**IRR CLM916 – Sequencing Reference Workgroup**

**Clerical changes proposed on pages 2.2.10 – 2.2.15**

**Page 2.2.10**

e. ***Match Data/Duplicate Transactions***: The “Match” data elements established in the jurisdiction’s Edit Matrix (*Match Data* table) describes data elements that will be used to determine if the report will create a new claim or find an existing claim in the jurisdiction’s database. Primary and Secondary Match Data elements will be used for this purpose. Refer to the *Match Data Rules* in Section 4.

Correction of Match Data elements is described in the *Error Correction Technical Rules*, processing “changes” to Match Data elements are described in *02 Change Processing,* and “canceling” a claim is described in *01 Cancel Entire Claim Processing Rules* in Section 4. With the exception of MTCs CO (Correction), 02 (Change), or 01 (Cancel Entire Claim), the following process should be considered:

For **FROI transactions**, the first match is to see if a FROI exists on the jurisdiction’s database. This model**, which is intended to illustrate sequencing at the Insurer/Claim Administrator level,** suggests matching by Employee ID, Date of Injury, Insurer FEIN, Claim administrator FEIN.

**The table below breaks down sequencing at the MTC/Insurer FEIN/Claim Administrator FEIN level. Refer to the jurisdiction’s Edit Matrix Match Data Table and Sequencing tabs for information on general match data recommendations and business events which typically occur during the life of a claim.**

The following table illustrates conditions where multiple FROI MTC transaction types should be either accepted or rejected. Using the match criteria in this model, if there is no previously existing FROI in the jurisdiction’s database, processing continues to the *Sequencing* editing.

|  |  |  |  |
| --- | --- | --- | --- |
| **Incoming FROI MTC from****Claim Administrator** | **Existing FROI MTC in****Jurisdiction’s Database** | **Insurer/Claim****Administrator** | **Process** |
| 00 Original | 00 Original | Different Insurer | **\*** |
| 00 Original | 00 Original | Same Insurer | Reject |
| 01 Cancel Entire Claim\*\* | **\*\*** | **\*\*** | **\*\*** |
| 04 Denial | 04 Denial | Different Insurer | Accept |
| 04 Denial | 04 Denial | Same Insurer | Reject |
| AQ Acquired Claim | **\*\*\*** | **\*\*\*** | Accept |
| AQ Acquired Claim | AQ Acquired Claim | Same Claim Administrator | Reject |
| AU Acquired Unallocated | **\*\*\*** | **\*\*\*** | Accept |
| UI Under Investigation | UI Under Investigation | Same Insurer | Reject |

\* Under normal circumstances, the same FROI filing should not be received from a different Insurer without having received an intervening AQ or AU transaction. However, if a jurisdiction has apportionment cases where more than one insurer may be responsible for the same claim, the jurisdiction may have to accept and process this filing. A jurisdiction may also want to accept and investigate potential duplicative FROI filings by different insurers. Jurisdictions will then need to make a decision about assigning a separate ~~Juristiction~~ **Jurisdiction** Claim Number JCN to each one, and whether their system can handle multiple claim administrators reporting payments on the same claim/injury. Sequencing rules apply based on the claim administrator reporting on the claim.

\*\* Refer to the *01 Cancel Entire Claim Rules* document in Section 4.

\*\*\* Acquired claims processing may vary by jurisdiction. Processing edits should be defined in the jurisdiction’s Edit Matrix.

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For **SROI transactions**, the first match is to see if an Initial Payment or Initial Payment equivalent SROI transaction exists on the jurisdiction’s database. This model**, which is intended to illustrate sequencing at the Insurer/Claim Administrator level,** suggests checking MTCs existing on the jurisdiction’s database. If there is not a previously existing Initial Payment or equivalent, processing continues to *Sequencing* editing.

**The table below breaks down sequencing at the MTC/Insurer FEIN/Claim Administrator FEIN level. Refer to the jurisdiction’s Edit Matrix Match Data Table and Sequencing tabs for information on general match data recommendations and business events which typically occur during the life of a claim.**

For any SROI transaction, match to see if a SROI exists for the claim. It is suggested that Jurisdiction Claim Number be used as the primary match data element. Use secondary match data elements Employee ID, Date of Injury, Insurer FEIN, Claim Administrator FEIN, Employee Last Name, Employee First Name, and Claim Administrator Claim Number to further locate a match and perform ‘reality checks’.

