vs Correction: Data Elements

Correction transactions have two extra data elements used to match the Correction to the original transaction:

- Maintenance Type Correction Code (MTCC): The MTC of the original transaction accepted with errors (TE).
- Maintenance Type Correction Code Date (MTCC Date): The MTC Date of the original transaction accepted with errors (TE).

Change vs Correction: Data Elements

Record	MTC	MTC Date	Status	MTCC	MTCC Date
FROI	00	5/2/2016	TA	N/A	N/A
SROI	IP	5/9/2016	TE	N/A	N/A
SROI	CO	5/11/2016		IP	5/9/2016

What to File - Sequence

- Submit transactions in a logical order.
- Report the injury & establish the file (FROI)
- Report when indemnity benefits (SROI):
 - START
 - STOP
 - CHANGE
- Report claim status at 6 months (SROI)
- Report claim status when claim file is closed (SROI)

What to File - Sequence

- Submit transactions in a logical order. Sample:
 - Send a FROI Original (00) to establish the claim
 - Send a SROI Initial Payment (IP) to report the first weekly indemnity payment (indemnity START)
 - Send a SROI Suspension, RTW (S1) to show the last weekly indemnity payment was made (STOP)
 - Send a SROI Final (FN) to report the claim is closed (STATUS)
- The sequence will be different depending on what happens with the claim.

What to File - Sequence

- Send a SROI Final (FN) when you close the claim file for all claims, indemnity and non-indemnity
- The claim file can be updated if necessary with another SROI Final (FN) or SROI Change (02)
- The claim file can be reopened if necessary with a SROI Reinstatement of Benefits (RB)

What to File - Sequence

- A transaction sent out of logical order will be rejected with a SEQUENCE error.
- A FROI Correction (CO) or SROI Correction (CO) must be the next transaction after a FROI or SROI is accepted with error (TE)
- Any transaction other than a Correction will be rejected with a sequence error.

What to File - Sequence

- Rejected transactions are not considered in sequencing
- Send the next FROI or SROI in order after a transaction was rejected as out of sequence
- If you need help with sequence or other errors, contact Laura Evans (Laura.Evans@dlt.ri.gov) and ISO (ridltedi@iso.com).
- Include the JCN or Claim Administrator Claim Number in your message so we can research the issue.
- Sequence Document: <http://ridltedi.info/guide>

What to Report – Money Segments

- Benefit Segments – report indemnity benefits paid to date
- Payment Segments – report check information for one-time benefit payments (disfigurement, loss of use, settlement, ...) on SROI PY – who was paid, date of the payment, etc.
- Other Benefit Segments – report medical & other expenses paid to date

Benefit Segments

- The IAIABC standard reports benefits differently than was done on paper.
- Indemnity benefits are reported in benefit segments.
- One-time payment of indemnity (loss of use, disfigurement, etc.) must be reported in BOTH a Benefit Segment (indemnity benefits) and a Payment Segment (check information)

Benefit Segments

- One benefit segment is reported for each benefit type paid.
- A recurrence with the same benefit type is reported in the same benefit segment as the original disability period.
- This restriction can make reporting indemnity benefits very complicated.

Benefit Segments: Event and Sweep

Benefit segments are reported as either:

- Event Segment
 - Provides details of a benefit paid
 - Sent when this weekly benefit starts, stops or changes (SROI IP, SROI CA, SROI S1, ...)
- Sweep Segment
 - Summary of a benefit paid
 - Sent when this benefit is not being started, stopped or changed.
 - Sent on sub-annual and final status reports (SROI SA, SROI FN).
 - Lump-sum (benefit type 5xx) are always sweep segments.

Benefit Segments: Data Elements

- Benefit Segment Data Elements:
 - Benefit Type
 - MTC (repeated in the benefit segment)
 - Benefit Start & Through Dates
 - Gross Weekly Amount & Effective Date (comp rate)
 - Net Weekly Amount & Effective Date (comp rate after adjustment)
 - Benefit Type Weeks & Days (paid to date)
 - Benefit Type Amount Paid (paid to date)
 - Benefit Payment Issue Date

Benefit Segments: Event Reports Action

- Event Segment : Start, stop or change to weekly indemnity benefits
- Required Data Elements:
 - Benefit Type: Death Benefits, Total Incapacity, Partial Incapacity
 - MTC: IP, CA, CB, PY, Sx, 02
 - Benefit Start & Through Dates
 - Gross Weekly Amount & Effective Date
 - Net Weekly Amount & Effective Date
 - Benefit Type Weeks & Days
 - Benefit Type Amount Paid (paid to date)
 - Benefit Payment Issue Date

