

PA Scenarios:

- 1) Jane Doe was injured at work April 8th. She went to the hospital and was treated. She is unable to return to work immediately. The next day when she calls off, her supervisor reports the injury to the insurer. Adjuster submits a **FROI 00** on April 10th and generates the LIBC-90 to send to the claimant. Jane continues to remain off for another 15 days and then can only return to work at wages lower than her pre-injury rate. Adjuster files a **SROI IP** with Agreement to Compensate code of "W" and Claim Type code of "I" to generate an indemnity Notice of Temporary Compensation Payable (LIBC 501) to temporarily accept the claim. The adjuster also files a Statement of Wages (494C). Jane goes back off work and goes to the doctor incurring a medical bill. Adjuster decides to report the bill to BWC and files a **SROI PY** with Claim Type code "I" and Agreement to Compensate code "W" and uses DN 0216 (Other Benefit Type Code). Jane returns to work full time with no loss of wages on May 30th. Adjuster files a **SROI 04** which generates a Stopping Notice (LIBC 502) and Denial (LIBC 496).
- 2) Jimmy Doe suffered a head injury February 14th and was rushed to the hospital. Jimmy was unable to return to work so his boss notified the insurer. The adjuster filed a **FROI 00** on February 18th and generates the LIBC-90 to send to the claimant. On February 24th, upon receipt of the first medical bill, the adjuster files a **SROI PY** with Agreement to Compensate code of "W", Claim Type code of "M", and DN 0216 (Other Benefit Type Code) to

temporarily accept the claim which then generates a medical only Notice of Temporary Compensation Payable (LIBC 501) in WCAIS. The adjuster also files the Statement of Wages (LIBC 494C). After adjuster receives his ACK on February 25th, he realizes he accidentally used the wrong Claim Type code so he files a **SROI 02** to update the Claim Type code to "I" but leaves the remaining data elements unchanged. WCAIS generates an indemnity Notice of Temporary Compensation Payable (LIBC 501). Jimmy is in and out of the hospital with lingering headaches and vision problems for the next two months and is unable to work. On May 2nd the adjuster completes his research into the accident and decides the claim is compensable. He files a **SROI 02** to update the Agreement to Compensate code to "L" which generates a Notice of Compensation Payable (LIBC 495) to accept liability for the injury. On May 17th the adjuster learns that he had calculated the claimant's average weekly wage and compensation rate incorrectly due to an originally unknown Concurrent Employer so he submits a **SROI CA** to increase the claimant's wage information (on DN 0134 & DN 0268) which then generates an amended Notice of Compensation Payable (LIBC 495). Adjuster also submits an amended Statement of Wages (LIBC 494C). On June 1st, claimant returns to work part time so adjuster files a **SROI RE** along with a Notification of Suspension or Modification (LIBC 751). On June 12th Jimmy returns to work full time. Adjuster submits a **SROI S1** along with a Supplemental Agreement signed by Jimmy. On July 6th, claimant goes off work again because his vision was blurry and he was getting headaches again. After seeing the medical bills determining that new loss of wages is

related to the original injury, adjuster files a **SROI RB** with an Award/Order Date to reinstate Jimmy's benefits. On July 28th, Jimmy returns to work with no loss of wages but refuses to sign a Supplemental. Judge rules on October 8th that effective July 28th, the claim is suspended and as of September 19th, claim is terminated. On October 10th the adjuster files a **SROI SJ** and follows up on the 11th with a **SROI FN**. Adjuster sends the claimant a Final Statement of Account (LIBC 392A).

- 3) Emily Doe suffers an injury to her back on January 6th. She reports the injury to her supervisor on January 18th and he informs the insurer. Insurance adjuster determines this is not a work-related injury using eye witness testimony and so she denies the claim and submits a **FROI 04** to BWC which generates a Denial (LIBC 496) and also generates the LIBC-90 to send to the claimant. Adjuster finds out later that day that the claimant's last name was entered incorrectly and submits a **FROI 02** and a new Denial (LIBC 496) is generated.
- 4) Joe Doe suffers an injury to his leg and foot on March 22nd and notifies his supervisor who notifies the insurer. Joe is able to work but will have medical bills for treatment to his leg. Adjuster determines claim is liable for medical so he submits a **FROI 00** (sending resulting LIBC-90 to the claimant) then, upon receipt of the first medical bill, a **SROI PY** with DN 0216 (Other Benefit Type Code), Agreement to Compensate code of "L" and Claim Type code "M" which generates a medical only Notice of Compensation Payable (LIBC 495). Joe's injury worsens and he goes off work. Adjuster is still researching this and submits a **SROI IP** with Agreement to Compensate code of "W" and