The following table illustrates conditions where subsequent MTC IP or IP equivalent transaction types should be either accepted or rejected.

|  |  |  |  |
| --- | --- | --- | --- |
| **Incoming SROI MTC from****Claim Administrator** | **Existing SROI MTC in****Jurisdiction’s Database** | **Insurer/Claim****Administrator** | **Process** |
| IP - Initial Payment | IP - Initial Payment | Different Insurer | \* |
| IP - Initial Payment | IP - Initial Payment | Same Insurer | Reject |
| CD – **Compensable Death – No Known Dependents/Payees** | CD – **Compensable Death – No Known Dependents/Payees** | Different Insurer | \* |
| CD – **Compensable Death – No Known Dependents/Payees** | CD – **Compensable Death – No Known Dependents/Payees** | Same Insurer | \*\* |
| VE – Volunteer | VE – Volunteer | Different Insurer | \* |
| VE – Volunteer | VE – Volunteer | Same Insurer | \*\* |
| EP – Employer Paid | EP – Employer Paid | Different Insurer | \* |
| 04 – Denial | 04 – Denial | Same Insurer | Reject\*\*\* |
| 04 – Denial | 04 – Denial | Different Insurer | \* |
| AP - Acquired Payment | AP - Acquired Payment | Different ClaimAdministrator | Accept |
| AP - Acquired Payment | AP - Acquired Payment | Same ClaimAdministrator | Reject |
| PD – Partial Denial | PD – Partial Denial | Different Insurer | \* |
| PD – Partial Denial | PD – Partial Denial | Same Insurer | Reject\*\*\*\* |
| PY – Payment | PY – Payment | Different Insurer | \* |
| PY - Payment | PY - Payment | Same Insurer | Accept |

\* Under normal circumstances, the same SROI IP or IP equivalent filing should not be received from a different insurer without having received an AQ or AP transaction. If a jurisdiction has apportionment cases where more than one insurer may be responsible for the same claim, the jurisdiction should have received a FROI prior to filing the first SROI. However, if there is no apportionment, a jurisdiction may choose to accept this SROI and investigate potential duplicate payments by different Insurers.

\*\* A jurisdiction should reject a CD after a CD or a VE after a VE from the same insurer unless an interim 04 Denial has been filed by the same claim administrator.

\*\*\* A jurisdiction should reject an 04 after an 04 unless an interim Denial Rescission Date (DN0196) or MTC RB has been filed by the same claim administrator.

\*\*\*\* Some jurisdictions may allow multiple PD transactions. Jurisdictions that allow multiple PD transactions may not be able to recognize duplicate transactions.

When a “true duplicate” SROI is encountered, DN0002 (Maintenance Type Code) is written to the *Element Number* and Error Message 057 (Duplicate Batch/Transaction) is written to the *Element Error Number*. Further editing may be applied on remaining data elements for potential errors *or* transaction processing is terminated, the AKC31 is returned to the sender, and the next transaction in the batch is processed.

**Changing Employee ID or Date of Injury Using a MTC Change (02)** is a special case. A claim administrator never initiates a change to a Jurisdiction Claim Number, so this is the only match data element for changing other primary data elements. In this instance, using secondary match data elements as ‘reality checks’ is required. If Employee ID is not changed, then this can be the reality check. The changed match data is either overlaid with the new value(s), or is flagged for manual verification and update.

**Primary key(s) do not match:** If a claim is found in the jurisdiction’s database where the primary key(s) do not match, the transaction is rejected. DN0002 (Maintenance Type Code) is written to the *Element Number* and Error Message 039 (No match on database) is written to the *Element Error Number*.

**Primary key(s) match but secondary keys do not match:** On MTCs other than Change (02), if a claim is found in the jurisdiction’s database where the primary key(s) match, but secondary keys do not match, the transaction is rejected. DN0002 (Maintenance Type Code) is written to the *Element Number* and 117 (Match data value not consistent with value previously reported) is written to the *Element Error Number.*

When match data editing is passed, processing continues.

