

CLAIMS RELEASE 3.1

SROI PY FILING GUIDE

September 2025



SROI PY - Lump Payment of Benefits

Lump payment of PPI or other indemnity benefit

NUMBER OF BENEFITS			01									
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	030 – Permanent Partial Scheduled	PY - Payment Report	03/05/2024	5/13/24	10	0	\$5,318.50	03/22/2024	03/05/2024	\$531.85	03/05/2024	\$531.85
LUMP SUMP PAYMENT/SETTLEMENT CODE			<i>Report <u>actual</u> number of weeks and days</i> DO NOT REPORT ONE DAY						MAX MEDICAL IMPROV. DATE			
NS – Non-Specified									03/05/2024			

File RB after PY if payments continue after the lump payment of benefits
File SX after PY if paid in full or after RB when paid in full
Do not report 5XX Benefit Type Code

only use NS – Settlement Code [DN0293] in this scenario

SROI PY Filings – Settled Claims

A PY must be *correctly* filed for every claim settled by lump sum

SROI MTC PY is due one day after payment issue date

- Benefit Type Code 5XX (typically 500 – Unspecified)
- All benefits paid are reported on PY (sweeps all prior benefits paid)
- Lump Sum Settlement Code must be present (typically SF or SP)
- Payment segment should identify all payees (claimant/attorney/child support)
- Reduced Benefit Amount Code [DN0202] may apply

Commission will continue to make requests for the PY until filing is complete and accurate

Lump Sum Settlement

Lump Sum Payment/Settlement Code:

SF – Settlement Full (full/final)

SP – Settlement Partial (medicals open)

AS – Agreement Stipulated (settle single issue)

AW – Award (adjudicated LSS – not typical)

NS – Non Specified (any lump payment)

 **AD Advance** (not applicable for a settlement)

Reduced Benefit Amount Code

No Money Settlement = N

Scenario: A waiver of subrogation agreement is filed for the claim, but no money is being paid as part of the settlement.

A benefit segment will only be present if indemnity benefits were paid *prior to* settlement.

a payment segment will not be present on the PY

Reduced Benefit Amount Code

Claim Settled Under Another Date of Injury = S

Scenario: A settlement is filed for multiple claims, but no money is attributed to this claim.

A benefit segment will only be present if indemnity benefits were paid *prior to* settlement.

a payment segment will not be present on the PY

Benefit Segment on SROI PY

No prior benefits paid
No benefits paid by settlement

REDUCED BENEFIT AMOUNT CODE				NON-CONSECUTIVE PERIOD CODE			BENEFIT CHANGE REASON CODE			ANTICIPATED WAGE LOSS INDICATOR			NET TO ZERO CODE	
S - Claim Settled Under Another DOI				S (or N) explains absence of <i>benefit</i> segment and absence of <i>payment</i> segment on PY										
NUMBER OF BENEFITS				00										
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT		

Prior benefits paid
No benefits paid by settlement

REDUCED BENEFIT AMOUNT CODE			NON-CONSECUTIVE PERIOD CODE			ANTICIPATED WAGE LOSS INDICATOR						
S - Claim Settled Under Another DOI			S (or N) explains absence of BTC 5XX in <i>benefit</i> segment and absence of <i>payment</i> segment on PY									
NUMBER OF BENEFITS			02									
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	050 - Temporary Total		12/19/2022	01/17/2023	0004	2	\$1,815.62	04/11/2023	01/01/2023	\$435.15	01/01/2023	\$435.15
2	070 - Temporary Partial		12/12/2022	12/18/2022	0001	0	\$93.97	04/11/2023	12/12/2022	\$93.97	12/12/2022	\$93.97