Claim Type code of "I" to temporarily accept indemnity on the claim. This generates an indemnity Notice of Temporary Compensation Payable (LIBC 501) in WCAIS. After further research, adjuster realizes that the time Joe is off is due to an injury other than the accepted injury so adjuster submits a **SROI PD** with Claim Type code "B" (effective Sept 2017) to deny indemnity which triggers generation of a Stopping Notice (LIBC 502) & a Denial (LIBC 496) (since he already accepted medical on the SROI PY, he knows he cannot submit a SROI 04). Claim is now back to medical only and Joe recovers and goes back to work. Once there are no outstanding medical bills, adjuster submits a **SROI FN** to close the claim. Adjuster sends the claimant a Final Statement of Account (LIBC 392A).

- 5) Anna Doe suffers an eye injury on January 14th which is reported to her employer who informs the Insurer. The adjuster files a **FROI 00** on January 18th and generates the LIBC-90 to send to the claimant. A couple of days later, the adjuster is told that Anna is unable to return to work full time until her eye heals. The adjuster submits a **SROI IP** with Agreement to Compensate code of "L" and Claim Type Code "I" which generates an indemnity NCP (LIBC 495) and then follows it with a **SROI RE** to show that claimant is on partial wages. Adjuster also files a Statement of Wages (LIBC 494C) and Notification of Suspension or Modification (LIBC 751). Adjuster is informed that Anna was recently married and so her last name has been updated so she files a **FROI 02** to update Anna's last name. On February 5th, the insurer switches to a new TPA. The new adjuster files a **FROI AQ** using the JCN to acquire the claim and then follows with a SROI AP to report their

first payment as the new TPA. Anna returns to work full time without wage loss February 22nd. The new adjuster files a **SROI S1**. Once all of the outstanding medical bills have been paid, the adjuster then submits a **SROI FN** to close the claim. Adjuster sends the claimant a Final Statement of Account (LIBC 392A).

- 6) Jackie Doe falls off of a ladder and breaks his ribs. His foreman notifies the insurer. The adjuster files a **FROI 00** and generates the LIBC-90 to send to the claimant. The adjuster soon learns that Jackie had been drinking on the job and joking about falling off the ladder so the adjuster files a **SROI 04** to deny the claim which then generates a Denial (LIBC 496).
- 7) Billy Doe suffered an ear injury on December 27th 2012. The claim was accepted with a medical only Notice of Compensation Payable (LIBC 495) in January of 2013. Billy's ear injury resulted in a permanent hearing loss requiring a hearing aid and Billy must now be on medication for periodic dizziness. On September 9th, 2013, the new website for workers compensation, WCAIS, is activated and EDI is now required for all legacy claims. The adjuster files a **SROI UR** to bring the claim up to date in accordance with the Bureau of Worker's Compensation Implementation Guide and Migration Strategy.
- 8) Bonita Doe hit her head while at work in Maryland. Her supervisor reported the injury to the corporate headquarters in Pennsylvania who then reported the injury to the insurer. The adjuster files the **FROI 00** in Pennsylvania and then realizes that this should have been a Maryland claim. Adjuster now files a **FROI 01** to cancel the original report.

