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BACKGROUND

This process applies to all Virginia Workers' Compensation Commission EDI trading partners who are handling active pre October 1, 2008 claims. All EDI Carriers and Self-Insured Employers are required to submit claims data for active claims, regardless of their date of injury, via EDI beginning July 2012. However, you may begin this process on a voluntary basis on January 2012. This process provides trading partners an alternative to having to create the full set of transactions, as well as monitor their acceptance, in the appropriate EDI formats prior to their EDI Implementation date. The Commission will monitor all Older Active Claims to ensure that all appropriate EDI transactions have been submitted accurately and timely.

SUMMARY OF CATCH-UP CLAIMS PROCESS

This process allows trading partners to "catch up" the older active claims by filing the originating FROI (00/04/UR) on claims and any SROI related activities that have occurred on a claim. Once the originating FROI is accepted, the trading partner can file a SROI UR transaction that contains all historical information regarding the claim. The SROI UR must be a sweep that contains information normally reported on the Initial Payments Reports (IP/EP/AP/PY), Suspension of Benefits Reports (Sx or Px), Reinstatement of Benefits Reports (RB or ER), Denial Report (04), or Quarterly Report (QT), whichever may apply.

OPTING OUT

Trading partners may choose to take a "business as usual" approach to managing and filing older active claims instead of the SROI UR process outlined below. In this instance, claims must be submitted for all required transactions in the proper sequence, from first payment to current transaction, and submissions must be monitored for acceptance prior to sending the next filing. Also, trading partners who decide to take this "business as usual" approach are barred from using the Catch-Up Claims process at a later date.

PROCESS FOR FILING CATCH-UP CLAIMS

1. File the originating FROI (00/04/UR). Once the FROI is accepted and if SROI related activities have occurred on the claim…
2. File a SROI UR "catch-up transaction" with all current information. Once the SROI UR is accepted…
3. Begin filing as described in the VA Event Table when relevant activities occur on the claim.

Please Note:
- If SROI activities have occurred, the originating transaction will always be a FROI 00
- Filing another SROI UR will not be accepted, since it is out of sequence and represents a duplicate transaction
- Sequencing edits will be applied that allow one of the following transactions to occur: 04, Sx, Px, RB/ER, QT, FROI 02, or FROI AQ or AU

CATCH-UP CLAIMS SEQUENCING EXAMPLES

1. The accepted SROI UR contains the Initial Payment Form (IP) and Suspension Information (S1) for the claim. The next form that can be filed is an RB/ER/04, FROI 02, or FROI AQ or AU.

2. The accepted SROI UR contains the Initial Payment Form (IP), Suspension Information (S1), and Reinstatement Information (RB) for the claim. The next transaction that can be filed is an Sx, 04, QT, FROI 02, or FROI AQ or AU, depending upon the situation.

CATCH-UP CLAIMS SAMPLE SCENARIOS

Minor Injury

Narrative:

Injury is reported, No lost time and Medicals are less than $1000. No other activity occurs on the claim.

Sequence of Business Events:

Event 1 FROI UR* – First Report – Claim Type Code must be "N" Notification Only
No other reports are required at this time.

*A 00 may also be filed if the Carrier prefers to send a full data set

Lost time injury occurs

Narrative:

Injury is reported, and becomes lost time.

Sequence of Business Events:

Event 1 FROI 00 – First Report
Event 2 SROI UR – See Event Details as follows

REC	DN#	DATA ELEMENT NAME	Data	Description
A49	0001	Transaction Set ID	A49	Subsequent Report
A49	0002	Maintenance Type Code	UR	Upon Request
A49	0003	Maintenance Type Code Date	20010629	29-Jun-01
A49	0004	Jurisdiction Code	VA	
A49	0006	Insurer FEIN	785902378	
A49	0014	Claim Administrator Postal Code	379921223	
A49	0055	Employee Number of Dependents		
A49	0069	Pre-existing Disability Code		
A49	0056	Initial Date Disability Began	20010615	15-Jun-01
A49	0070	Date of Maximum Medical Improvement		
A49	0072	Current Return to Work Date		
A49	0057	Employee Date of Death		
A49	0063	Wage Period Code	01	Weekly
A49	0064	Number of Days Worked Per Week		

