

## Implementation of WCB eClaims Reporting

The New York State Workers' Compensation Board (WCB) is adopting a national standard, *International Association of Industrial Accident Boards and Commissions' (IAIABC) Claims Electronic Data Interchange (EDI) Release 3.0* for Claim Administrators to electronically submit workers' compensation claims data to the WCB. The WCB refers to this reporting as eClaims.

WCB forms C-2, C-669, C-7 and C-8/C-8.6 will no longer be accepted. The information on these forms must be submitted electronically as First Report of Injury (FROI) and Subsequent Report of Injury (SROI) transaction reports.

eClaims is a transactional based method of sending electronic data. Transactions are accepted only in specified sequential order. A FROI transaction has to be successfully sent and acknowledged as accepted by the WCB before any SROI transaction will be accepted.

The WCB website has a dedicated eClaims Page with all information and references located at [http://www.wcb.ny.gov/content/ebiz/eclaims/eclaims\\_overview.jsp](http://www.wcb.ny.gov/content/ebiz/eclaims/eclaims_overview.jsp)

| Form ID          | Electronic Submission |
|------------------|-----------------------|
| C-2, VF-2, VAW-2 | FROI                  |
| C-669            | SROI                  |
| C-7              | FROI or SROI          |
| C-8 and C-8.6    | SROI                  |

Other employer filed forms such as the C-240, C-11, and C-107 will remain the same.

The method of reporting an injury is changing but the statutory requirements of when to report remain the same.

### 1. When to report an injury:

A report of injury to the WCB is required:

*Within 18 days after the disability event or within 10 days after the employer has knowledge of the disability event, whichever period is the greater*

- *on cases where an injured worker has lost time of one day beyond the working day or shift on which the accident occurred as defined by WCL §110(2) and NYCRR §300.22.*

*OR*

- *on cases where the injured worker will require medical treatment beyond ordinary first aid or more than two treatments by a person rendering first aid as defined by WCL §110(2) and NYCRR §300.22.*

*The above also includes an occupational disease as defined by WCL §2.*

The statutory requirement for reporting a loss has not changed. All on-the-job injuries are "reportable" if they result in:

- a.) Lost time of one day from regular work duties beyond the work shift in which the accident occurred, or
- b.) More than ordinary first aid, or
- c.) More than two first aid treatments.

**NOTE:** The filing of a FROI-00 by the Claim Administrator **will** satisfy the Employer's filing requirement. The filing of a paper C-2F, Employer's First Report of Work-Related Injury/Illness **will not** satisfy the eClaims requirement to file a FROI-00.

The employer must keep a completed C-2F on file for those injuries that do not meet the reporting requirements of WCL §110.

## 2. How to report an injury:

- Employers' First Report of Injury, FROI-00, should be made via NYSIF's electronic loss reporting eFROI application, available 24/7 at [www.nysif.com](http://www.nysif.com).
- A number of changes are being made to the current eFROI application in order to accommodate the WCB's eClaims mandatory reporting.
  - Death claims, Volunteer Firefighter and Volunteer Ambulance Worker claims will be reported via eFROI.
  - eFROI can save a partially created eFROI transaction.
  - Losses can be reported for cancelled policies if NYSIF covered the policyholder on the date of accident.
  - The claimant's Social Security Number (SSN) will no longer be required when reporting a loss.

**NOTE:** Although SSN's are no longer required to report a loss, every effort must be made to obtain and submit the claimant's SSN to NYSIF. The SSN remains a unique identifier and is critical to a number of mandatory reporting processes and data exchanges.

- The new eClaims standard requires changes in the information needed from the employer for a first report of injury/occupational disease. Fields have been added to eFROI to accept required data and facilitate NYSIF's reporting process. Changes include:
  - Requiring the email address of the person(s) "Initiating" and "Submitting" the eFROI transaction,
  - Allowing for optional entry of Broker/Safety Group Manager's email address,
  - Selecting policy entity(s) and policy location(s) information,
  - Industry Type and Manual Classification (Job Class) codes,
  - More details regarding the Accident Location,
  - Additional details on Return To Work and Physical Restrictions - Did the claimant **actually** return to work or was claimant **released to** return to work? If the claimant returned to work, was it for the same employer or a new employer? Was it with or without any restrictions?

**NOTE:** See the "eFROI FROI-00 Worksheet" for a list of required information. This worksheet is being provided for gathering information to facilitate entry of data in the eFROI application.

### 3. How to use the updated eFROI

#### Changes have been made to NYSIF's eFROI in order to meet WCB mandated IAIABC requirements.

Different scenarios apply depending on what information has been received, from whom and when.

##### **Scenario #1:**

Policyholder or Safety Group Manager is the first to report an injury.