Benefit Segments: Event Reports Action

- Event Segment: SROI PY for Loss of Use or Disfigurement
- Required Data Elements:
 - Benefit Type: Loss of Use (030), Disfigurement (090)
 - MTC: PY
 - ~~Benefit Start & Through Dates~~ (Not Required on 030, 090)
 - Gross Weekly Amount & Effective Date
 - Net Weekly Amount & Effective Date
 - Benefit Type Weeks & Days
 - Benefit Type Amount Paid
 - Benefit Payment Issue Date
- Payment Segment is also required

Benefit Segments: Event Reports Action

NOTE: Perm Partial Scheduled and Perm Partial Disfigurement are calculated as a weekly benefit but paid in a lump-sum. After 11/30/2017 Perm Partial Scheduled can be reported as 030 or 530, and Perm Partial Disfigurement can be reported as 090 or 590. If reported as 530 or 590, the benefit segment is a SWEEP rather than an EVENT segment by IAIABC rules. See the next slide for benefit segment requirements.

Benefit Segments: Event Reports Action

- If Perm Partial Scheduled and Perm Partial Disfigurement are reported as 530 or 590, the benefit segment is a SWEEP rather than an EVENT segment by IAIABC rules.
- Required Data Elements:
 - Benefit Type: Loss of Use (530), Disfigurement (590)
 - Benefit Start & Through Dates (date of the payment)
 - Benefit Type Amount Paid
- Payment Segment is also required

Benefit Segments: Sweep Reports Summary

- Sweep Segment: SA or FN status report for weekly indemnity, or when there is action on a different benefit segment
- Required Data Elements :
 - Benefit Type: 010 Death Benefits, 050 Total Incapacity, 070 Partial Incapacity
 - ~~MTC~~
 - Benefit Start & Through Dates
 - ~~Gross Weekly Amount & Effective Date~~
 - ~~Net Weekly Amount & Effective Date~~
 - Benefit Type Weeks & Days
 - Benefit Type Amount Paid
 - ~~Benefit Payment Issue Date~~

Benefit Segments: Sweep Reports Summary

- Sweep Segment: SA or FN for Loss of Use (030) or Disfigurement (090)
- Required Data Elements :
 - Benefit Type: Loss of Use (030) or Disfigurement (090)
 - ~~MTC~~
 - ~~Benefit Start & Through Dates~~
 - ~~Gross Weekly Amount & Effective Date~~
 - ~~Net Weekly Amount & Effective Date~~
 - Benefit Type Weeks & Days
 - Benefit Type Amount Paid
 - ~~Benefit Payment Issue Date~~

Benefit Segments: Sweep Reports Summary

- Sweep Segment: SA or FN for Loss of Use (530) or Disfigurement (590)
- Required Data Elements :
 - Benefit Type: Loss of Use (530) or Disfigurement (590)
 - ~~MTC~~
 - Benefit Start & Through Dates
 - ~~Gross Weekly Amount & Effective Date~~
 - ~~Net Weekly Amount & Effective Date~~
 - ~~Benefit Type Weeks & Days~~
 - Benefit Type Amount Paid
 - ~~Benefit Payment Issue Date~~

Benefit Segments: Sweep Reports Summary

- Sweep Segment: Lump Sum Settlement (5xx) is always a Sweep
- Required Data Elements :
 - Benefit Type: Lump Sum Settlement (500)
 - ~~MTC~~
 - Benefit Start & Through Dates
 - ~~Gross Weekly Amount & Effective Date~~
 - ~~Net Weekly Amount & Effective Date~~
 - ~~Benefit Type Weeks & Days~~
 - Benefit Type Amount Paid
 - ~~Benefit Payment Issue Date~~

Benefit Segments: Benefit Period Start Date

- Value of Benefit Period Start Date changes:
 - SROI IP – first date of benefit after the waiting period
 - SROI RB, CB – first date of benefit for this occurrence
 - SROI Sx, PY, CA, CO, SA, FN, UR – first date of benefit after the waiting period