A49	0031	Date of Injury	20010615	15-Jun-01
A49	0026	Insured Report Number		
A49	0015	Claim Administrator Claim Number	WC98765123	
A49	0005	Jurisdiction Claim Number	VA000011077060	
A49	0073	Claim Status Code	O	Open
A49	0074	Claim Type Code	I	Lost Time / Indemnity
A49	0075	Agreement to Compensate Code		
A49	0076	Date Claim Administrator Notified of Employee Representation		
A49	0077	Late Reason Code		
Variable Segment Counters				
A49	0078	Number of Permanent Impairments	00	
A49	0082	Number of Death Dependent/Payee Relationships	00	
Variable Segments				
	Permanent Impairments			
A49	0083	Permanent Impairment Body Part Code	00	
A49	0084	Permanent Impairment Percentage	00	
	Death/Dependent/Payee Relationships			
A49	0097	Dependent/Payee Relationship Code		
R22	0001	Transaction Set ID	R22	Subsequent Report Companion Record
R22	0295	Maintenance Type Correction Code		
R22	0296	Maintenance Type Correction Code Date		
R22	0298	Date Claim Administrator Had Knowledge of Lost Time		
R22	0186	Jurisdiction Branch Office Code		
R22	0015	Claim Administrator Claim Number	WC98765123	
R22	0187	Claim Administrator FEIN	785902378	
R22	0188	Claim Administrator Name	OLD RELIABLE INSURANCE COMPANY	
R22	0140	Claim Administrator Claim Representative Name		
R22	0137	Claim Administrator Claim Representative Business Phone Number		
R22	0138	Claim Administrator Claim Representative Email Address		
R22	0139	Claim Administrator Claim Representative Fax Number		
R22	0270	Employee ID Type Qualifier	S	Social Security Number
R22	*	Employee ID *One of the following Employee ID types may be populated in positions 244-258		
	0042	Employee SSN	374329835	
	0152	Employee Employment Visa		
	0153	Employee Green Card		
	0154	Employee ID Assigned by Jurisdiction		
	0156	Employee Passport Number		

R22	0043	Employee Last Name	GARCIA	
R22	0044	Employee First Name	HECTOR	
R22	0045	Employee Middle Name/Initial	A	
R22	0255	Employee Last Name Suffix		
R22	0052	Employee Date of Birth	19490505	5-May-49
R22	0054	Employee Marital Status Code		
R22	0151	Employee Education Level		
R22	0213	Employee Number of Entitled Exemptions		
R22	0201	Anticipated Wage Loss Indicator		
R22	0202	Reduced Benefit Amount code		
R22	0158	Employee Tax Filing Status Code		
R22	0146	Death Result of Injury Code		
R22	0314	Insured FEIN	193457659	
R22	0292	Insolvent Insurer FEIN		
R22	0016	Employer FEIN	193457659	
R22	0023	Employer Physical Postal Code		
R22	0228	Return to Work with Same Employer Indicator	Y	Yes
R22	0281	Date Employer Had Knowledge of Date of Disability		
R22	0212	Non-Consecutive Period Code		
R22	0172	Estimated Gross Weekly Amount Indicator		
R22	0145	Current Date Last Day Worked	20010618	18-Jun-01
R22	0144	Current Date Disability Began	20010619	19-Jun-01
R22	0065	Initial Date Last Day Worked	20010615	15-Jun-01
R22	0189	Return to Work Type Code	A	Actual
R22	0224	Physical Restrictions Indicator	Y	Yes
R22	0193	Suspension Effective Date		
R22	0199	Full Denial Effective Date		
R22	0196	Denial Rescission Date		
R22	0294	Partial Denial Code		
R22	0134	Calculated Weekly Compensation Amount	00000063337	$633.37
R22	0256	Wage Effective Date		
R22	0149	Discontinued Fringe Benefits		
R22	0290	Type of Loss Code	01	Trauma
R22	0058	Employment Status Code		
R22	0223	Permanent Impairment Minimum Payment Indicator		
R22	0068	Initial Return to Work Date	20010617	17-Jun-01
R22	0066	Full Wages Paid for Date of Injury Indicator	Y	Yes
R22	0293	Lump Sum Payment/Settlement Code		
R22	0273	Employer Paid Salary in Lieu of Compensation Indicator	Y	Yes
R22	0286	Average Wage	00000095000	$950.00
R22	0297	Initial Date of Lost Time		
R22	0299	Award/Order Date		
	0200	Claim Administrator Alternate Postal Code		
	Variable Segment Counters			
R22	0288	Number of Benefits	01	

