



Workers'  
Compensation  
Board

# eClaims

## Monthly Webinar

JULY 2024

# AGENDA

1 Reminders

2 Most frequent errors returning during last 90 days

3 Requests for restoral of archived cases

4 Claim sender updates for PARs

5 Questions



# Reminders: Reporting Dependents

# REQUIREMENTS FOR SUPPORTING DEPENDENTS

- Some Claim Administrators have received rejections as they are not including the birth order when submitting DN0097 (Dependent/Payee Relationship)
- Based on the IAIABC Claims EDI R3.1 standard both relationship and birth order are required when submitting DN0097 (Dependent/Payee Relationship), which is a 2 A/N data element.
- DP Rule: Both positions must be populated with values before being sent to the jurisdiction. Birth Order shall be reset for each Relationship code utilized. For example, Dependent relationships of Widow and Son/Daughter would be represented as 21 and 41 and incremented by one for each additional qualifying dependent in the Relationship classification. When a birth order greater than 9 applies the alpha code values should be used to represent the birth order.

# REQUIREMENTS FOR SUPPORTING DEPENDENTS

## DN0097 (Dependent/Payee Relationship)

### ■ Relationship Codes are:

- 2 = Widow
- 3 = Widower
- 4 = Son or Daughter
- 5 = Brother or Sister
- 6 = Mother or Father
- 7 = Disabled Child
- 8 = Jurisdiction Fund(s)/Estate (e.g., Death Without Dependents Fund – CA; Subsequent Injury Fund – TX; Employee’s Estate – MN; Uninsured Employers Fund and Vocational Rehabilitation Fund - NY)

# REQUIREMENTS FOR SUPPORTING DEPENDENTS

## DN0097 (Dependent/Payee Relationship)

■ Numerical Birth Order Codes are order for each Relationship classification (Use 0 when paying Jurisdiction Fund/Estate)

- 0 – 9
- A = 10
- B = 11
- C = 12

- D = 13
- E = 14
- F = 15
- G = 16
- H = 17
- I = 18
- J = 19
- K = 20



**FROI-AQ/AU on acquired claims, FROI-02 on Insurer FEIN changes or FROI-UR/SROI-SA**

# FROI-AQ-AU REQUIREMENTS

## Acquiring a claim

- This should be filed on all active cases including closed cases that medical is being paid.
- Failure to file the AQ/AU could result in issues with the Prior Authorization Request dashboard assignment.
- The Board could impose a § 25-3-e penalty for failure to file a required form. This penalty would be imposed outside of the Monitoring Unit process but could be imposed at the case level based on statute.



# FROI-02 REQUIREMENTS

## Insurer FEIN changes

- Remember to file FROI-02 transactions when Insurer FEIN changes and you are paying indemnity and/or medical, as this could affect the Prior Authorization Request dashboard assignment.
- When the Board receives a transaction and the Insurer does not match our Insurance Compliance records based on Proof of Coverage reporting, a request for the FROI-02 is sent at the case level.
- The FROI-02 should be filed or a response to the request should be sent indicating the policy information so a determination can be made to change the Primary Insurer on the file.
- The Board could impose a § 25-3-e penalty for failure to file a required form. This penalty would be imposed outside of the Monitoring Unit process but could be imposed at the case level based on statute.

# FROI-00/UR/SA REQUIREMENTS

## Indemnity being paid

- SROI-SA should be filed on all cases that indemnity is being paid. FROI-00/UR may need to be filed first on old cases.
- If another Claim Administrator has acquired the claim, turn off your SROI-SA trigger.
- Failure to file these transactions could result in issues with the Prior Authorization Request dashboard assignment.
- The Board could impose a § 25-3-e penalty for failure to file a required form. This penalty would be imposed outside of the Monitoring Unit process but could be imposed at the case level.



**Most Frequent Errors Returned  
During the Past 90 Days**

# POPULATION RESTRICTION 0085-064A

This most common error for the last 90 days as well as the top error for 2022 and 2023 was a carryover edit from eClaims R3.0. The population restriction is intended to prevent a new DN0085 (Benefit Type Code) from being introduced as a sweep benefit if not previously submitted as an Event Benefit or a SROI-UR(G)/SA included the Benefit Type Code. This is based on the IAIABC Claims EDI Section 4 rules. FTP filers should ensure that their systems are programmed accordingly to avoid further rejections.

DN	Report or MTC	Data Element Name	Population Restriction	Error Message Number	Error Message Text	Element Error Text (DN0291)	Length of G	Length of column H, 50 pos allowed
0085	ALL except UR(G)	Benefit Type Code	A) If DN0002 (Maintenance Type Code) is not UR(G), then DN0085 (Benefit Type Code) other than 2xx or 5xx cannot be sent on a sweep benefit unless previously sent on any prior SROI unless no SROI has been accepted or if there have been only SROI-SA or SROI-UR(G) accepted.	064	Invalid data relationship	sweep BTC must have event BTC or on UR(G)/SA	25	44

# POPULATION RESTRICTION 0075-064C

The second most common error returned in the past 90 days is also an eClaims R3.0 carryover to ensure that DN0075 (Agreement to Compensate Code) is sent as “With Liability” after the Board has issued a Notice that the case has been established with an ANCR/ODNCR finding in accordance with § 21-a. FTP filers should ensure that their systems are programmed accordingly to avoid further rejections.

