**IRR CLM915 -** Additional Benefit Change Reason Codes for SROI CA and CB

**Business Requirement / Issue:** In eClaims 3.1 we will be required to report a Benefit Change Reason Code on every SROI-CA and SROI-CB. While IRR900 identifies 5 Benefit Change Reason Codes, it does not capture all scenarios where a SROI-CA or SROI-CB would be generated.

**Requester's Proposed Resolution:** NYSIF has proposed six additional Benefit Change Reason Codes (see attached).

Notes from NY (MaryBeth Goodsell):

NY opened IRR900 requesting a new DN for Benefit Change Reason Code to be added to the CA/CB indicating the reason that the Rate/BTC was changed.   The intent was to eliminate the paper process today which requires a description of the supporting documentation in compliance with 12 NYCRR 300.23(a) since these transactions do not allow a narrative field in IAIABC Claims EDI R3.0.

The IAIABC Claims EDI Committee approved IRR900 and added DN0439 (Benefit Change Reason Code) with the following values:

A = Independent Medical Examine (IME) or Claim Administrator Consultant

B = Employee Treating Physician medical report

C = Recalculation of Net Weekly Amount based on Wage Statement

D = Jurisdiction Directed

E = Stipulation or negotiated net Weekly Amount (not jurisdiction directed)

The New York State Insurance Fund (NYSIF) has expressed that they do not feel that these values cover all situations to be reported for the change reason on the CA/CB.   They have requested to create a workgroup to go over the proposal to add the following values to DN0439 (Benefit Change Reason Code):

? = Decrease in Indemnity

? = BTC Change To or From Employer Paid

? = BTC Previously Within Waiting Period is Now Being Paid

? = Change to Adjustment or Credit with No Change to BTC or Rate

? = Payments Made Per Appeal

? = Correction to Incorrectly Reported BTC or Rate

January 20, 2021 Claims Committee Meeting Discussion:

* 1. IRR CLM915 – Additional Benefit Change Reason Codes for SROI CA and CB (Candace)
     1. Result of adding DN for Benefit Reason Codes, and there needed to be more discussion
     2. The Meeting invite for the meeting has gone out. Tuesdays at 10am CST, beginning Feb, 2nd

February 2, 2021 Workgroup Meeting #1:

* Candace Gray
* Kelly King
* Pam Morton
* Suzan Kornbluth
* Brian Connors
* Mary Beth Goodsell
* Melinda Green
* Michael Hunter
* Denise Allain
* George Poulin
* Jason Kreps
* Stephen Mason
* Shannen Frieze
* Kristy Robinson
* Jon Brothen
* Harte Pricer
* During this workgroup meeting we were presented with the proposed new values requesting to be added to DN0439 (Benefit Change Reason Code), which included examples of their intended use(s) as provided by the New York State Insurance Fund.