R22	0283	Number of Payments	00	
R22	0282	Number of Other Benefits	00	
R22	0289	Number of Benefit ACR	000	
R22	0284	Number of Recoveries	00	
R22	0285	Number of Reduced Earnings	00	
R22	0275	Number of Concurrent Employers	00	
R22	0277	Number of Full Denial Reason Codes	00	
R22	0276	Number of Denial Reason Narratives	00	
R22	0287	Number of Suspension Narratives	00	
Variable Segments				
	Benefits			
R22	0085	Benefit Type Code	050	Temporary Total
R22	0002	Maintenance Type Code		
R22	0174	Gross Weekly Amount		N/A (Sweep)
R22	0175	Gross Weekly Amount Effective Date		N/A (Sweep)
R22	0087	Net Weekly Amount		N/A (Sweep)
R22	0211	Net Weekly Amount Effective Date		N/A (Sweep)
R22	0088	Benefit Period Start Date	20010624	24-Jun-01
R22	0089	Benefit Period Through Date	20010630	30-Jun-01
R22	0090	Benefit Type Claim Weeks	0001	
R22	0091	Benefit Type Claim Days	0	
R22	0086	Benefit Type Amount Paid	00000760044	$633.37
R22	0195	Benefit Payment Issue Date	20010630	30-Jun-01
	Payments			
R22	0222	Payment Reason Code		
R22	0217	Payee		
R22	0218	Payment Amount		
R22	0219	Payment Covers Period Start Date		
R22	0220	Payment Covers Period Through Date		
R22	0195	Payment Issue Date		
	Other Benefits			
R22	0216	Other Benefit Type Code	360	Total Hospital Costs
R22	0215	Other Benefit Type Amount	00000398700	$500.00
	Benefit ACR - Segment contains Adjustments, Credits or Redistributions			
R22	0092	Benefit Adjustment Code		
R22	0094	Benefit Adjustment Start Date		
R22	0125	Benefit Adjustment End Date		
R22	0093	Benefit Adjustment Weekly Amount		
R22	0126	Benefit Credit Code		
R22	0127	Benefit Credit Start Date		
R22	0128	Benefit Credit End Date		
R22	0129	Benefit Credit Weekly Amount		
R22	0130	Benefit Redistribution Code		
R22	0131	Benefit Redistribution Start Date		
R22	0132	Benefit Redistribution End Date		

R22	0133	Benefit Redistribution Weekly Amount		
	Recoveries **Jurisdictions must require DN0226 - Recovery Code if any of the following Recoveries data elements are requested**			
R22	0226	Recovery Code		
R22	0225	Recovery Amount		
	Reduced Earnings **Jurisdictions must require DN0242 - Reduced Earnings Week Number if any of the following Reduced Earnings data elements are requested**			
R22	0242	Reduced Earnings Week Number		
R22	0124	Actual Reduced Earnings		
R22	0147	Deemed Reduced Earnings		
	Concurrent Employers **Jurisdictions must require DN0141 - Concurrent Employer Name if any of the following Concurrent Employers data elements are requested**			
R22	0141	Concurrent Employer Name		
R22	0142	Concurrent Employer Contact Business Phone		
R22	0143	Concurrent Employer Wage		
	Denial Reason Codes			
R22	0198	Full Denial Reason Code		
	Denial Reasons			
R22	0197	Denial Reason Narrative		
	Suspension Narratives			
R22	0233	Suspension Narrative		

Reinstatement of Benefits – Same Benefit Type

Narrative:

Injury is reported, becomes lost time, injured worker returns to work (actual RTW) at pre-injury wages then misses work due to the same work related injury and receives ongoing indemnity benefits.