FROI Events

- 1) Claimant was injured at work and lost a day, turn, or shift. The claim adjuster should file a **FROI 00** to generate the LIBC-90 to send to the claimant.
- 2) Claimant was injured and lost a day, turn, or shift. Claim adjuster determines this is not a work injury and issues a **FROI 04** which generates a Denial (LIBC 496) and an LIBC-90 to send to the claimant.
- 3) Claimant was injured and a **FROI 00** was reported. Adjuster determines that it was reported to the wrong jurisdiction. A **FROI 01** should be filed.
- 4) Claimant was injured and a **FROI 00** was reported to generate the LIBC-90 to send to the claimant. Adjuster learns that original report had an incorrect Date of Injury. A **FROI 02** is filed to update the Date of Injury.
- 5) Claimant was injured twice in one day at the same employer. Adjuster reports each injury with a **FROI 00** for each claim to generate the LIBC-90s to send to the claimant. Adjuster makes sure to use a different Claim Admin Claim Number and to include the time of injury on both **FROI 00s**.
- 6) A claim is in the system and the insurer switches to a new TPA. The new TPA files a **FROI AQ** to acquire the claim.
- 7) A claim is in the system and the insurance company changes. The new insurer files a **FROI 02** to update the claim.

- 8) A claim is in the system and the TPA changes. The new TPA files a **FROI AQ** to acquire the claim. The AQ is rejected so the adjuster files a **FROI AU** and generates the LIBC-90 to send to the claimant.
- 9) There is a legacy FROI on file and Bureau requests a UR transaction. Adjuster files a **FROI UR**.
- 10) There is a Compensable claim in the system and the adjuster is informed by the claimant that the SSN is off by a digit and claimant just got married. Adjuster will submit two **FROI 02** transactions. One FROI 02 for the SSN and one FROI 02 to update claimant's last name because only one match data element may be updated in each 02 transaction. An amended NCP will generate for each update.

SROI Events

1. Claimant was injured at work and lost a day, turn, or shift. The claim adjuster should file a **FROI 00** to generate the LIBC-90 to send to the claimant. Afterwards it is determined that there is no compensable injury so a **SROI 04** is filed which generates a Denial (LIBC 496).
2. Claimant was injured at work and lost a day, turn, or shift. The claim adjuster should file a **FROI 00** to generate the LIBC-90 to send to the claimant. Afterwards it is determined that there is no compensable injury so a **SROI 04** which triggers generation of a Denial (LIBC 496). After claim has been denied, a medical bill that was incurred prior to the denial date is received by the adjuster. Bureau does not require that medical bills be reported but adjuster wants the bill on the claim so he uploads the bill as a miscellaneous document to the Documents and Correspondence tab of the claim in WCAIS. Adjuster does not submit a SROI PY because he knows that a medical only NCP or TNCP will be triggered (If the adjuster's system requires an EDI transaction, adjuster will coordinate with their IT or with their Transaction Partner to suppress the EDI transaction).

3. Claim was injured but there was no loss of a day, turn, or shift. Claim administrator later learns there are ongoing medical bills, determines the medical bills are related to the work injury, and decides to issue a medical only NCP. A **FROI 00** with the last date worked, the initial return to work date, and a physical restriction indicator (DN0065, DN0068, and DN0224) along with Claim Type code "M" is submitted. A **SROI PY** with DN 0216 (Other Benefit Type Code), Claim Type code "M" and Agreement to Compensate code "L" is submitted to report the medical bills, trigger the medical only NCP, and make the claim Medical Only status.
4. Claim was started with a petition. Adjuster files a **FROI 04** and a Denial (LIBC 496) is generated along with the LIBC-90 to send to the claimant. When the Workers' Compensation Judge reviews the claim, he awards indemnity benefits to the claimant. Adjuster submits a **SROI IP** with Claim Type code "I", Agreement to Compensate code "L", and an Award/Order date (decision circulation date). No LIBC form is generated by WCAIS.
5. **FROI 00** is on file and employer begins to pay wages in lieu of compensation. Claims adjuster submits a **SROI EP** with Claim Type code "I", Agreement to Compensate code "L", and Employer Paid Wages in Lieu of Compensate indicator (DN0273) "Yes" to submit an indemnity Notice of Compensation Payable (LIBC 495) with the "wages paid in lieu of compensation" checkbox marked.
6. **FROI 00** is on file and adjuster determines that claim is compensable. Adjuster uses the Forms Generation feature on the Actions tab of WCAIS to submit a Statement of Wages (LIBC 494C) and get the AWW and Comp Rate

with which to populate the NCP (LIBC 495). A **SROI IP** is filed with the Agreement to Compensate code "L", Claim Type Code "I", Average Wage (DN0286), Calculated Weekly Compensation Amount/ Comp Rate (DN0134) and Benefit Period Start Date (DN0088) which generates an indemnity Notice of Compensation Payable (LIBC 495).