1. **Decrease in Indemnity**
   1. Example(s) of when this would be used include:
      1. We pay a claimant and then find out that the case was NLT (No Lost Time) or NCLT (No Compensable Lost Time), so we file a SROI-CA with Decrease in Indemnity. (We could also report the Decrease in Indemnity on a suspend SROI, but if we already filed a suspend SROI, we would have to report it on SROI-CA.)
      2. We pay the claimant beyond the RTW date, Date of Death, etc. and now we’re recapping the period after that date as NLT and filing a SROI-CA for Decrease in Indemnity. (We could also report the Decrease in Indemnity on a suspend SROI, but if we already filed a suspend SROI then we would have to report it on SROI-CA.)
2. **BTC Change To or From Employer Paid** 
   1. Example(s) of when this would be used include:
      1. We paid the claimant and then found out that the employer already paid the claimant for their lost time, so we have to file a SROI-CB to change the previously reported BTC to 240.
      2. The employer pays the claimant for their lost time and we report BTC 240, but then the employer says they don’t want reimbursement, so we release the money to the claimant and file a SROI-CB changing BTC 240 to the BTC that’s now being paid (most likely 050 or 070).
      3. We started making payments to the claimant and then the employer takes over and continues paying the claimant for their lost time, with no suspension of payments between the period we paid and the period being paid by the employer. This would require us to file a SROI-CB to change to the BTC to 240.
3. **BTC Previously Within Waiting Period is Now Being Paid** 
   1. Example(s) of when this would be used include:
      1. There was a period of TTD that initially wasn’t paid because the claimant only had a week and a half of lost time and the TTD period was entirely within the 7-day waiting period. Then the claimant had an additional week of lost time, pushing the total lost time beyond 2 weeks, so the waiting period no longer applies. So now we need to pay the TTD period what was previously within the waiting period and we need to file a SROI-CB because we’re reporting BTC 050 for the first time.
4. **Change to Adjustment or Credit with No Change to BTC or Rate** 
   1. Example(s) of when this would be used include:
      1. We want to report that an overpayment credit, or some other type of credit, is beginning, changing to a different amount or ending, and there are no other changes.
      2. We want to report that an adjustment, such as X - Death Benefit Reduction or 1 - Cost of Living Adjustment, is beginning, changing, or ending, and there are no other changes.
5. **Payments Made Per Appeal**
   1. Example(s) of when this would be used include:
      1. We requested that the rate be reduced at a hearing, but the judge continued the payments at the same rate. We appealed the decision and we’re paying at the lower rate pending the outcome of the appeal.
6. **Correction to Incorrectly Reported BTC or Rate** 
   1. Example(s) of when this would be used include:
      1. The case manager originally paid the wrong rate or BTC and now they want to correct that mistake.
      2. Payments were made correctly, but the SROI reported an incorrect BTC or rate.

* When considering these additional values, it’s important to remember the following as carried over from IRR CLM900:
  + DP Rule for DN0439 (Benefit Change Reason Code):
    - This DN can only be required/reported on a SROI MTC CB - Change in Benefit Type or CA - Change in Benefit Amount.  It does not apply to any other SROI MTC's.  This should not carry over to future transactions.  It is recommended that the jurisdiction should have a regulatory reason for requiring this DN due to the implications of work flow for Claim Administrators and should be outlined in the jurisdiction's Trading Partner Tables.  The data element cannot be Mandatory if the reason for the change in the Net Weekly Amount or Benefit Type Code can be determined by another Data Element elsewhere in the standard.
  + The original values were created to replace a paper process NY has which requires the reason in writing every time a SROI CA or CB is filed.
  + NY also advised they want this as a value and do not wish to accept a narrative as previously presented as a resolve.
  + In prior workgroup, additional jurisdictions were noted as possibly interested in using this DN. Would like for jurisdictions to review and provide feedback on how these additional codes may help.
  + Previous discussions did include additional possible values but all were able to be represented elsewhere within the standard and were subsequently removed.

~~? = Reduced Earnings Based on Pay Records~~ (already have a reduced earnings segment)

~~? = Employer no longer paying Wages in Lieu~~ (DN0273 already exists for this value)

~~? = Change from Temp to Fatal based on employee death~~(date of death available)

~~? = Deemed a Total Perm by Claims Administrator~~ (covered with BTC)

~~? = Restricted Duty no longer available with employer~~ (there’s an indicator for this value)

* + Workgroup will need to discuss the proposed values to determine:
    - if each proposed value can/should be added
    - if they are clearly defined in the title of the value based on how they are worded now as there is currently no additional definitions provided for other values already in this DN
    - if they meet all the needs for the jurisdictions that may have interest
* Next workgroup meeting is Tuesday, February ~~10~~ 9, 2021

February 9, 2021 Workgroup Meeting #2:

* Candace Gray
* Suzan Kornbluth
* Harte Pricer
* Patty Gray
* Pam Morton
* George Poulin
* Saurabh Kushwaha
* Brian Connors
* Mary Beth Goodsell
* Jon Brothen
* Michael Hunter
* Kristy Robinson
* Melinda Green
* The workgroup has drafted a list of concerns and/or thought-provoking questions to post to the Community to get feedback from others that may be considering this DN (Benefit Change Reason Code).
* Comments/concerns/questions:
  + Even though the BTC can be identified elsewhere in the standard, when a CA or CB is triggered, NY would still need a value.
  + What happens when a code is sent but the data does not support that code/value?
  + Would there be a hierarchy for overlapping values?
    - Would need to collaborate with Systems Committee
  + From a jurisdiction point of view, how often would you want/need these sent?
  + Concern over if the value is not already represented, that a random one may be selected if what is available does not fit the need.
  + Reviewing the names of the proposed values and examples provided, should the names of the values be better worded?
    - Decrease in Indemnity
    - BTC Change To or From Employer Paid
    - BTC Previously Within Waiting Period is Now Being Paid
    - Change to Adjustment or Credit with No Change to BTC or Rate
    - Payments Made Per Appeal
    - Correction to Incorrectly Reported BTC or Rate
  + Where would we document the examples/intended definitions of these values if needed?
    - Section 4?
    - Need more information included with CA/CB?
  + More codes may be needed but also think there is an issue that NY is requiring this code but maybe should not. If there are other ways to determine the information that is already represented, perhaps NY should not make it mandatory.
  + Should it only be required when the rate is being reduced instead of being made mandatory?
  + NY has not been able to implement yet. Possibly looking to implement in October 2021. Changes should be migrated to production along with the Benefit Change Reason Codes in IRR900. (would need these approved by April to meet that timeline).
    - New value will replace the paper process entirely.
* Next workgroup meeting is Tuesday, February 16, 2021.

Community Notes/Comment by Pam Morton February 15, 2021:

* Comments posted on original proposed defining values with examples from NYSIF:
  + Decrease in Indemnity
    - DN0202 Reduced Benefit Amount Code is present to let you know that indemnity has been reduced. There is a scenario which covers the examples provided. See Business Scenario 5-6-20 Became med only
      * Z = Net to zero
      * D = Decrease in Indemnity
      * N = No Money Settlement
      * S = Claim Settled Under Another DOI
      * R = Reclassification of Benefit
  + BTC Change To or From Employer Paid
    - This can be determined by looking at the data sent on the benefit segments. For example, got 0xx on the IP, EP and now CB has only 2xx. A subsequent CB or EP that changes the money back from 2xx to 0xx, the state would have the history and should be able to determine what happened by using the previously reported data. See Business Scenario 5-5-4 EP to claim admin paid reimbursement
  + BTC Previously Within Waiting Period is Now Being Paid
    - The dates being sent on the transaction determine the waiting period and the benefits being paid and dates. There is a business scenario which covers how this would be reported 5-4-3 IP TTD; waiting week at TPD
  + Change to Adjustment or Credit with No Change to BTC or Rate
    - Adjustments/Credits/Redistributions are used to handle this. There is a code over overpayment credit. There are start and end dates within the variable segment that would communicate when changes take effect. The data being sent could be used to determine the change.
      * C = Overpayment
        + Recoupment of benefits paid, but not due.
      * X = Death Benefit Reduction
        + Weekly payment amount reduced for eligibility for or payment to survivors.
      * 1 = Cost of Living Adjustment
        + Weekly payment amount increased for cost of living adjustment.
  + Payments Made Per Appeal
    - This can be communicated using an adjustment code: injury.
      * J = Appeal Adjustment
        + Weekly payment amount reduced while case is on appeal.
  + Correction to Incorrectly Reported BTC or Rate
    - MTC 02 with Average Wage changes from one amount to the new amount. the weekly comp rate changes from one amount to a new amount.

February 16, 2021 Workgroup Meeting #3:

* Candace Gray
* Suzan Kornbluth
* Mary Beth Goodsell
* Brian Connors
* Michael Hunter
* Pam Morton
* Denise Allain
* Jon Brothen
* Kristy Robinson
* Harte Pricer
* Linda Yon
* Brenda Rinehimer
* Patty Gray
* Meeting started with overview of comment on communities from Pam Morton which highlighted various other areas of the standard used to report what is being presented as values for reporting that same information.
  + Summary of meeting ended with comment to first proposed value (additional notes which contributed to this listed below):
    - NYSIF will look into using the MTC 02 for this scenario along with RBAC Code, Recovery Code, or Overpayment Amount as applicable.
      * Will attach original document to notes when shared in IAIABC Communities (Claims Reporting Issues).
      * Will also be shared during the Claims Committee Meeting during update of IRR CLM915 on 2/17/2021.
* Notes from discussion:
  + Discussion related to DN's present to cover scenarios provided. Concerns continue to be expressed over creating values already represented in other areas of the standard.
  + NY did advise they will continue to require a value for the Benefit Change Reason Code. If NY changes it to only requiring in other circumstances, then that would change the needs for NYSIF (this is related to question from last meeting: Should it only be required when the rate is being reduced instead of being made mandatory?)
  + NY presented a scenario where if a CA is being filed for an appeal, it could be "Jurisdiction Directed"
    - Q: how? A: Judge is representative of jurisdiction
  + NY also presented that the NYSIF may need to consider what triggered the appeal (IME as an example) for selecting the value versus using Appeal.
    - Both are current values already approved under DN0439 (Benefit Change Reason Code)
    - Consider the reason in why they’re filing the CA/CB vs why they’re paying the rate they’re paying.
  + When asked if NY will look elsewhere in the transaction for a reason if provided through other DN’s, NY advised they will only look at the code itself to determine why the CA/CB was filed. 100% of all CA/CBs for NY will have to have a value covering the reason.
  + This lead back to the discussion around why the CA is being filed for the first scenario. NYSIF was asked to consider “Why you're filing vs why you're paying the rate you are”. If there are two ways to report something, that is never a good thing (this is again related to having the present representation for the same data already in the standard).
  + Pam Morton mentioned she has also verified NY does take all of the codes and references to the business scenarios that covers these in a little more detail (see Community Notes/Comment by Pam Morton February 15, 2021).
  + When asked to clarify the reason for DN0439 (Benefit Change Reason Code), NY provided the recap:
    - NY: Every time a CB/CA is filed, a paper form is required (currently) why the rate has changed. The codes were created so that the paper forms could be eliminated (IRR CLM900). If a Trading Partner need more codes, NY is willing to consider them but not sure if the codes they have now aren't already covering it them.
  + Discussion centered around Decrease in Indemnity proposed value:
    - NYSIF questions based on discussion, is there possibly another code that is needed for the misreporting instead?
    - NYSIF clarifies that sometimes the claimant is paid and for whatever reason, the claimant was not due the money after all but still cashes the check. These funds are not always recovered by NYSIF and the claimant does in fact keep the money. NYSIF says currently they show that as reduced amount and would use the CA for this to change the amount paid to $0.
    - Is that necessarily a CA or CB for that particular scenario? That would be Recover Code 880 or Reduced Benefit Amount Code - Decrease in Indemnity, which can be filed on another transaction type. SROI CA represents a Net Weekly Amount Change. If amount was paid and too much paid or just reported wrong, RBAC - Decrease in Indemnity would be used for this. But if a suspension has already been filed however, that doesn't necessarily change the net weekly amount which should not be a CA. For the scenario where the amount is totally wiped out, and the claimant cashes the check, and the CA does not recover it, that's an overpayment.
      * Overpayment will be made available for NYSIF in 3.1 to report. Should this be a CA or CB? In that scenario, could be done on a SROI 02 instead of a CA. NYSIF will get with their IT about that scenario.
    - Is the net weekly amount changing every time when a CA is being filed? What would trigger the CA? Should this actually be on a SROI 02? Is there any way for NY to help NYSIF to get what they want without having to create additional codes that do and say the same thing?
    - NYSIF mentions potential new value:
      * Decrease in Indemnity due to Payment Beyond Period Date Claimant was Entitled Benefits.
    - In regards to the first value presented, final recommendation for this is:
      * NYSIF will look into using the MTC 02 for this scenario along with RBAC Code, Recovery Code, or Overpayment Amount as applicable.
* Will present to Claims Committee on February 17, 2021 and post updated notes to Community.
* Next workgroup meeting is Tuesday, February 23, 2021.