DN	Report or MTC	Data Element Name	Population Restriction	Exception	Error Message Number	Error Message Text	Element Error Text (DN0291)	Length of G	Length of col H, 50 pos allowed
0075	All SROI except SA	Agreement to Compensation Code	C) SROI (exc SROI-SA) cannot list Agreement to Compensate Code – W if ANCR/DNCR has been established (excluding 25(1)(f) cases or ANCR/ODNCR finding pending appeal). Effective 3/15/2018	Effective 11/17/19, this edit will not be applied if DN0059 (Manual Classification Code) has been accepted as 7711 or 7370.	064	Invalid data relationship	Must be L since ANCR/ODNCR has been established	25	47

# POPULATION RESTRICTION 0087-059

The third most common error returned in the past 90 days is one that we haven't seen in the Top Ten for a couple years. It is a carryover edit from eClaims R3.0 and intended to force senders to only change DN0087 (Net Weekly Amount) on the appropriate MTC (Maintenance Type Code) in accordance with the IAIABC Claims EDI R3.1 standard.

This is a Population Restriction edit on DN0087 (Net Weekly Amount) that states:

DN	Report or MTC	Data Element Name	Population Restriction	Exception	Error Message Number	Error Message Text	Element Error Text (DN0291)
0087	All except AP, CA, ER, IP, PY, RB, SU	Net Weekly Amount	If MTC is not AP/CA/CB/ER/IP/PY/RB/SU then DN0087 (Net Weekly Amount) must match value previously reported for this DN0085 (Benefit Type Code)		059	Non-match data value not consistent with value previously reported	Only changed on SROI-AP/CA/ER/IP/PY/RB/SU

FTP filers should ensure that their systems are programmed accordingly to avoid further rejections.

# POPULATION RESTRICTION 0281-064C

## Improvements

- As reported at the last webinar the third most common error returned in 2024-Q1 was 0281-064C. This is a Population Restriction edit that we began with the NYS R3.1 Implementation on 1/24/2022. The intent of this edit is to align lost time/knowledge dates in a logical timeline.
- On 1/18/2024 we implemented changes announced on the eClaims Change log ID#361 published 7/14/2023 to change severity rankings on several DN's from NA to AR (primarily on the SROI-SA) to resolve the issue that had been reported by several trading partners regarding the latest value recognized in our system.
- Once DN0281 became AR on 1/18/2024, edits were applied. It was apparent that some trading partners had been sending DN0281 on the SROI-SA for years, but edit 0281-064C didn't apply until the severity ranking was changed from NA to AR. We asked that Trading Partners made changes in their systems accordingly to avoid this rejection in the future.
- It appears that changes were made as this edit did not make the Top Ten for 2024-Q2. We appreciate that the changes were made. Keep up the good work!



# Requesting Restoral of Archived Cases



# REQUESTS FOR RESTORAL OF CASES

## Not in the Board's Database

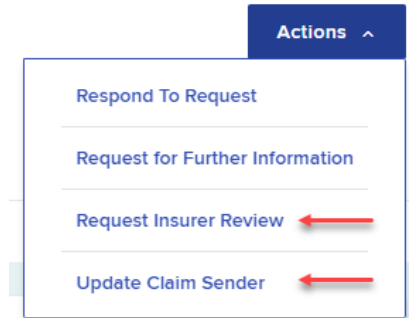
- If a Claim Administrator finds that they cannot access an old file via eCase, an RFA-2 must be filed so the case can be rebuilt.
- Please remember that eClaims handles FROI/SROI related questions and issues



# **OnBoard – Claims Sender Updates for PARs**

# ONBOARD PAYER UPDATE

- Payer workload administrators will soon have the ability to have a prior authorization request (PAR) moved to the correct claim administrator, eliminating the need to administratively deny the PAR.
- The new options will allow payers to request insurer review or update the claim sender of a prior authorization request (PAR) if there was a recent change in the third party administrator (TPA). Two new “Actions” options will be made available: “Request Insurer Review” and “Update Claim Sender”.
- The Board will notify payer workload administrators when a release date is announced.



# ONBOARD PAYER UPDATE

- Requesting insurer review or updating the claim (administrator) sender will only be able to be completed by the payer Workload Administrator when a PAR is in a Level 1 review status and can only be done one time for that PAR.
- When completing either action, a pop-up display will prompt the workload administrator to submit proof of the responsible entity via uploaded documents or free text entry in order to proceed.

### Justification for Insurer/Sender Update ✕

Reason for Insurer/Sender Update

Insurer/Sender must enter text and/or attach documentation to support the update. E.g.: "As of 10/1/22 XYZ is no longer the TPA/Insurer for ABC employer. TPA/W# is/are the responsible party/parties for this claim." 0 / 250

#### Upload Supporting Attachment(s)

Recommended document format is PDF (.pdf). Other acceptable formats are: text (.doc, .docx, .rtf, .txt), spreadsheet (.csv, .xls, .xlsx, .ods), and image (.tiff, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB. Please be aware that the size of some non-PDF files may expand upon conversion to PDF, making the combined total file larger than 30MB.

**THANK YOU**

**QUESTIONS?**



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