- There is no LossID# yet. A LossID# will be generated once the claimant's name, address, date of accident, date of birth, and policy number are entered.
- eFROI Reporting party (Initiator) will receive an eFROI transaction number and the LossID# via email, immediately.

##### **Scenario #2:**

Another party, medical provider, pharmacy, WCB, or claimant, notifies NYSIF of a potential claim.

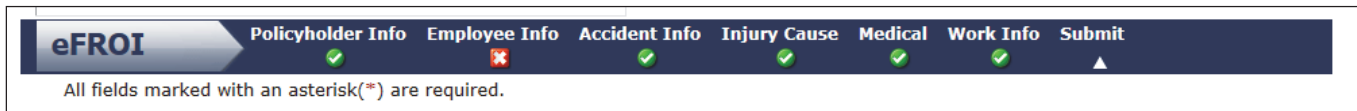
- NYSIF creates a new loss with the information provided by the reporting party.
- An eFROI (FROI-00) must be completed.
- Policyholder/Safety Group Manager or their authorized representative will be notified of the reportable loss requiring a FROI-00 submission by a NYSIF staff member either by phone or by email.

##### **Scenario #3:**


Following up on a partially created eFROI transaction or resuming an eFROI transaction. The user will enter policy number, LossID# and eFROI transaction number to complete, submit or continue updating the partially created eFROI.


### 4. Navigating the eFROI application


- Go to NYSIF's website [www.nysif.com](http://www.nysif.com).
- Click on "Report an Injury." You will be taken to the *Employer's Workers' Compensation Report of Injury* page where you can either,
  - View information about when and how to report a FROI-00
  - OR
  - Click on "Report an Injury to NYSIF" using NYSIF eFROI.
- If reporting a new loss or resuming an eFROI transaction, enter the required information.
- Click "Start eFROI". This will bring user to the Policyholder Information tab and user will receive an eFROI transaction number.
- All required fields are marked with red \* asterisks.
- Users should enter all available data before clicking "Save Form". It is not necessary to click "Save Form" on each page.
- Users may navigate from section to section without completing all required information until they opt to "Submit". Users can navigate to different eFROI tabs by clicking "Next" or "Previous" or by clicking the eFROI tabs at the top navigation bar.



- eFROI top navigation menu bar will have new icons:

Completed tab = 

Not yet complete tab = 

Current tab = 

## 5. Submitting the FROI-00

- When the Submitter clicks "Submit", the eFROI Initiator and, if different, the Submitter will receive an email notification. A copy of the email will also be sent to the Safety Group Managers/Broker's email address, if provided. The FROI-00 will be placed in a data file to be sent to the WCB each afternoon. The WCB will return an acknowledgement file the next morning indicating whether each of the records was accepted or rejected.
- FROI-00 records accepted by the WCB will be returned with the WCB number. (Jurisdiction Claim Number – JCN)
- Policyholders/Safety Group Managers/Brokers will be able to view a PDF version of the FROI-00 on the Employer's Workers' Compensation Report of Injury" page by clicking on "Review a Prior NYSIF eFROI Submission"
- Losses will initially be submitted to the WCB as "Medical Only" or "Lost Time/Indemnity".

**NOTE:** While changes to the eFROI application will save a partially created loss record, best practices would dictate that the FROI-00 be completed and submitted to the WCB in one session.

## 6. Monitoring new losses and eFROI

In order to facilitate monitoring of new losses and compliance with WCB eClaims reporting requirements, NYSIF has made changes to *Client On Net NYSIF Electronic Claims Tracking System (CONNECTS)*. The following CONNECTS reports will be updated to include claimant's "work location":

- Download by Policy,
- Download by Group,
- New Losses Download

The New Losses Download report, available for Safety Group Managers, will be updated to include:

- eFROI Transaction Status
  - Not Started = Loss record has been created but no FROI-00 has been started.
  - Partial = FROI-00 transaction has been started but has not yet been Submitted.
  - Ready to Send = All required fields for FROI-00 have been completed but user has not clicked " Submit."
  - Submitted to WCB = FROI-00 has been completed and user has clicked "Submit."
- Increased date parameters from two weeks/14 days to 60 days

## **SROI - Subsequent Report(s) of Injury**

NYSIF must file all SROI transactions. No SROI transaction will be accepted by the WCB without first receiving and accepting a FROI transaction.

SROI transactions include:

- Accepting or denying a claim
- Initiating payment to the claimant
- Changing benefit amount or benefit type
- Suspending payments

If a SROI transaction is required, and if there is a FROI-00 transaction "Ready to Send" or partially completed, NYSIF will notify the eFROI Initiator and Safety Group Manager / Broker (if email address is provided) that the pending FROI-00 needs to be completed and submitted. This email is sent for three business days. If on the fourth day, no completed FROI-00 is "Submitted", NYSIF will submit a FROI-00 to the WCB with default values.