Email response to feedback request by Gordon Debs, sent February 16, 2021:

* Claims Administrators / Carriers that utilize vendors for their EDI reporting will not know when the vendor is sending a CA/CB.  This will make it extremely difficult for the Administrator / Carrier to populate a change reason code, let alone send a “the correct” value. This would impact the accuracy/legitimacy of the change reason code the jurisdiction would be receiving on the transactions.
* Taking into account what was mentioned in my first comment, I foresee instances when the code will need to be changed.  How can this code be changed?  How can an incorrectly reported value be changed on claims that have multiple CA/CB transactions?  Example.  A claim has two CA’s filed and accepted.  The first CA carried an incorrect changed reason code, and the second CA carried a correct value.  How can the code on the first CA with the incorrect code be updated?  Another example, a claim has a CB followed by a CA, but the change code on the CB was entered incorrectly.  How can the code on the CB be updated?
* It seems a number of these values can be derived using existing data.

February 17, 2021 Claims Committee Meeting:

1. **IRRs Pending Resolution**
   1. IRR CLM915 – Additional Benefit Change Reason Codes for SROI CA and CB (Candace)
      1. Notes are posted on the Community
      2. Continuations of IRR 900 for the SROI CA and CB
      3. There are 6 additional Benefit Reasons that have been requested
      4. Next meeting is Tuesday, Feb 23rd

February 23, 2021 Workgroup Meeting #4:

* Candace Gray
* Shannen Frieze
* Gordon Debs
* Denise Allain
* Harte Pricer
* Brian Connors
* Patty Gray
* Mary Beth Goodsell
* Linda Yon
* Suzan Kornbluth
* Michael Hunter
* Jon Brothen
* Jason Kreps
* Kristy Robinson
* Pam Morton
* Meeting started with discussion related to Gordon Debs email.
  + “Claims Administrators / Carriers that utilize vendors for their EDI reporting will not know when the vendor is sending a CA/CB.  This will make it extremely difficult for the Administrator / Carrier to populate a change reason code, let alone send a “the correct” value. This would impact the accuracy/legitimacy of the change reason code the jurisdiction would be receiving on the transactions.”
    - As mentioned here, he is concerned this will be an issue for many other Claim Administrators that use vendors as well. Would like to hear from the Claim Admin community their thoughts on this as well.
    - NY already requires paper documentation for any CA/CB submitted today – how does Gallagher Bassett know when to submit the paper documents for those transactions today?
      * Gordon Debs will look into this further to find out how this is done today.
      * NYSIF advises today they only submit when there is a reduction
    - Denise Allain advises for their company, this would be handled through training and anytime an amount is being changed, a note would need to accommodate it.
  + “Taking into account what was mentioned in my first comment, I foresee instances when the code will need to be changed.  How can this code be changed?  How can an incorrectly reported value be changed on claims that have multiple CA/CB transactions?  Example.  A claim has two CA’s filed and accepted.  The first CA carried an incorrect changed reason code, and the second CA carried a correct value.  How can the code on the first CA with the incorrect code be updated?  Another example, a claim has a CB followed by a CA, but the change code on the CB was entered incorrectly.  How can the code on the CB be updated?”
    - Would NY require an 02 or CO if an error was made? (yes)
  + “It seems a number of these values can be derived using existing data.”
    - This is one of the most widely discussed points. As noted in Pam Morton’s notes, and discussed in the various workgroup meetings, the issue is that NY will require this value to be reported on every CA/CB submitted. So, while there will be other DNs which reflect what is occurring within that transaction, if a scenario calls for a CA/CB to be filed, then a value must be available to represent the reason for the CA/CB.
    - If not enough values to meet the needs, the fear is that an arbitrary value will be chosen to get the transaction accepted without being accurate for that instance.
    - NY’s original values were shared with multiple submitters and had believed most of the values were covered already.
  + While the first example(s) provided for Decrease in Indemnity appear to be better suited being submitted on an 02, the other examples provided do appear to call for the CA/CB. NYSIF believes the issue could be eliminated if NY did not require a value for every CA/CB, but only when the amount is reduced.
    - NY discussed this with NYS General Counsel previously and it was decided that they would continue to require it on every CA/CB.
      * This information is being drafted into an FAQ document for NY
    - NY created IRR900 to create DN0439 (Benefit Change Reason Code) at the request of the Claim Administrator community who was seeking the ability to report this information via EDI so they could stop having to submit paper documentation with every CA/CB submission.
    - It is recommended that any additional feedback/requests to make changes to the current requirements set by NYS General Counsel should be submitted in writing.
* Next workgroup meeting is Tuesday, March 2, 2021.