Benefit Segment Scenario

Claim Event	Date	Transaction	Ben Type	Ben Period Start Dt
Injury	01/01/2015	FROI 00	n/a	n/a
1 st Day Waiting Period	01/02/2015	n/a	n/a	n/a
Last Day Waiting Period	01/04/2015	n/a	n/a	n/a
1 st Day of Temp Partial (first period)	01/05/2015	SROI IP	070	01/05/2015
Returned to Work Full Time (first period)	01/29/2015	SROI S1	070	01/05/2015
Out of Work Again from Same Injury	03/01/2015	n/a	n/a	n/a
1 st Day of Temp Partial (second period)	03/01/2015	SROI RB	070	03/01/2015
Sub-Annual Due	07/01/2015	SROI SA	070	01/05/2015
Last Day of Temp Partial (second period)	09/21/2015	SROI SD	070	01/05/2015
Commuted. Settlement Check Issued.	09/22/2015	SROI PY	070, 500	01/05/2015, none
Claim Closed	12/01/2015	SROI FN	070, 500	01/05/2015, none

Payment Segment

- SROI PY requires a Benefit Segment AND a Payment Segment
- Include one Payment Segment for each check issued
- \$30,000 Commutation:
 - Benefit Segment: Benefit Type 500 for \$30,000
 - 1st Payment segment for \$24,000 portion of settlement to claimant
 - 2nd Payment segment for \$6,000 portion of settlement to claimant's attorney
- In this case, part of the settlement goes to the attorney. When the court awards attorney fees separately that are not a portion of the settlement, those fees are reported as Other Benefit 340 Total Claimant Legal Expenses

Payment Segment

Disfigurement or Loss of Use:

- Pretrial ordered 120 weeks scarring and \$600 claimant legal fees
- Benefit Segment:
 - Benefit Type 090 for \$10,800 (120 weeks at \$90 per week)
- Payment Segment:
 - Payment segment for \$10,800 to claimant
- Other Benefit Segment:
 - Other Benefit Type Code (DN0216): 340 Total Claimant Legal Expenses includes \$600 and any other claimant legal expenses paid to date.
 - The attorney fees are not part of the disfigurement benefit

Other Benefit Segments (OBT)

- Report medical and expenses paid to date
- Report two data elements:
 - Other Benefit Type (code)
 - Amount Paid to Date (\$\$)
- There is no need to send a SROI 02 when the amount paid to date of any Other Benefit changes in the normal course of business (as when medical bills are paid)
- Report updates to Other Benefits on SROI events as they occur in the life of the claim

What to File - Scenarios

Scenario: Medical Only Claim

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Injury with medical is reported to adjuster. Adjuster accepts and pays medical.	FROI 00	None
Adjuster closes the claim file.	SROI FN	None

What to File - Scenarios

Scenario: Medical only with change

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Injury with medical is reported to adjuster. Adjuster accepts and pays medical.	FROI 00	None
Adjuster updates the spelling of the claimant's last name.	FROI 02	None
Adjuster closes the claim file.	SROI FN	None

What to File - Scenarios

Scenario: Medical only claim open more than 6 months

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Injury with medical is reported to adjuster. Adjuster accepts and pays medical. Claim file remains open.	FROI 00	None
Six months from Date of Injury pass.	SROI SA	None
Adjuster closes the claim file.	SROI FN	None

What to File - Scenarios

Scenario: Claim denied from the start

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Injury with medical is reported to adjuster. Adjuster denies claim.	FROI 04	None
Adjuster closes the claim file.	SROI FN	None

What to File - Scenarios

Scenario: Claim denied after investigation

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Injury with medical is reported to adjuster. Adjuster reports injury to state.	FROI 00	None
Adjuster investigates and denies the claim.	FROI 04	None
Adjuster closes the claim file.	SROI FN	None

What to File - Scenarios

Scenario: Open claim with injury before EDI mandate 3/1/2015

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Injury on 12/1/2014 was reported 12/5/2014, before EDI began. Employer sent paper DWC-01 file to RI DLT.	None	DWC-01
Claim is still open 3/1/2015. Adjuster must establish EDI claim.	FROI UR	None
Medical only claim is open on 6/1/2015, which is a 6 month interval after injury. Adjuster sends a status report.	SROI SA	None
Adjuster closes the claim file.	SROI FN	None

What to File - Scenarios

Scenario: FROI accepted with errors

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Injury is reported, adjuster accepts and pays medical.	FROI 00	None
FROI 00 is Accepted with Errors (TE). ACK shows error: DN0028 Policy Number must be A-Z, 0-9 or spaces.	ACK TE	
Adjuster submits a correction. FROI CO with Policy Number in correct format (no dash). MTCC and MTCC Date reflect MTC and MTC Date of the FROI 00.	FROI CO	
Adjuster checks ACK and FROI CO was accepted	None	None
Adjuster closes the claim file.	SROI FN	None