Sequence of Business Events:

Event 1 FROI 00 – First Report
Event 2 SROI UR – See Event Details as follows

REC	DN#	DATA ELEMENT NAME	Data	*Description*
A49	0001	Transaction Set ID	A49	Subsequent Report
A49	0002	Maintenance Type Code	UR	Upon Request
A49	0003	Maintenance Type Code Date	20010711	11-Jul-01
A49	0004	Jurisdiction Code	VA	
A49	0006	Insurer FEIN	785902378	
A49	0014	Claim Administrator Postal Code	379921223	
A49	0055	Employee Number of Dependents		
A49	0069	Pre-existing Disability Code		
A49	0056	Initial Date Disability Began	20010615	15-Jun-01

A49	0070	Date of Maximum Medical Improvement		
A49	0072	Current Return to Work Date		
A49	0057	Employee Date of Death		
A49	0063	Wage Period Code	01	Weekly
A49	0064	Number of Days Worked Per Week		
A49	0031	Date of Injury	20010615	15-Jun-01
A49	0026	Insured Report Number		
A49	0015	Claim Administrator Claim Number	WC98765123	
A49	0005	Jurisdiction Claim Number	VA520011077060	
A49	0073	Claim Status Code	O	Open
A49	0074	Claim Type Code	I	Lost Time / Indemnity
A49	0075	Agreement to Compensate Code		
A49	0076	Date Claim Administrator Notified of Employee Representation		
A49	0077	Late Reason Code		
Variable Segment Counters				
A49	0078	Number of Permanent Impairments	00	
A49	0082	Number of Death Dependent/Payee Relationships	00	
Variable Segments				
	Permanent Impairments			
A49	0083	Permanent Impairment Body Part Code	00	
A49	0084	Permanent Impairment Percentage	00	
	Death/Dependent/Payee Relationships			
A49	0097	Dependent/Payee Relationship Code		
R22	0001	Transaction Set ID	R22	Subsequent Report Companion Record
R22	0295	Maintenance Type Correction Code		
R22	0296	Maintenance Type Correction Code Date		
R22	0298	Date Claim Administrator Had Knowledge of Lost Time		
R22	0186	Jurisdiction Branch Office Code		
R22	0015	Claim Administrator Claim Number	WC98765123	
R22	0187	Claim Administrator FEIN	785902378	
R22	0188	Claim Administrator Name	OLD RELIABLE INSURANCE COMPANY	
R22	0140	Claim Administrator Claim Representative Name		
R22	0137	Claim Administrator Claim Representative Business Phone Number		
R22	0138	Claim Administrator Claim Representative Email Address		
R22	0139	Claim Administrator Claim Representative Fax Number		
R22	0270	Employee ID Type Qualifier	S	Social Security Number
R22	*	Employee ID *One of the following Employee ID types may be populated in positions 244-258		
	0042	Employee SSN	374329835	

	0152		Employee Employment Visa		
	0153		Employee Green Card		
	0154		Employee ID Assigned by Jurisdiction		
	0156		Employee Passport Number		
R22	0043		Employee Last Name	GARCIA	
R22	0044		Employee First Name	HECTOR	
R22	0045		Employee Middle Name/Initial	A	
R22	0255		Employee Last Name Suffix		
R22	0052		Employee Date of Birth	19490505	5-May-49
R22	0054		Employee Marital Status Code		
R22	0151		Employee Education Level		
R22	0213		Employee Number of Entitled Exemptions		
R22	0201		Anticipated Wage Loss Indicator		
R22	0202		Reduced Benefit Amount code		
R22	0158		Employee Tax Filing Status Code		
R22	0146		Death Result of Injury Code		
R22	0314		Insured FEIN	193457659	
R22	0292		Insolvent Insurer FEIN		
R22	0016		Employer FEIN	193457659	
R22	0023		Employer Physical Postal Code		
R22	0228		Return to Work with Same Employer Indicator	Y	Yes
R22	0281		Date Employer Had Knowledge of Date of Disability		
R22	0212		Non-Consecutive Period Code		
R22	0172		Estimated Gross Weekly Amount Indicator		
R22	0145		Current Date Last Day Worked	20010706	6-Jul-01
R22	0144		Current Date Disability Began	20010707	7-Jul-01
R22	0065		Initial Date Last Day Worked	20010615	15-Jun-01
R22	0189		Return to Work Type Code	A	Actual
R22	0224		Physical Restrictions Indicator	N	Without Restrictions
R22	0193		Suspension Effective Date	20010628	28-Jun-01
R22	0199		Full Denial Effective Date		
R22	0196		Denial Rescission Date		
R22	0294		Partial Denial Code		
R22	0134		Calculated Weekly Compensation Amount	00000040000	$400.00
R22	0256		Wage Effective Date		
R22	0149		Discontinued Fringe Benefits		
R22	0290		Type of Loss Code	01	Trauma
R22	0058		Employment Status Code		
R22	0223		Permanent Impairment Minimum Payment Indicator		
R22	0068		Initial Return to Work Date	20010629	29-Jun-01
R22	0066		Full Wages Paid for Date of Injury Indicator	Y	Yes
R22	0293		Lump Sum Payment/Settlement Code		
R22		0273	Employer Paid Salary in Lieu of Compensation Indicator	Y	Yes
R22		0286	Average Wage	00000060000	$600.00