Benefit Segment on SROI PY

NUMBER OF BENEFITS		06										
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	030 - Permanent Partial/Scheduled	A	03/13/2023	05/26/2024	0063	0	\$34,958.00	04/21/2023	03/13/2023	\$499.40	03/13/2023	\$499.40
2	050 - Temporary Total		11/16/2022	01/24/2023	0010	0	\$7,047.40	01/24/2023	01/01/2023	\$704.74	01/01/2023	\$704.74
3	070 - Temporary Partial		01/25/2023	01/29/2023	0000	5	\$134.21	02/23/2023	01/25/2023	\$187.90	01/25/2023	\$187.90
4	500 - Unspecified Lump Sum Pmt/Settlement		01/19/2024	01/19/2024	D		\$2,545.00	E				
5	501 - Medical Lump Sum Pmt/Settlement		01/19/2024	01/19/2024			\$10,000.00					
6	540 - Perm Partial Unsch Lump Sum Pmt/Settlement		01/19/2024	01/19/2024			\$37,455.00					

A – MTC is not present in the benefit segment

B – Benefits paid prior to settlement sweep in

C – All benefits paid by settlement reflect benefit type codes **5XX**

D – Benefit type weeks and days not present on **5XX** segments

E – Gross/Net Weekly Amounts not present on **5XX** segments

Payment Segment on SROI PY

Payment segment captures only the 5XX benefits with the latest Benefit Payment Issue Date of 3/20/24

LUMP SUM PAYMENT/SETTLEMENT CODE		AWARD/ORDER DATE		JURISDICTION CLAIM NBR-REL		
SF		03/13/2024				
NUMBER OF PAYMENTS		02				
SEQ NBR	PAYMENT REASON CODE	PAYMENT COVER PERIOD START DATE	PAYMENT COVER PERIOD THROUGH DATE	PAYEE	PAYMENT ISSUE DATE	PAYMENT AMT
1	501 - Medical Lump Sum Pmt/Settlement	03/13/2024	03/13/2024	LAW GROUP, P.L.L.C. A	03/20/2024	\$10,000.00
2	530 - Perm Partial Sch Lump Sum Pmt/Settlement	03/13/2024	03/13/2024	LAW GROUP, P.L.L.C. A	03/20/2024	\$15,000.00

Benefit segment reflects all benefits paid but only the 5XX benefit payments are being issued with this payment

NUMBER OF BENEFITS		04										
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	050 - Temporary Total		04/14/2022	11/06/2022	0020	4	\$8,405.48	11/08/2022				
2	070 - Temporary Partial		06/15/2022	12/16/2022	0001	4	\$3,350.82	12/16/2022				
3	501 - Medical Lump Sum Pmt/Settlement		03/13/2024	03/13/2024			\$10,000.00	03/20/2024				
4	530 - Perm Partial Sch Lump Sum Pmt/Settlement		03/13/2024	03/13/2024			\$15,000.00	03/20/2024				

Reporting an Annuity on SROI PY

	Cost	Certain Benefits
MSA Seed		
\$36,798 immediate cash payment for seed money	\$36,798.00	\$36,798.00
MSA Annual Payment		
\$17,173 annually; guaranteed 15 years	\$183,177.01	\$257,595.00
TOTAL	\$219,975.01	\$294,393.00

Report the purchase price of an annuity on the PY rather than the benefit claimant is guaranteed

BENEFIT TYPE AMT PAID	
	LUMP SUM SETTLEMENT
	<u>Balance of Permanent Partial Impairment</u> \$ 743.25
\$26,592.50	<u>Future Medical Benefits Funded Over Time with a Medicare Set Aside Account as Set Forth Above:</u> AMOUNT NOT REPORTED
\$29,754.44	\$ 294,393.00
\$743.25	<u>Unapportioned Disputed Impairment and Additional Disability Benefits at 39% whole person at 195 weeks at a rate of \$531.85 per week</u> \$ 103,710.75
\$219,975.01	
\$103,710.75	