7. **FROI 00** is on file and adjuster determines that claim is compensable.

Claimant had been off work for 6 days and then returned to work. 15 days later, claimant again begins to lose time. Employer is notified the same day. Adjuster realizes the claim is compensable and knows the NCP must be filed within 15 days of this latest disability (delayed disability). A **SROI IP** is filed the next day with the Agreement to Compensate code "L", Claim Type Code "I", Average Wage (DN0286), Initial Date Disability Began (DN0056), Initial Return to Work Date (DN0068), Current Date Disability Began (DN0144), Calculated Weekly Compensation Amount/ Comp Rate (DN0134) and Benefit Period Start Date (DN0088) which generates an indemnity Notice of Compensation Payable (LIBC 495). Adjuster knows that including the Current Date Disability Began will show the delayed disability and show the NCP was issued within 21 days of the employer's knowledge of the disability.

8. **FROI 00** is on file and adjuster determines that claim is compensable and learns there is a specific loss of the right hand. Adjuster uses the Forms Generation feature on the Actions tab of WCAIS to submit a Statement of Wages (LIBC 494C). A **SROI IP** is filed with the Agreement to Compensate code of "L", Claim Type Code of "I", Average Wage (DN0286), Calculated Weekly Compensation Amount/ Comp Rate (DN0134), Benefit Period Start

Date (DN0088), Benefit Type Claim Weeks (DN0090), Benefit Type Claim Days (DN0091), & Permanent Impairment Body Part code (DN0083) for section 5a, Initial Return to Work Date (DN0068) for 5b, and Benefit Type Claim Weeks (DN0090) & Benefit Type Claim Days (DN0091) for section 5c (adjuster knows that 5d is calculated by the system and doesn't include any date fields here). An indemnity Notice of Compensation Payable (LIBC 495) is generated in WCAIS with the specific loss fields in section 5 filled out.

9. A **FROI 00** is on file and adjuster determines that claim is liable for Medical only. Upon payment of the first medical bill, a **SROI PY** is filed with DN 0216 (Other Benefit Type Code), Agreement to Compensate code "L" and Claim Type Code of "M" to generate a medical only Notice of Compensation Payable (LIBC 495).
- 10.A **FROI 00** is on file and adjuster is still researching claim. In accordance with 21 day standards, adjuster temporarily accepts liability for the lost time on the claim on a Notice of Temporary Compensation Payable (LIBC 501). Adjuster files a **SROI IP** Agreement to Compensate code of "W", Claim Type code of "I", Average Wage (DN0286), Calculated Weekly Compensation Amount/ Comp Rate (DN0134) and Benefit Period Start Date (DN0088) which generates an indemnity TNCP (LIBC 501). Adjuster also files a Statement of Wages (LIBC 494C). A **FROI 00** is on file and adjuster is still researching claim. Adjuster determines that no lost time is associated to the injury and, upon receipt of the first medical bill, files a **SROI PY** with DN 0216 (Other Benefit Type Code), Agreement to Compensate code of "W" and Claim Type code of "M" to generate a medical only TNCP (LIBC 501).

11. A **FROI 00** is on file, the employer is paying wages in lieu of compensation, and adjuster is still researching claim. Adjuster submits a **SROI EP** with Agreement to Compensate code of "W", Claim Type code of "I", to generate an indemnity TNCP (LIBC 501) with the "wages paid in lieu of compensation" checkbox marked.
12. Claim is in Temporary status and adjuster wants to deny within the 90 day window. Adjuster sends a **SROI 04** which generates a Stopping Notice (LIBC 502) and Denial (LIBC 496).
13. Claim is in Temporary status and adjuster wants to accept only Medical for the claim (original transaction was a **SROI PY** with DN 0216 (Other Benefit Type Code), Agreement to Compensate code of "W" and Claim Type code of "M" and the medical only TNCP is on file). Adjuster sends a **SROI 02** to update the Agreement to Compensate code to "L" (with no change to the Claim Type code) which triggers generation of a medical only Notice of Compensation Payable (LIBC 495).
14. Claim is in Temporary (indemnity) status off of a **SROI IP** (with Agreement to Compensate code of "W" and Claim Type code of "I") and adjuster wants to update claim to accept Medical Only. Adjuster may either stop and deny the indemnity by submitting a **SROI 04** to generate a Stopping Notice (LIBC 502) and Denial (LIBC 496) and then submit a **SROI PY** with DN 0216 (Other Benefit Type Code), Agreement to Compensate code of "L" and Claim Type Code of "M" to generate a medical only Notice of Compensation Payable (LIBC 495). Or adjuster may submit a **SROI PD** with Agreement to

