

IDAHO IAIABC CLAIMS RELEASE 3 STANDARDS:  
EVENT TABLE POPULATION - STEP ONE: DETERMINE MTCs TO BE RECEIVED ELECTRONICALLY

<b>FIRST REPORT OF INJURY (FROI)</b>				
<b>MTC</b>	<b>MTC Description</b>	<b>MTC Definition</b>	<b>Will the Receiver accept this report through EDI?</b>	<b>Paper Equivalent Or other communication with claimant</b>
00	Original	The original/initial first report transmitted between partners, including the re-transmission of a first report that was rejected due to a critical error.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FROI A1
01	Cancel	The original first report was sent in error.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice
02	Change	The claim administrator initiates a Change MTC when it identifies a change in a data element designated on the Element Requirement Table.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Phone calls, emails
04	Denial	The entire claim is being denied.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Denial letter/Change of Status Notice
AQ	Acquired Claim	Minimal data sent to report that a new claim administrator has acquired the claim.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	None
AU	Acquired/Unallocated	The equivalent of an initial first report (MTC 00) filed by a new claim administrator in response to an AQ transaction that has been rejected because of no claim match on database or when an AU is sent in lieu of an AQ based on the Jurisdiction's Event Table.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	None
CO	Correction	Corrected data element values are transmitted in response to an acknowledgment containing non-critical errors.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	n/a
UI	Under Investigation	A determination has not yet been made as to whether this is a compensable claim. This MTC may be sent as the First Report.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice
UR	Upon Request	Submitted in response to a specific request from the Jurisdiction, and manually triggered by the Claim Administrator.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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		<b>SUBSEQUENT REPORT OF INJURY (SROI)</b>		
<b>MTC</b>	<b>MTC Description</b>	<b>MTC Definition</b>	<b>Will the Receiver accept this report through EDI?</b>	<b>Paper Equivalent Or other communication with claimant</b>
02	Change	The claim administrator initiates a Change MTC when it identifies a change in a data element designated on the Element Requirement Table.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Phone calls, email
04	Denial	The entire claim is being denied.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice
AB	Add Concurrent Benefit Type	Indemnity benefits are currently being paid and concurrent benefit type is being added.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/a
AP	Acquired/Payment	The claim administrator who acquired the claim has processed AP Acquired/Payment – the first payment of indemnity benefits.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CA	Change in Benefit Amount	The Net Weekly Amount (DN0087) for this benefit type has changed from the previously reported Net Weekly Amount (DN0087).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice
CB	Change in Benefit Type	A benefit type being paid has changed and payments are being continued under a different benefit type without a break in continuity of benefits.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice
CD	Compensable Death	The injured employee has died as a result of a covered injury and no payment(s) of indemnity benefits have been made pending further beneficiary investigation.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Change of Status Notice
CO	Correction	Corrected data element values are transmitted in response to an acknowledgment containing non-critical errors.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EP	Employer Paid	The employer is paying the injured employee's salary in lieu of compensation, and the claim administrator is not paying any indemnity benefits at this time.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice
ER	Employer	The employer has resumed paying the injured	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice

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<b>MTC</b>	<b>MTC Description</b>	<b>MTC Definition</b>	<b>Will the Receiver accept this report through EDI?</b>	<b>Paper Equivalent Or other communication with claimant</b>
	Reinstatement	employee's salary in lieu of compensation, and the claim administrator is not paying any indemnity benefits at this time.		
FN	Final	Closed claim, no further payments of any kind anticipated.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Summary of Payments
IP	Initial Payment	The first payment for an indemnity benefit other than a settlement has been issued by a claim administrator.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Rule change so surety will not have to send IIC copy of first payment check. Surety will continue to send Change of Status Notice to clamant
P1	Partial Suspension, RTW, or Medically Determined/Qualified RTW	Payment(s) of one concurrent indemnity benefit have stopped because the injured employee has returned to work, and payment(s) of other indemnity benefits continues.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
P2	Partial Suspension, Medical Non-compliance	Payment(s) of one concurrent indemnity benefit have stopped because of medical non-compliance, and payment(s) of other indemnity benefits continues.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
P3	Partial Suspension, Administrative Non-compliance	Payment(s) of one concurrent indemnity benefit have stopped because of administrative non-compliance, and payment(s) of other indemnity benefits continues.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
P4	Partial Suspension, Claimant Death	Payment(s) of one concurrent indemnity benefit have stopped because of employee death, and payment(s) of other indemnity benefits continues.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
P5	Partial Suspension, Incarceration	Payment(s) of one concurrent indemnity benefit have stopped because the employee has been incarcerated, and payment(s) of other indemnity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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MTC	MTC Description	MTC Definition	Will the Receiver accept this report through EDI?	Paper Equivalent Or other communication with claimant
		benefits continues.		
P7	Partially Suspension, Benefits Exhausted	Payment(s) of one concurrent indemnity benefit have stopped because limits of benefit or entitlement have been reached, and payment(s) of other indemnity benefits continues.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
P9	Partial Suspended Pending Settlement Approval	Payment(s) of one concurrent indemnity benefit have stopped pending settlement approval, and payment(s) of other indemnity benefits continues.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PD	Partial Denial	A specific benefit(s) has been denied.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice
PJ	Partially Suspended Pending Appeal or Judicial Review	Payment(s) of one concurrent indemnity benefit have stopped pending appeal or judicial review, and payment(s) of other indemnity benefits continues.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PY	Payment Report	Identifies payment information for which reporting is required by the jurisdiction.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
RB	Reinstatement of Benefits	Indemnity payments have been resumed, but the reinstated benefit type may or may not have been paid previously.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice
RE	Reduced Earnings	The injured employee has returned/been released to return to work and actual or deemed earnings for each reduced earnings week is reported.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice
S1	Suspension, RTW, or Medically Determined/Qualified RTW	All payments of indemnity benefits have stopped because the employee has returned to work or has been medically determined qualified to return to work.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice
S2	Suspension, Medical Non-compliance	All payments of indemnity benefits have stopped because of medical non-compliance.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice

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S3	Suspension, Administrative Non-compliance	All payments of indemnity benefits have stopped because of administrative non-compliance.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice
S4	Suspension, Claimant Death	All payments of indemnity benefits have stopped because the employee has died.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice
S5	Suspension, Incarceration	All payments of indemnity benefits have stopped because the employee has been incarcerated.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice
S6	Suspension, Claimant's Whereabouts Unknown	All payments of indemnity benefits have stopped because the employee's whereabouts are unknown.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Change of Status Notice
S7	Suspension, Benefits Exhausted	All payments of indemnity benefits have stopped because limits of benefit or entitlement have been reached.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice
S8	Suspension, Jurisdiction Change	All payments of indemnity benefits have stopped because the jurisdiction has been changed.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice
S9	Suspended Pending Settlement Approval	All payments of indemnity benefits have stopped pending settlement approval.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SD	Suspension, Directed by Jurisdiction	All payments of indemnity benefits have stopped per jurisdiction order.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Commission Order
SJ	Suspended Pending Appeal or Judicial Review	All payments of indemnity benefits have stopped pending appeal or judicial review.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice
UI	Under Investigation	A determination has not yet been made as to whether this is a compensable claim.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice
UR	Upon Request	Submitted in response to a specific request from the Jurisdiction, and manually triggered by the	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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		Claim Administrator.		
VE	Volunteer	The employee is a volunteer for the covered employer, and the claim administrator will make no indemnity payments.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Change of Status Notice

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<b>PERIODIC REPORTS (SROI)</b>				
<b>MTC</b>	<b>MTC Description</b>	<b>MTC Definition</b>	<b>Will the Receiver accept this report through EDI?</b>	<b>Paper Equivalent Or other communication with claimant</b>
AN	Annual	Submitted at yearly intervals based on the report trigger criteria column located on the jurisdiction's Event Table.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
BM	Bi-Monthly	Submitted at two-month intervals based on the report trigger criteria column located on the jurisdiction's Event Table.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BW	Bi-Weekly	Submitted at two-week intervals based on the report trigger criteria column located on the jurisdiction's Event Table.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MN	Monthly	Submitted at one-month intervals based on the report trigger criteria column located on the jurisdiction's Event Table.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
QT	Quarterly	Submitted at three-month intervals based on the report trigger criteria column located on the jurisdiction's Event Table.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SA	Semi-Annual	Submitted at six-month intervals based on the report trigger criteria column located on the jurisdiction's Event Table.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## **Benefit Transaction Codes Not Represented by EDI Claims R3, unless further analysis associates them with a R3 MTC.**

AC - Claim accepted/approved – **FROI 00**  
CD - Fatal - \$10,000 order - **OBSOLETE**  
CF - Closing file - no follow-up - **OBSOLETE**  
CSL - Child Support Lien – **Benefit ACR segment**  
FR - Return to doc for final rating - **OBSOLETE**  
IME - IME set - **OBSOLETE**  
LD - Need light duty hours worked - **OBSOLETE**  
LS - Lump Sum – **SROI PY**  
LSIS - LS-ISIF - **OBSOLETE**  
MVD - Medical verification of disability needed - **OBSOLETE**  
OP – Overpayment – **Recovery Segment/Recovery Code 830**  
OTHR – Other - **OBSOLETE**  
PPIF - PPI PIF - **OBSOLETE**  
PPIR - PPI Rating - **OBSOLETE**  
PWP - Paying waiting period – **Various MTCs. IIC staff will need to review benefit segment date to determine if waiting period was paid**  
TEWP - Time didn't exceed waiting period - **OBSOLETE**  
UM - Need updated medicals - **OBSOLETE**  
WV - Need wage verification/temp rate set - **OBSOLETE**  
XI - Cancel Initial Payment – **Recovery Segment/Recovery Codes 880, 890, MTCs TBD**