What to File - Scenarios

Scenario: FROI Rejected (TR)

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Injury with medical is reported to adjuster on 4/1/2016. Adjuster accepts and pays medical.	FROI 00	None
FROI 00 is Rejected (TR) for sequence error.	ACK TR	
Adjuster checks ACK. ACK shows FROI 00 TA 02/16/2016. Adjuster realizes FROI 00 was already accepted. Nothing is due now.	None	None
Adjuster would send next appropriate transaction under the JCN from the FROI 00 accepted 02/16/2016.	None	None

What to File - Scenarios

Scenario: Simple indemnity without liability

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Injury with lost time is reported to adjuster. Adjuster accepts claim.	FROI 00	None
Adjuster makes first indemnity payment without liability. <ul style="list-style-type: none">• Award/Order Date DN0299 = Date of NonPrejudicial Agmt• Agreement to Compensate Code = W (Without Liability)	SROI IP	NP WS DF
Claimant returns to work at full wages. Adjuster makes last indemnity payment to claimant.	SROI S1	TB
Adjuster closes the claim file.	SROI FN	None

What to File - Scenarios

Scenario: Indemnity without liability, one check issued

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Injury with lost time is reported to adjuster. Claimant has already returned to work.	FROI 00	None
Adjuster accepts without liability and makes a single payment of partial incapacity. SROI PY must contain a Benefit Segment and a Payment Segment.	SROI PY -or- IP & S1	NP WS DF TB
Adjuster closes the claim file.	SROI FN	None

What to File - Scenarios

Scenario: Indemnity without liability, then denied

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Injury with lost time is reported to adjuster. Adjuster accepts claim without liability.	FROI 00	None
Adjuster issues first check for indemnity	SROI IP	NP WS DF
Investigation shows injury is not work related. Adjuster ends benefits and denies the claim. SROI 04 includes a benefit segment for the 070 Temp Partial benefits paid and Other Benefit segments for medical and other expenses paid.	SROI 04	TB
Adjuster closes the claim file.	SROI FN	None

What to File - Scenarios

Scenario: Indemnity at provisional rate, change liability (P. 1)

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Injury with lost time is reported to adjuster. Adjuster accepts claim.	FROI 00	None
Adjuster makes first indemnity payment of total incapacity with provisional rate without liability.	SROI IP	NP
Adjuster receives Wage Statement and Dependency Form and changes the compensation rate.	SROI CA	Corrected NP or MU, WS, DF

What to File - Scenarios

Scenario: Indemnity at provisional rate, change liability (continued P. 2)

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Liability is established at 13 weeks of indemnity. Adjuster issues Memo of Agreement. Award/Order Date DN0299 = Date of MA. Agreement to Compensate Code = L (with Liability)	SROI 02	MA
Adjuster changes benefit type from total to partial. SROI CB has two benefit segments: Total 050 and Partial 070. Adjuster forwards Mutual Agreement.	SROI CB	MU

What to File - Scenarios

Scenario: Indemnity at provisional rate, change liability (continued P. 3)

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Six month interval from date of injury	SROI SA	None
Adjuster issues check for Loss of Use and Disfigurement. SROI SROI PY includes a <u>benefit</u> segment for <ul style="list-style-type: none">• 050 Temporary Total (TI) (Sweep)• 070 Temporary Partial (PI) (Sweep)• 030 Permanent Partial (Loss of Use) (Event)• 090 Perm Partial Disfigurement (Event) SROI PY includes two <u>payment</u> segments for 030 and 090	SROI PY	Mutual Agrmt

What to File - Scenarios

Scenario: Indemnity at provisional rate, change liability (continued P. 4)

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Pretrial order ends benefits. Adjuster issues last check.	SROI SD	None
Claim is open at a 6 month interval from date of injury.	SROI SA	None
Adjuster closes claim.	SROI FN	None

What to File - Scenarios

Scenario: Recurrence of a pre-EDI injury (P. 1)

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Claimant reports return to incapacity on 4/1/2016 for injury 1/2/2015 with disability 1/5/2015 – 2/15/2015. Adjuster decides to pay without liability.	FROI UR	None
FROI UR is accepted and EDI claim is established. Adjuster sends summary of benefits paid to date: PI 01/05/2015 – 02/15/2015.	SROI UR	None