**f.** ***Transaction sequencing:*** The sequencing of reporting requirements has been described in the Edit Matrix by the jurisdiction based on the MTCs they accept. Rules defining the sequence in which business events (MTC) should occur during the life of a claim are illustrated in *Transaction Sequencing* in Section 4**.** (i.e. SROI events imply that previous report(s) have been accepted by the jurisdiction for a claim.) Failure of sequencing rules could result in the transaction being rejected with the one of the following error messages:

* **For Initial Payment or Initial Payment Equivalent** SROI transactions, match to see if a FROI exists. Use Jurisdiction Claim Number as the primary match data element. Use secondary match data elements Employee ID, Date of Injury, Insurer FEIN, Claim Administrator FEIN, Employee Last Name, Employee First Name, and Claim Administrator Claim Number to further locate a match and perform ‘reality checks’.
	+ If a FROI exists, process the subsequent report transaction.
	+ If a FROI does not exist, the transaction will be rejected. DN0002 (Maintenance Type Code) is written to the *Element Number* and Error Message 063 (Invalid event sequence) is written to the *Element Error Number.*

**The tables below break down sequencing at the MTC/Insurer FEIN/Claim Administrator FEIN level. Refer to the jurisdiction’s Edit Matrix Match Data Table and Sequencing tabs for information on general match data recommendations and business events which typically occur during the life of a claim.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Incoming FROI MTC from****Claim Administrator** | **Existing FROI MTC in****Jurisdiction’s Database** | **Insurer/Claim****Administrator** | **Process** |
| 00 Original | 04 Denial | Same Insurer | Accept |
| 00 Original | 04 Denial | Different Insurer | Accept |
| 04 Denial | 00 Original | Same Insurer | Accept |
| 04 Denial | 00 Original | Different Insurer | Accept |
| AQ Acquired Claim | \* | \* | Accept |
| AU Acquired Unallocated | \* | \* | Accept |
| UI Under Investigation | 04 Denial | Different Insurer | Accept |
| UI Under Investigation | 00 Original | Different Insurer | Accept |
| UI Under Investigation | 04 Denial | Same Insurer | Reject |
| UI Under Investigation | 00 Original | Same Insurer | Reject |

\* Acquired Claims processing may vary by jurisdiction. Processing edits should be defined in the jurisdiction’s Edit Matrix.

* **For any subsequent SROI transaction**, match to see if the previously required SROI exists (based on jurisdiction event table and transaction sequencing in the Edit Matrix). Use Jurisdiction Claim Number as the primary match data element. Use secondary match data elements Employee ID, Date of Injury, Insurer FEIN, Claim Administrator FEIN, Employee Last Name, Employee First Name, and Claim Administrator Claim Number to further locate a match and perform ‘reality checks’.
* If the required previous SROI exists, refer to the following table to determine whether the subsequent report transaction should be processed.
* If the required previous SROI does not exist, refer to the applicable error message from the Transaction Sequencing in the Edit Matrix.

The following table illustrates conditions where multiple SROI MTC transaction types should be either accepted or rejected. Using the match criteria in this model, if there is no previously existing SROI in the jurisdiction’s database, processing continues to the R*egulatory* editing. Note: If there is a previously existing MTC 01 Cancel Entire Claim, see *01 Cancel Entire Claim Processing Rules* in Section 4.