Compensate code of "L" and Claim Type Code of "B" (effective Sept 2017) to generate a medical only Notice of Compensation Payable (LIBC 495).

15. Claim is in Temporary status and adjuster wants to stop and deny the claim so she submits a SROI 04 on day 87. The SROI 04 rejects. Adjuster knows she has 14 days to correct the transaction and that no other MTC will accept while the corrected SROI 04 is pending. She uses the Rejection Reasons Guide to determine the cause of the rejection and submits the corrected SROI 04 on day 92. The conversion was held pending receipt of a corrected transaction so the SROI 04 accepted, generated an NCD (LIBC 496) and Stopping Notice (LIBC 502), and updated the claim to Comp Denied status.
16. Claim is in Temporary (medical only) status off of a **SROI PY** (with DN 0216 (Other Benefit Type Code), Agreement to Compensate code of "W" and Claim Type code of "M") and adjuster wants to make the claim Compensable. Adjuster uses the Forms Generation feature on the Actions tab of WCAIS to submit a Statement of Wages (LIBC 494C) and get the AWW and Comp Rate with which to populate the NCP (LIBC 495). Adjuster then submits a **SROI IP** with Agreement to Compensate code of "L" and Claim Type code of "I" to generate the Notice of Compensation Payable (LIBC 495).
17. Claim is in Temporary (indemnity) status off of a **SROI IP** (with Agreement to Compensate code of "W" and Claim Type code of "I") and adjuster wants to update claim to Compensable. Adjuster submits a **SROI 02** with Agreement to Compensate code of "L" and leaves the Claim Type code as "I" which generates a Notice of Compensation Payable (LIBC 495).

18. Claim is in Compensable status after a **SROI IP** was received. Adjuster realizes he made a typo on the Initial Date Disability Began. Adjuster submits a **SROI 02** to amend this date. An amended LIBC 495 (Notice of Compensation Payable) is generated.
19. Claim is in Temporary (indemnity) status after a **SROI IP** with Agreement to Compensate code "W" and Claim Type code "I" was received. Adjuster realizes he made a typo on the Initial Date Disability Began. Adjuster submits a **SROI 02** to amend this date. An amended indemnity TNCP (LIBC 501) is generated.
20. Claim is in Temporary (medical only) status after a **SROI PY** with DN 0216 (Other Benefit Type Code), Agreement to Compensate code "W" and Claim Type code "M" was received. Adjuster realizes he made a typo on the DOI. Adjuster submits a **SROI 02** to amend this date. An amended medical only TNCP (LIBC 501) is generated.
21. Claim is in Temporary (indemnity) status and adjuster wants to correct an originally incorrect average weekly wage. Adjuster submits a **SROI CA** with Agreement to Compensate code of "W", an updated Calculated Weekly Compensation Amount (DN 0134) and Average Wage (DN 0268 which triggers generation of an amended Notice of Temporary Compensation Payable (LIBC 501).
22. Claim originally came in with Medical Only status (on a **SROI PY** with DN 0216/ Other Benefit Type Code, Agreement to Compensate code of "L" and Claim Type code of "M") but now claimant is losing time and adjuster wants to temporarily accept indemnity. Adjuster uses the Forms Generation feature

on the Actions tab of WCAIS to submit a Statement of Wages (LIBC 494C) and get the AWW and Comp Rate with which to populate the TNCP (LIBC 501). Adjuster submits a **SROI IP** with Agreement to Compensate code of "W" and Claim Type code of "I" which generates an indemnity TNCP (LIBC 501).

