



New York Legacy Claims Transition to Claims EDI

Transition from Paper to Claims EDI Release 3.1 Using Maintenance Type Code Upon Request (Grandfathered)

Below are the New York State (NYS) requirements and implementation details for the transition from paper to International Association of Industrial Accident Boards and Commissions (IAIABC) Claims EDI Release 3.1 using *First Report of Injury (FROI)* and *Subsequent Report of Injury (SROI)* Maintenance Type Code (MTC) Upon Request (UR) (Grandfathered) to be effective upon New York's implementation of IAIABC Claims EDI Release 3.1.

Background

The NYS Workers' Compensation Board (Board) suspended acceptance of the following paper forms from claim administrators effective May 23, 2014:

- *Employer's Report of Work-Related Accident/Illness (Forms C-2)*
- *Notice to Chair of Carrier's Action on Claim for Benefits (Form C-669)*
- *Notice That Right to Compensation is Controverted (Form C-7)*
- *Notice That Payment of Compensation Has Been Stopped or Modified (Form C-8/8.6)*
- *Political Subdivision's Report of Injury to Volunteer Ambulance Worker (Form VAW-2)*
- *Political Subdivision's Report of Injury to Volunteer Firefighter (Form VF-2)*

All reporting must be submitted electronically per the New York Event Table, effective on the eClaims EDI implementation date. For proper filings of controverted claims, see page 3 of this document — **Summary of FROI/SROI-04 vs. FROI/SROI-UR** (Grandfathered). The **NY Requirement Tables** are available on the Board's website. (wcb.ny.gov/content/ebiz/eclaims/edi-r3-1/ny-requirement-tables.jsp)

Note: This process does not apply to transactions previously submitted to the Board in the Claims EDI Release 3.0 *FROI/SROI* format. Since data has been received electronically for several years, it has been determined that the best way to transition from Claims EDI Release 3.0 to Release 3.1 is to use Release 3.1 for the next reportable event in the claim, either an applicable *FROI* or *SROI* MTC. See page 4.3 in the Release 3.1 January 1, 2020 **IAIABC Implementation Guide** (resources.iaiacb.org/1a3vu28).

Definition: A legacy claim is any claim (open or closed) that already exists in the Board database and has been assigned a Jurisdiction Case Number (JCN) or WCB number prior to the May 23, 2014, eClaims EDI implementation. The Board will provide each trading partner with a data file(s) containing their legacy claims, before their EDI implementation date.

Summary of Legacy Process

The Legacy Process occurs when a *SROI* is due based on the New York Event Table and no electronic reports have been filed yet. The trading partner must first file an originating *FROI (00/AU/UR)* transaction. Once the originating *FROI* is filed, the trading partner can file a *SROI-UR* (Grandfathered) transaction that contains all historical information regarding the claim.

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Summary of Legacy Process (cont'd)

The **SROI-UR** (Grandfathered) report will show a summary of the activity on the claim to date before submitting the required **SROI** listed on the Event Table.

The **SROI-UR** (Grandfathered) must be a sweep that contains information normally reported on the **Initial Payments Reports (IP/EP/AP/PY)**, **Change Reports (CB or CA)**, **Suspension of Benefits Reports (SX)**, and

Reinstatement of Benefits Reports (RB or ER).

The type of originating **FROI** is dependent on whether the file is included in the extract file provided by the Board to the trading partner. If the Board has a record of the claim, the trading partner will receive a list of cases in a tab delimited file that will include the following information:

CIS Description	CIS Length	IA Description	IA DN #	Notes
A. WCB Case ID	8	Jurisdiction Claim Number	DN0005	
B. Claimant First Name	20	Employee First Name	DN0044	
C. Claimant Middle Initial/Name	30	Employee Middle Initial/Name	DN0045	When it exists.
D. Claimant Last Name	20	Employee Last Name	DN0043	
E. Claimant Title	5	Employee Last Name Suffix	DN0255	When it exists.
F. Claimant SSN	9	Employee SSN	DN0042	When it exists.
G. Claimant Date of Birth	10	Employee Date of Birth	DN0052	When it exists, in [m]m/[d]d/yyyy format.
H. Accident Date Year	4	Date of Injury Year	DN0031	When it exists, in yyyy format.
I. Accident Date Month	2	Date of Injury Month	DN0031	When it exists, in [m]m format.
J. Accident Date Day	2	Date of Injury Day	DN0031	When it exists, in [d]d format.
K. Carrier Case ID	20	Claim Administrator Claim Number	DN0015	When Carrier W# is the Primary Insurer. This value is what exists in CIS. It may or may not be Carrier's or Claim Administrator's.
L. Carrier W#	7			
M. Carrier Name	30	Insurer Name	DN0007	
N. Primary Insurer Indicator	1			When Carrier W# is the Primary Insurer, then "Y" for yes; otherwise, "N" for no.
O. Case Open Indicator	1			If WCB has decided to take no further action, then this value is "N" for no; otherwise, "Y" for yes.

Summary of FROI/SROI-04 vs. FROI/SROI-UR (Grandfathered)

If the claim administrator has not previously filed a paper *Form C-7* or any other *FROI*, then the Board would expect a *FROI-04 (Denial)* to be filed when controverting the claim. If the claim administrator has previously filed a paper *Form C-7* with the Board, then a *FROI/SROI-UR (Grandfathered)* filing is the most appropriate filing.

Process for filing legacy claims:

1. When a reportable event occurs on a claim for which a *FROI* has yet to be filed, the claim administrator reviews the extract file from the Board.
2. If the case is listed in the extract file, the claim administrator files *FROI-UR (Grandfathered)*.
3. If the case is not listed in the extract file, the claim administrator files *FROI-00* or *FROI-AU*.
4. The claim administrator files a *SROI-UR (Grandfathered)* to summarize historical information regarding the claim. Note: A *SROI-UR (Grandfathered)* is only required if indemnity benefits were previously paid. If filing a *SROI-UR (Grandfathered)*, it must be the first *SROI* submitted.
5. The claim administrator files the appropriate MTC.

Please refer to **Scenario 9-4** in the *NYS Specific Business Scenarios* document for an example of a legacy claim filing, using the Board's extract file sent to the claim administrator.

Note: When a JCN is given on a legacy claim, it will be validated against the Board's case to make sure it has at least one match for the following: Claim Administrator Claim Number (DN0015), Employee SSN (DN0042), Date of Injury (DN0031), Employee Last Name (DN0043), and Employee Date of Birth (DN0052). If none of them match, then error message 117 (Match data value not consistent with value previously reported) will be returned with the Element Error Text (DN0291) of "is different on WCB Case. Check eCase."

For more information, see the [eClaims Implementation Guide, Section 4.6 Legacy Claim Reporting](#)

The New York State Workers' Compensation Board protects the rights of employees and employers by ensuring the proper delivery of benefits and by promoting compliance with the law. To learn more about the Board, visit wcb.ny.gov. Sign up for Board notifications at wcb.ny.gov/Notify.