### **Additional reporting requirements include:**

#### **When Employer is paying wages while claimant is losing time:**

Do not wait until it is time for NYSIF to commence compensation payments before notifying NYSIF that the employer has paid wages.

If the policyholder pays wages while the claimant is losing time, this must be reported to the WCB within 18 days after the disability event or within 10 days after the employer has knowledge of the disability event, whichever period is the greater. The same requirements apply to subsequent periods of lost time for which the employer pays wages.

#### **When Claimant Returns to Work:**

Notify NYSIF as soon as the claimant returns to work indicating if the claimant returned to work with the same or a new employer and with or without physical restrictions.

#### **Periodic Reporting to the WCB:**

If the WCB considers a claim to be "open" with continuing compensation and/or medical payments, NYSIF must file a periodic report six (6) months from the date of accident and every six (6) months thereafter until a finding of "No Further Action" is made and ongoing compensation payments cease. This periodic reporting is in addition to any other reportable SROI transactions.

### **Prompt and accurate reporting, open lines of communication and compliance with requests for information from NYSIF staff will ensure timely filing and avoid penalties.**

In order to address issues/concerns/questions from Safety Group Managers/Brokers/Policyholders regarding the eClaims process, NYSIF has created an email distribution group, "**EML-CLM-eClaimsUpdate**". The group is comprised of NYSIF Claims Administration staff members. To promote regular communication, NYSIF Claims Administration will also be sending regular communications to Safety Group Managers/Brokers/Policyholders regarding the process.

**eFROI (FROI-00) Worksheet (December 2013)**

**Policyholder Information:**

|   |  |
|---|--|
| * Policy number has to be active on Date of Accident being reported |  |
| * Policy mailing address and other contact information              |  |
| * email address of eFROI Initiator                                  |  |
| Broker/Safety Group Manager's email (optional)                      |  |
| * Policy entity and policy work location(s)                         |  |
| * Industry Type Code  |  |

**Injured Worker/Employee/Claimant Information**

|   |  |
|---|--|
| * Claimant's First and Last Name                                |  |
| Social Security Number (optional)                               |  |
| Personal information, such as *Date of Birth and *Gender        |  |
| * Claimant's address including zip code and telephone number    |  |
| * Did employee give notice of accident/illness? If so, to whom? |  |
| Injured employee's supervisor's name                            |  |

**Employment information:**

|  |  |
|--|--|
| Date of Hire   |  |
| * The claimant's gross average weekly wage   |  |
| Job Title  |  |
| * Claimant's usual days worked   |  |
| Time claimant started work on day of accident  |  |
| * Date claimant stopped working (due to injury)  |  |
| * Last day paid, if lost time case. (Provide the last calendar day the employee earned wages.) |  |
| * Is employer continuing to pay claimant while out?  |  |
| Return To Work (RTW) information, date claimant RTW  |  |
| * If claimant RTW, with or without any restrictions?   |  |
| * Has employer provided the Claimant Information Packet and when?                              |  |

**Accident/Illness and Injury Information:**

|  |  |
|--|--|
| * Date of the accident/illness or injury   |  |
| * What was employee doing at the time of injury?   |  |
| * How did the accident occur?  |  |
| * Where did the accident/illness happen?   |  |
| * Is the accident location the same as the policy location? If not, address location is required.                                    |  |
| * Did accident occur where the employee normally worked? If not, why was he/she there?   |  |
| * Nature of the injury (such as "Laceration" or "Fracture")  |  |
| * Body part(s) injured (up to six body parts may be selected)  |  |
| * Cause of injury  |  |
| * Type of Loss   |  |
| To your knowledge, did the employee have another work-related injury to the same body part or similar illness while working for you? |  |
| Did the injury/illness result in the employee's death?   |  |

**eFROI (FROI-00) Worksheet** *(December 2013)*

|  |  |
|--|--|
| * Was an object involved in the injury/illness?  |  |
| Was the injury the result of the use or operation of a licensed motor vehicle?   |  |
| If accident involves the employer's motor vehicle, all automobile insurance information is required.                         |  |
| * Did the claimant's supervisor see the injury?  |  |
| Any witnesses? If so, who?   |  |
| * What was the claimant doing when injured?  |  |
| Names, addresses, contact information for medical providers and/or hospitals from whom the injured worker received treatment |  |
| If employee received medical care, on what date?   |  |
| WCB number also known as a JCN and if applicable, the OSHA accident number   |  |
| * Who is reporting this loss?  |  |
| * eFROI Initiator, Broker/Safety Group Mgr and Submitter's email addresses   |  |