R22	0297	Initial Date of Lost Time	20010623	23-Jun-06
R22	0299	Award/Order Date		
	0200	Claim Administrator Alternate Postal Code		
	Variable Segment Counters			
R22	0288	Number of Benefits	01	
R22	0283	Number of Payments	00	
R22	0282	Number of Other Benefits	00	
R22	0289	Number of Benefit ACR	000	
R22	0284	Number of Recoveries	00	
R22	0285	Number of Reduced Earnings	00	
R22	0275	Number of Concurrent Employers	00	
R22	0277	Number of Full Denial Reason Codes	00	
R22	0276	Number of Denial Reason Narratives	00	
R22	0287	Number of Suspension Narratives	00	
Variable Segments				
	Benefits			
R22	0085	Benefit Type Code	050	Temporary Total
R22	0002	Maintenance Type Code		
R22	0174	Gross Weekly Amount		N/A (Sweep)
R22	0175	Gross Weekly Amount Effective Date		N/A (Sweep)
R22	0087	Net Weekly Amount		N/A (Sweep)
R22	0211	Net Weekly Amount Effective Date		N/A (Sweep)
R22	0088	Benefit Period Start Date	20010623	23-Jun-01
R22	0089	Benefit Period Through Date	20010713	13-Jul-01
R22	0090	Benefit Type Claim Weeks	2	
R22	0091	Benefit Type Claim Days	0	
R22	0086	Benefit Type Amount Paid	00000080000	$800.00
R22	0195	Benefit Payment Issue Date	20010630	30-Jun-01
	Payments			
R22	0222	Payment Reason Code		
R22	0217	Payee		
R22	0218	Payment Amount		
R22	0219	Payment Covers Period Start Date		
R22	0220	Payment Covers Period Through Date		
R22	0195	Payment Issue Date		
	Other Benefits			
R22	0216	Other Benefit Type Code	360	Total Hospital Costs
R22	0215	Other Benefit Type Amount	00000398700	$500.00
	Benefit ACR -			
	Segment contains Adjustments, Credits or Redistributions			
R22	0092	Benefit Adjustment Code		
R22	0094	Benefit Adjustment Start Date		
R22	0125	Benefit Adjustment End Date		
R22	0093	Benefit Adjustment Weekly Amount		
R22	0126	Benefit Credit Code		

R22	0127	Benefit Credit Start Date		
R22	0128	Benefit Credit End Date		
R22	0129	Benefit Credit Weekly Amount		
R22	0130	Benefit Redistribution Code		
R22	0131	Benefit Redistribution Start Date		
R22	0132	Benefit Redistribution End Date		
R22	0133	Benefit Redistribution Weekly Amount		
	Recoveries **Jurisdictions must require DN0226 - Recovery Code if any of the following Recoveries data elements are requested**			
R22	0226	Recovery Code		
R22	0225	Recovery Amount		
	Reduced Earnings **Jurisdictions must require DN0242 - Reduced Earnings Week Number if any of the following Reduced Earnings data elements are requested**			
R22	0242	Reduced Earnings Week Number		
R22	0124	Actual Reduced Earnings		
R22	0147	Deemed Reduced Earnings		
	Concurrent Employers **Jurisdictions must require DN0141 - Concurrent Employer Name if any of the following Concurrent Employers data elements are requested**			
R22	0141	Concurrent Employer Name		
R22	0142	Concurrent Employer Contact Business Phone		
R22	0143	Concurrent Employer Wage		
	Denial Reason Codes			
R22	0198	Full Denial Reason Code		
	Denial Reasons			
R22	0197	Denial Reason Narrative		
	Suspension Narratives			
R22	0233	Suspension Narrative	EMPLOYEE RETURNED TO WORK ON 06/29/01	