

Iowa Claim Event Table

MTC	MTC Description	Production Level Indicator	Implementation Date		Report Trigger Criteria	Report Trigger Value	Periodic Qualifier	Report Limit Number	Report Requirement Criteria	Effective Date		Report Due Criteria	Report Due Value	Follow Up	
			From	Thru						From	Thru			Form	Receiver
00	Original FROI (Form #14-0001 or IAIABC 1.2)	P	3/15/1999		Lost Time (C)	> 3 days		1	Date employer was notified (C); Date administrator notified (D) (Iowa Code 86.11)			Number of days from injury	8 days (Iowa Code 86.11)	DWC - QAA1	EE
			3/15/1999		Employee Death (X)	0 days		1	Date employer was notified (C); Date administrator notified (D) (Iowa Code 86.11)			Number of hours from Employee Death	0 days (Iowa Code 86.11) (< 8 hours to Iowa Labor Commissioner)	DWC - QAA1.1	EE
			3/15/1999		Jurisdiction Request (J) (Failure to file FROI)	Petition filed; No first report on file		1	Date jurisdiction notified (E) (Iowa Code 86.11)			# of days from jurisdiction notification (E)	8 days (Iowa Code 86.11)	DWC - QAA1	EE
			3/15/1999		Cumulative Indemnity (N)	PPD > ZERO		1	Date PPD known (H) (Iowa Code 86.11)			# of days from date PPD known	8 days (Iowa Code 86.11)	DWC - QAA1	EE
01	Cancellation	P	3/15/1999		FROI sent in error (Includes "No Lost Time" claims)	NA		NA	Original sent in error			Immediate upon knowledge (H)	NA		
02	Change	P	3/15/1999		Change to data element value	DN #		NA	Content of data element has changed			Immediate upon knowledge (H)	NA		
04	Denial	P	3/15/1999		The entire claim is being denied	NA		NA	Entire claim is being denied (Iowa Code 85.26)			Immediate upon knowledge (H)	NA	Letter of Denial IAC Rule 876 - 3.1(2)	CA to EE, Copy to DWC
AP	Acquired/Payment	P	3/15/1999		First payment made on acquired claim	NA		NA	First payment of indemnity benefits has been processed; An AQ or AU must be on file			Days from first payment of indemnity benefits	< or equal to 30 days IAC Rule 876 - 3.1(2) (Iowa Code 86.13)		
AQ	Acquired Claim	P	3/15/1999		Notice of new claim administrator on claim	NA		NA	Claim has been acquired by a new CA			Immediate upon knowledge (H)	NA		
AU	Acquired/Unallocated	P	3/15/1999		Response to a rejected AQ transaction	NA		NA	Response to rejected AQ			Immediate upon knowledge (H); Days from Administrator notification (D)	8 days (Iowa Code 86.11)	DWC - QAA1	EE
CO	Correction	P	3/15/1999		Correction to a date element value in response to an Acknowledgement	NA		NA	Corrected data elements at request of Transaction Accepted w/Errors (TE)			Immediate upon request (H)	FROI - 5 days SROI - 15 days IAC Rule 876 - 3.1(2)		
CA	Change in Benefit Amount	P	3/15/1999		The net weekly amount changes due to extra benefits	NA		NA	Entitlement to extra benefits has changed; (Iowa Case Law)			Immediate upon knowledge (H)	NA		
CB	Change in Benefit Type	P	3/15/1999		The benefit being paid has been changed to another type	NA		NA	Benefit continued under new type			Immediate upon knowledge (H)	NA		
CD	Compensable Death	P	3/15/1999		Notice that an employee with out dependents or payees has died	Death		NA	No benefits currently being paid/ No known dependents			Immediate upon knowledge (H)	NA		
ER	Employer Reinstatement	P	3/15/1999		The employer has resumed payment of indemnity benefits	NA		NA	Salary in lieu of compensation resumed; EP must have been previously filed IAC Rule 876 - 8.4			Immediate upon knowledge (H)	NA		