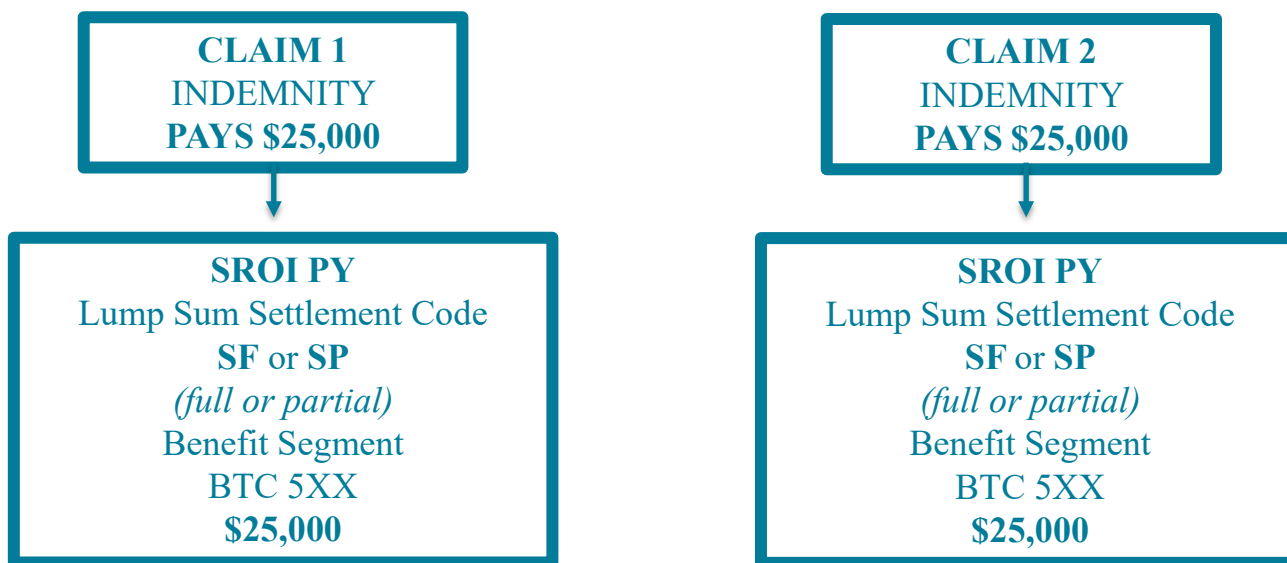
3	530 - Unspecified Lump Sum Pmt/Settlement	09/04/2025	09/04/2025	
4	501 - Medical Lump Sum Pmt/Settlement	09/04/2025	09/04/2025	
5	540 - Perm Partial Unsch Lump Sum Pmt/Settlement	09/04/2025	09/04/2025	

SEQ NBR	PAYMENT REASON CODE	PAYMENT COVER PERIOD START DATE	PAYMENT COVER PERIOD THROUGH DATE	PAYEE	PAYMENT ISSUE DATE	PAYMENT AMOUNT
1	530- Unspecified Lump Sum Pmt/Settlement	09/04/2025	09/04/2025	WORKER'S COUNSEL	09/04/2025	\$743.25
2	501 - Medical Lump Sum Pmt/Settlement	09/04/2025	09/04/2025	MSA FINANCIAL COMPANY	09/04/2025	\$36,798.00
3	501 - Medical Lump Sum Pmt/Settlement	09/04/2025	09/04/2025	ANNUITY COMPANY	09/04/2025	\$183,177.01
4	540 - Perm Partial Unsch Lump Sum Pmt/Settlement	09/04/2025	09/04/2025	WORKER'S COUNSEL	09/04/2025	\$103,710.75

SETTLEMENT AGREEMENT - A

TWO CLAIMS

PAYS \$50,000



Combined payments \$50,000

matches agreement

SETTLEMENT AGREEMENT - B

THREE CLAIMS

PAYS \$30,000

**CLAIM 1
INDEMNITY
PAYS \$30,000**



SROI PY

Lump Sum Settlement Code

SF or SP

(full or partial)

Benefit Segment

BTC 5XX

\$30,000

**CLAIM 2
MEDICAL ONLY
PAYS \$0**



SROI PY

Lump Sum Settlement Code

SF or SP

(full or partial)

Reduced Benefit Amount

Code = S

Settled on Another DOI

**CLAIM 3
INDEMNITY
WAIVES SUBRO**



SROI PY

Lump Sum Settlement Code

SF or SP

(full or partial)

Reduced Benefit Amount

Code = N

No Money Settlement

Combined payments \$30,000

matches agreement

EDI Inquiries

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EDI Tables/Training

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