What to File - Scenarios

Scenario: Recurrence of a pre-EDI injury (continued P. 2)

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Adjuster issues check for recurrence. “ Initial ” group shows dates from first period of disability: Initial Date Last Day Worked, Initial Date Disability Began (1 ST day OF WP), Initial Date Lost Time (1 st day AFTER WP). “ Current ” group shows dates from recurrence period: Current Last Day Worked, Current Date Disability Began.	SROI RB	NP WS DF

What to File - Scenarios

Scenario: Recurrence of a pre-EDI injury (continued P. 3)

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Claimant returns to work full duty. Adjuster issues last check for indemnity benefits.	SROI S1	TB
Adjuster closes the claim file.	SROI FN	

What to File - Scenarios

Scenario: Court awards benefits, later commutes (P.1)

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Adjuster had denied claim and sent FROI 04 and SROI FN. Adjuster now issues the first check for indemnity benefits. The check covers several weeks.	SROI IP	None
Six month interval from date of injury passes.	SROI SA	None
Court commutes claim. Adjuster issues last check for weekly indemnity benefits. Benefit type = 070 Temporary Partial.	SROI SD	None

What to File - Scenarios

Scenario: Court awards benefits, later commutes (continued P.2)

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Adjuster issues checks for \$30,000 commutation: <ul style="list-style-type: none">• Benefit segment for 070 Temp Partial• Benefit segment for 500 Settlement• Payment segment for \$24,000 check to claimant, payment type 500 Settlement• Payment segment for \$6,000 check to attorney, payment type 500 Settlement	SROI PY	None
Adjuster closes the claim file.	SROI FN	None

What to File - Scenarios

Scenario: Court awards closed period

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Adjuster denies claim.	FROI 04	None
Adjuster closes claim file.	SROI FN	None
Court orders partial incapacity 01/15/2016 – 4/20/2016. Adjuster issues one check for the award. SROI PY includes: <ul style="list-style-type: none">• Benefit segment for 070 Temporary Partial• Payment segment for 070 Temporary Partial• Attorney fees are shown in Other Benefit Type Code 340 Claimant Legal Expenses.	SROI PY	
Adjuster closes the claim file.	SROI FN	None

What to File - Scenarios

Scenario: Court commutes

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Adjuster reports medical only claim.	FROI 00	None
Adjuster closes claim file.	SROI FN	None
Court orders commutation. Adjuster issues check. SROI PY includes benefit type segment for benefit type 500 Lump Sum Settlement and two Payment Segments for the checks to claimant and to attorney. Payment type code is 500 for both segments.	SROI PY	None
Adjuster closes the claim file.	SROI FN	None

What to File - Scenarios

Scenario: Court denies & dismisses

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Adjuster denies claim.	FROI 04	None
Adjuster closes claim file.	SROI FN	None
Court orders deny & dismiss with payment. Adjuster issues check. SROI PY includes benefit type segment for benefit type 500 Lump Sum Payment and a Payment Segment for 500.	SROI PY	None
Adjuster closes the claim file.	SROI FN	None

What to File - Scenarios

Scenario: Disfigurement only

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Injury with medical is reported and adjuster pays medical.	FROI 00	None
Adjuster and claimant agree on disfigurement. Adjuster issues check for disfigurement. SROI PY includes: <ul style="list-style-type: none">• Benefit segment for 090 Perm Partial Disfigurement• Payment segment for 090 Perm Partial Disfigurement• Other Benefit segment with Other Benefit Type Code 340 Total Claimant Legal Expenses and Total Amount Paid (and additional OBT segments for other expenses paid to date.	SROI PY	Mutual Agmt
Adjuster closes the claim file.	SROI FN	None

What to File - Scenarios

Scenario: Variable partial (P. 1)

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Injury with medical and lost time is reported to adjuster. Adjuster accepts claim without liability.	FROI 00	None/A
Adjuster makes first indemnity payment of partial incapacity. Agreement to Compensate Code = W (Without Liability)	SROI IP	NP WS DF
Claimant returns to work at partial wages. Adjuster makes weekly compensation payments based on claimant's earnings. <u>DO NOT SEND</u> a SROI CA for each week of working partial even though Net Weekly Amount changes.	None	None

What to File - Scenarios

Scenario: Variable partial (continued P. 2)

<i>Event</i>	<i>EDI</i>	<i>Paper</i>
Claimant returns to work full time.	SROI S1	TB
Adjuster closes the claim file.	SROI FN	None

Questions and Answers

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