|  |  |  |  |
| --- | --- | --- | --- |
| **Incoming SROI MTC from****Claim Administrator** | **Existing SROI MTC in****Jurisdiction’s Database** | **Insurer/Claim****Administrator** | **Process** |
| CD – **Compensable Death – No Known Dependents/Payees**, orVE – Volunteer | IP – Initial Payment | Same Insurer | Reject |
| 04 – Denial,PD – Partial Denial, orPY – Payment Report | IP – Initial Payment | Same Insurer | Accept |
| 04 – Denial,CD – **Compensable Death – No Known Dependents/Payees**,EP – Employer Paid,PD – Partial Denial,PY – Payment Report, orVE – Volunteer | IP – Initial Payment | Different Insurer | **\*** |
| AP – Acquired Payment | 04 – Denial,CD – **Compensable Death – No Known Dependents/Payees**, EP – Employer Paid,IP – Initial PaymentPD – Partial Denial,PY – Payment Report,VE – Volunteer | Same ClaimAdministrator | Reject |
| AP – Acquired Payment | 04 – Denial,CD – **Compensable Death – No Known Dependents/Payees**,EP – Employer Paid,IP – Initial Payment,PD – Partial Denial,PY – Payment Report,VE – Volunteer | Different ClaimAdministrator | Accept |
| 04 – Denial,IP – Initial Payment,PD – Partial Denial, orPY – Payment Report | CD – **Compensable Death – No Known Dependents/Payees** | Same Insurer | Accept |
| EP – Employer Paid,VE – Volunteer | CD – **Compensable Death – No Known Dependents/Payees** | Same Insurer | Reject |
| 04 – Denial,EP – Employer Paid,IP – Initial Payment,PD – Partial Denial,PY – Payment Report, orVE – Volunteer | CD – **Compensable Death – No Known Dependents/Payees** | Different Insurer | \* |
| 04 – Denial,IP – Initial Payment,PD – Partial Denial, orPY – Payment Report | EP – Employer Paid | Same Insurer | Accept |
| **CD – Compensable Death – No Known Dependents/Payees, or****VE – Volunteer** | **EP – Employer Paid** | **Same Insurer** | **Reject** |
| 04 – Denial,CD – **Compensable Death – No Known Dependents/Payees**,IP – Initial Payment,PD – Partial Denial,PY – Payment Report, orVE–Volunteer | EP – Employer Paid | Different Insurer | **\*** |
| 04 – Denial,PD – Partial Denial, orPY – Payment Report | VE – Volunteer | Same Insurer | Accept |
| IP – Initial Payment,EP – Employer Paid, orCD – **Compensable Death – No Known** **Dependents/Payees** | VE – Volunteer | Same Insurer | Reject |
| 04 – Denial,CD – **Compensable Death – No Known Dependents/Payees**,EP – Employer Paid,IP – Initial Payment,PD – Partial Denial, orPY – Payment Report | VE – Volunteer | Different Insurer | **\*** |
| 04 – Denial,CD – **Compensable Death – No Known Dependents/Payees**,EP – Employer Paid,IP – Initial Payment,PY – Payment Report, orVE – Volunteer | PD – Partial Denial | Same Insurer | Accept |
| 04 – Denial,CD – **Compensable Death – No Known Dependents/Payees**,EP – Employer Paid,IP – Initial Payment,PY – Payment Report, orVE – Volunteer | PD – Partial Denial | Different Insurer | \* |
| CD – **Compensable Death – No Known Dependents/Payees**, EP – Employer Paid,IP – Initial Payment,PY – Payment Report, orVE – Volunteer | 04 – Denial  | Same Insurer | Accept |
| PD – Partial Denial  | 04 – Denial | Same Insurer | Reject |
| CD – **Compensable Death – No Known Dependents/Payees**, EP – Employer Paid,IP – Initial Payment,PD – Partial Denial,PY – Payment Report, orVE – Volunteer | 04 – Denial | Different Insurer | **\*** |
| 04 – Denial,CD – **Compensable Death – No Known Dependents/Payees**, EP – Employer Paid,IP – Initial Payment,PD – Partial Denial, orVE – Volunteer | PY – Payment | Same Insurer | Accept |
| 04 – Denial,CD – **Compensable Death – No Known Dependents/Payees**, EP – Employer Paid,IP – Initial Payment,PD – Partial Denial, orVE – Volunteer | PY – Payment | Different Insurer | **\*** |

\* Under normal circumstances, the same SROI IP or IP equivalent filing should not be received from a different insurer without having received an AQ or AP transaction. If a jurisdiction has apportionment cases where more than one insurer may be responsible for the same claim, the jurisdiction should have received a FROI prior to filing the first SROI. However, if there is no apportionment, a jurisdiction may choose to accept this SROI and investigate potential duplicative payments by different insurers.

When a “duplicate IP equivalent” SROI is encountered, DN0002 (Maintenance Type Code) is written to the *Element Number*, and Error Message 063 (Invalid Event Sequence) is written to the *Element Error Number*. Further editing may be applied on remaining data elements for potential errors *or* transaction processing is terminated, the AKC31 is returned to the sender and the next transaction in the batch is processed.

When transaction sequencing editing is passed, processing continues.

*This is the end of the clarifications for Section 2.2 of the R3.1 guide.*

**The workgroup also recommends that we add the following comment to the Edit Matrix, Sequencing and Match Data Tables.**

**“For information on sequencing of MTCs for acquired claims where the Insurer FEIN/Claim Administrator FEIN may have changed, please see Transaction Processing Rules in Section 2 of the IAIABC Release 3.1 guide.”**

Edit Matrix Track Changes:



Match Data



Sequencing Table

