**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.

March 2, 2021 Workgroup Meeting #5:

* Candace Gray
* Suzan Kornbluth
* Gordon Debs
* Linda Yon
* Michael Hunter
* Pam Morton
* Denise Allain
* Jon Brothen
* Kristy Robinson
* Shannen Frieze
* Bryan Connors
* Patty Gray
* Harte Pricer
* Melinda Green
* Brenda Rinehimer
* During this workgroup meeting, value #2 (BTC Change To or From Employer Paid) was reviewed to determine if each scenario met the needs of a CB being filed. It was determined of the three examples provided, only one scenario (C) would it be appropriate to use the CB. See feedback listed below (also in updated version of original PDF as comment). (Scenarios in the CB definition were also reviewed during this process, which is included in these notes for reference.)

**BTC Change To or From Employer Paid**

Examples 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.
   1. Would be IP to EP, not CB with Reduced Benefit Amount Code R for Reclassification.
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).
   1. Would be EP to IP, not CB and would be a RBAC for Reclassification.
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.
   1. Would be IP to EP, no Reclassification (Employer picks up where carrier leaves off)
      1. EP to IP back to employer paid (and no suspension) would then be a CB with no reclassification

**CB = Change in Benefit Type** – The Claim Administrator has identified that the Benefit Type Code (DN0085) has changed from the previously reported Benefit Type Code. If the employee had been evaluated for and subsequently determined to receive a different benefit type (0xx), the CB should be used to report the new

benefit type if no “terminating” transaction has been accepted. The jurisdiction will determine what represents a “terminating” transaction via the Event table. A CB would also be filed when resuming 2xx employer paid salary in lieu of compensation after 0xx or after 2xx indemnity benefits have been paid; for example (EP, IP, CB-

2xx) or (EP, IP, SX, RB-0xx, CB-2xx) or (EP-2xx, CB-2xx). If the Benefit Type Code is being corrected in response to a TE, the CO MTC is used.

Record: A49; R22

DP Rule: A previous IP, AP, EP or Subsequent Report UR has been filed.

* Additional discussion continued to center around the concerns regarding creating new values for data that can already be determined through other areas within a transaction.
* NY has taken some of the questions from the last meeting to their General Counsel but is waiting to hear back from them. Since it appears we still have a possible need for this new value, and have not yet been able to review the additional suggestions, due to time restraints and not knowing how NY will respond to the outstanding questions, next steps may be best to view after we have heard back.
* Some of the questions/suggestions for consideration that were presented between the last two meetings for NY include:
* Would NY be willing to change their current requirement of needing the Benefit Change Reason Code on every CA/CB submitted to only being required when there is a reduction to the amount paid on those transactions?
* Can NY do some programming to set a flag or a code internally where legal wants to look at that information specifically?
  + It was also noted that if this information is currently only being looked at on a CA/CB but NY needs to know when amounts change like in the examples we have reviewed that were later determined were not true CA/CB transactions, their legal department would not get that information currently. If they are able to do some internal programming, this could also provide for a solution to give legal that information they are seeking regardless if it’s a CA/CB being filed.
* As of IRR900, NY did not want to take the NT. At that time, the concern was raised that it would not give them good enough data if they did. With the concern that an arbitrary value will be selected simply to get the transaction accepted if a value is not available to fit the means, this question arose again. A suggestion was presented that if a new value was added the current list of five that has already been approved, possibly listed as “See Narrative”, it’s believed this could provide for a solution if NY continues to need the BCRC for every CA/CB.
* NY has a discussion scheduled with NY General Counsel to discuss further.
* Next workgroup meeting is Tuesday, March 9, 2021.

Email from Patty Gray (NY) - March 9, 2021:

NY is sticking to their guns on this one and requiring the change reason code when benefits are modified.  NY feels that while there may be work in the beginning, in the long run everyone will have better information.

March 9, 2021 Workgroup Meeting #6:

* Candace Gray
* Gordon Debs
* Suzan Kornbluth
* Bryan Connors
* Deanne Hall
* Denise Allain
* Patty Gray
* Shannen Frieze
* Kristy Robinson
* Brenda Rinehimer
* Harte Pricer
* Jason Kreps
* Jon Brothen
* George Poulin
* Pam Morton
* Linda Yon
* Our meeting started with follow up to previous questions brought up in the last meeting:
* Would NY be willing to change their current requirement of needing the Benefit Change Reason Code on every CA/CB submitted to only being required when there is a reduction to the amount paid on those transactions?
  + Per Patty with NY, their counsel is not willing to change this requirement.
* Can NY do some programming to set a flag or a code internally where legal wants to look at that information specifically?
  + It was also noted that if this information is currently only being looked at on a CA/CB but NY needs to know when amounts change like in the examples we have reviewed that were later determined were not true CA/CB transactions, their legal department would not get that information currently. If they are able to do some internal programming, this could also provide for a solution to give legal that information they are seeking regardless if it’s a CA/CB being filed.
    - Still pending
  + As of IRR900, NY did not want to take the NT. At that time, the concern was raised that it would not give them good enough data if they did. With the concern that an arbitrary value will be selected simply to get the transaction accepted if a value is not available to fit the means, this question arose again. A suggestion was presented that if a new value was added the current list of five that has already been approved, possibly listed as “See Narrative”, it’s believed this could provide for a solution if NY continues to need the BCRC for every CA/CB.
    - NY still agrees they do not want the narrative.
* During this meeting, we also continued review of the remaining examples provided by NYSIF to determine if the need for those values may still be needed.
  + 3 – Scenario would be for an 02
    - Page 4.41 rule for 02: An 02 Change may be sent to report a waiting period paid for a different Benefit Type from the Benefit Type previously reported on the IP (Initial Payment), EP (Employer Paid), or AP (Acquired Payment). This will be indicated as an A (Add) in the Change Variable Segment for the Benefit Segment because a new Benefit Segment occurrence was added.
  + 4a – Scenario would be for a CA
    - Already covered in the standard; NY may need to program their system to pull this data to make it available for legal to be able to see it where it already exists in the standard
    - Is "other" an option when the other 5 do not meet the needs?
  + 4b – Scenario would be for a CA with ACR
  + 5 – Scenario would be for a CA with ACR
* With the verification that multiple examples provided by NYSIF do call for a CA/CB, additional comments were made regarding where to go from here in regards to the need for additional values to meet NY’s needs.
  + Can't appropriate 2 ways to report the same thing; that would go against the standard.
  + If OTHER is selected, could NY make it MC to provide an ACR if that value is selected?
    - Adjustment or Credit Modification
    - Refer to Benefit Type
* Additional point made referenced the DP Rule for DN0439 (Benefit Change Reason Code) that states “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. The jurisdiction should have a current statutory reason for requiring this DN 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.”
* Meeting ended with Patty Gray advising she would take this information back to her team to discuss further.
* Next workgroup meeting is Tuesday, March 16, 2021.

Email from Patty Gray (NY) - March 16, 2021:

It is NY’s stance that we can require the Benefit Change Reason Code, per the Element Requirement Table, States can require it if they want to.  We expect this code at the event level and when the Benefit Type or Amount changes, even if there is an ACR.

March 16, 2021 Workgroup Meeting #7:

* Candace Gray
* Michael Hunter
* Harte Pricer
* Pam Morton
* Suzan Kornbluth
* Gordon Debs
* Shannen Frieze
* Melinda Green
* Bryan Connors
* Patty Gray
* Kelly King
* Denise Allain
* Kristy Robinson
* George Poulin
* Brenda Rinehimer
* Conversation started with follow-up from NY who expanded on the information provided by email regarding NY’s stance that they will continue to require the BCRC on all CA/CB transactions.
  + Gallagher Bassett presented the following complications for them as a Claim Administrator that uses a vendor:
    - Adjustors are not going to know when their system is going to be creating a CA/CB.
      * They are currently trained based on the events of the claim to submit something in writing, but they don't necessarily know it's a CA or CB. For Gallagher Bassett, with this change, the adjustor would need to be trained to understand when this is needed. Vendor is making requirements to have this made on the benefit level to be able to provide that information to NY on the event level. Concerns about delayed reporting, incorrect codes used, potential consequences, etc. GB also sent an email to NY.
    - What happens if a wrong code is selected? Would a change be requested?
      * Outreach would likely be made by NY if something appears to not be accurate.
    - Gallagher Bassett has also sent the email to NY to pass along this feedback/concern.
  + Referring to the original examples provided for this IRR, the group broke down each of the remaining examples that were determined to still call for a CA/CB where a value may not be represented already.
    - Example 2d – (BTC Change To or From Employer Paid):
      * What would be the driving force for the employer to pick up payments again after the CA has already started paying benefits?
        + NYSIF will look to see if they can locate scenarios to determine what the driving force was that called for EP to IP to EP.
      * Which of the 5 approved values would NY recommend for NYSIF for this scenario?
        + NY would need to determine what would cause this scenario to happen to figure out what value should be used.
    - Example 4a – (Change to Adjustment or Credit with No Change to BTC or Rate):
      * In NY, overpayment can only be credited when directed by a judge. NYSIF has always interpreted it that if benefits are being paid voluntarily, they could credit overpayment voluntary.
        + This could be handled using D-Jurisdiction Directed.
    - Example 4b – (Change to Adjustment or Credit with No Change to BTC or Rate):
      * Could potentially be D-Jurisdiction Directed (child support would be an 02)
    - Example 5 – (Payments Made Per Appeal):
      * Business Scenarios needed to understand the driving the codes.
        + Suggestion - use D-Jurisdiction Directed but update the ACR to show appeal.
  + Can it be made Mandatory Conditional?
    - NY advises they won't.
  + A recommendation was made that the mandatory reporting of the change reason code when benefits are modified should be taken to the Claims Implementation Team.
    - Any TPs that may have concerns may need to attend the meetings on this to express their concerns.