23. Claim was originally an accepted Medical Only (on a **SROI PY** with DN 0216/Other Benefit Type Code, Agreement to Compensate code of "L" and Claim Type code of "M") and then adjuster submitted a temporary indemnity **SROI IP** (indemnity TNCP) due to claimant beginning to lose time. It was determined that the loss of time is not related to the work injury and adjuster wants to deny indemnity. Adjuster may not submit a SROI 04 because medical was already accepted so adjuster submits a **SROI PD** with Claim Type code "B" (effective Sept 2017) to deny indemnity but keep acceptance of medical. A Stopping Notice (LIBC 502) and Denial (LIBC 496) are generated.
24. Claim is from prior to the implementation of WCAIS. The legacy file contains an R1 FROI and a medical only NCP. Adjuster must file a **SROI UR** in accordance with the Migration Strategy document for all legacy claims. The SROI UR will have the Agreement to Compensate code of "L" and Claim Type code of "M" and might include a sweep of medical bills paid to date.
25. Claim is Medical Only (Agreement to Compensate code "L" and Claim Type code "M") and adjuster wants to close the claim because claimant is recovered and there are no outstanding medical bills. Adjuster submits a **SROI FN**.

26. Claim is Compensable and now claimant goes back to work part time.

Adjuster submits a **SROI RE** with a Return to Work Code (DN0035) and an update to Benefit Type Code (DN0085). A Supplemental Agreement or LIBC 751 (Notification of Suspension or Modification) is also filed.

27. Claim is Compensable and adjuster finds out that wages were originally estimated lower than the actual amount due. Adjuster submits a **SROI CA** with Agreement to Compensate code of "L" and increases the Average Wage (DN0286) and Calculated Weekly Compensation Amount (DN0134) which generates an amended indemnity NCP (LIBC 495).

28. Claim is Compensable and adjuster finds out that there is a Benefit Offset due. Adjuster submits a **SROI CA** with Agreement to Compensate code of "L" and updating the Calculated Weekly Compensation Amount (DN0134).

29. Claimant originally had a hand injury and was being paid under Temporary Total (DN0085# 050) but now injury has become permanent impairment due to loss of use of the hand. Adjuster submits **SROI CB** and updates Benefit Type Code (DN0085) to Permanent Partial Disfigurement (#090) along with a Supplemental Agreement.

30. Claim is Compensable and claimant returns to work without a loss of wages. Adjuster files a **SROI S1** along with an LIBC 751 (Notification of Suspension or Modification) or Supplemental Agreement.

31. Claim is Compensable and before a Judge. Judge determines that Specific Loss and Temporary Total should both be paid rather than just Temporary Total. Adjuster files a **SROI AB** and uses an Award/Order Date field (DN0299).

32. Indemnity stopped a couple months ago and claim was suspended with a **SROI S1**. Now claimant is losing time again. A Supplemental Agreement (LIBC 337) is filed. Adjuster submits a **SROI RB** with an Award/Order Date field to reopen the claim to match the Supplemental Agreement.
33. Claim is compensable and there is a settlement of indemnity approved by a judge along with a suspension of the claim. Adjuster files a **SROI PY** to report the settlement and then a **SROI SD** to suspend the claim.
34. Claim is compensable and there is a settlement (third party) that did not require a judge's approval. Adjuster files a **SROI PY** to report the settlement, no claim status update occurs in WCAIS. (If indemnity payments are now suspended due to the settlement, a **SROI S1** is then submitted.)
35. Claim is compensable and there is a settlement of indemnity and medical approved by a judge or a decision approved by the judge to close the claim. Adjuster files a **SROI PY** to report the settlement and then a **SROI SD** to suspend the claim and then a **SROI FN** to close the claim.
36. Claim is suspended and now all outstanding medical bills have been paid and there is no lingering disability. Adjuster files a **SROI FN** to close the claim.
37. Claim is Closed due to the conclusion of benefits. One outstanding medical bill was received and paid and, even though there is no requirement to report medical bills, adjuster chooses to report a **SROI PY** with the payment details. No claim status update occurs.