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FN	Final	P	3/15/1999		Claim Closed	No further benefits payable		NA	No further benefits anticipated			Immediate upon knowledge (H)	NA	SROI (Form # 14-0003 or IAIABC 2.2) Rule 876 - 2.6	CA to EE
			3/15/1999		Claim Closed & Perm. Impair.	No further benefits payable (DN0084 used)		NA	No further benefits anticipated and PPD paid			Immediate upon knowledge (H)	NA	a.) SROI (Form # 14-0003 or IAIABC 2.2) IAC Rule 876 - 2.6 b.) Medical Report IAC Rule 876 - 3.1(2)	a.) CA to EE b.) CA to DWC
			3/15/1999		Claim Closed No Lost Time/Meds Only	<3 days lost time		NA	Insufficient Lost Time/Meds Only			Immediate upon knowledge (H)	NA	SROI (Form # 14-0003 or IAIABC 2.2) Rule 876 - 2.6	CA to EE
			3/15/1999		Claim Closed & Lost Time (CP)	No further benefits payable & > 13 weeks lost time		NA	No further benefits anticipated and > 13 weeks lost time paid			Immediate upon knowledge (H)	NA	a.) SROI (Form # 14-0003 or IAIABC 2.2) IAC Rule 876 - 2.6 b.) Medical Report IAC Rule 876 - 3.1(2)	a.) CA to EE b.) CA to DWC
EP	Employer Paid	P	3/15/1999		Salary continuation by the employer	NA		NA	Employee paid salary in lieu of compensation IAC Rule 876 - 8.4			Days from first payment of indemnity benefits	< or equal to 30 days IAC Rule 876 - 3.1(2) (Iowa Code 86.13)		
IP	Initial Payment	P	3/15/1999		First payment of indemnity benefits has been paid	> 0		1	First payment of indemnity has been made Iowa Code 85.30			Days from first payment of indemnity benefits	< or equal to 30 days IAC Rule 876 - 3.1(2) (Iowa Code 86.13)		
PD	Partial Denial	P	3/15/1999		Portion of claim not payable	NA		NA	Denial of portion of claim (Iowa Code 85.26)			Immediate upon knowledge (H)	NA	Letter of Denial IAC Rule 876 - 3.1(2)	CA to EE, Copy to DWC
PY	Payment Report	P	3/15/1999		Settlement or as notified by Jurisdiction	NA			Provides settlement & payment information to jurisdiction			As directed by DWC Staff			
RB	Reinstatement of Benefits	P	3/15/1999		Indemnity benefits have been resumed	NA		NA	Suspension/Final must be on file			Immediate upon knowledge (H)	NA		
RE	Reduced Earnings	P	3/15/1999		Employee has returned to work with restricted duty and is paid less than Average Weekly wage at time of injury	NA		NA	Claimant returned to work partial wages			Immediate upon knowledge (H)	NA		
S1	Suspension, RTW, or Medically Determined/Qualified RTW	P	3/15/1999		Indemnity benefits have been stopped due to RTW or medically qualified to RTW	NA		NA	Indemnity benefits terminated (Iowa Code 86.13) or claimant has refused light duty work (Iowa Code 85.33(3))			Immediate upon knowledge (H)	NA	Letter from CA to employee providing 30 day with continued payments notice should they not RTW, no 30 day notice/payment for refusal of light duty, copy to Iowa DWC	EE
S2	Suspension, Medical Non-Compliance	P	3/15/1999		Indemnity benefits have stopped because of medical non-compliance	NA		NA	Indemnity benefits suspended			Immediate upon knowledge (H)	NA	Letter from CA advising of suspension, copy to Iowa DWC	EE

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S4	Suspension, Claimant Death	P	3/15/1999		Indemnity benefits have stopped due to claimant's death	NA		NA	Indemnity benefits stopped; Claimant died unrelated to injury			Immediate upon knowledge (H)	NA		
S6	Suspension, Claimant's Whereabouts Unknown	P	3/15/1999		Indemnity benefits have been stopped due to claimant's whereabouts are unknown	NA		NA	Indemnity benefits suspended; Can't locate claimant			Immediate upon knowledge (H)	NA	Legal notice from CA to employee advising of suspension, copy to Iowa DWC	EE
S7	Suspension, Benefits Exhausted	P	2/1/2001		Claimant not entitled to further indemnity benefits	NA		NA	Indemnity benefits suspended; all indemnity benefits paid			Immediate upon knowledge (H)	NA	Letter from CA advising of suspension, copy to Iowa DWC	EE
S9	Suspension, Pending Settlement Approval	P	3/15/1999		Indemnity benefits stopped pending approval of settlement before Iowa DWC	NA		NA	Indemnity benefits suspended; Pending settlement approval			Immediate upon knowledge (H)	NA	Letter from CA advising of suspension, copy to Iowa DWC	EE
SD	Suspension, Directed by Jurisdiction	P	3/15/1999		Indemnity benefits stopped by order of Iowa DWC	NA		NA	Indemnity benefits suspended by order of jurisdiction			Immediate upon knowledge (H)	NA		
SJ	Suspension, Pending Appeal or Judicial Review	P	3/15/1999		Indemnity benefits stopped pending appeal/judicial review by order of Iowa District Court	NA		NA	Indemnity benefits suspended pending appeal or judicial review			Immediate upon knowledge (H)	NA		
UI	Under Investigation	P	3/15/1999		No compensability decision has been made to date	NA		NA	Not yet determined if compensable			Immediate upon knowledge (H)	NA		
UR	Upon Request	P	3/15/1999		Submitted in response to request by Iowa DWC	NA		NA	Response to a request by jurisdiction			Days from Iowa DWC notification	As determined by Iowa DWC Representative		
AN	Annual	P	3/15/1999		June 30 Fiscal Year End	August 1; 15, September 1; 15	Claims either open on June 30 or closed during fiscal year ending on June 30	NA	Periodic report to jurisdiction			Days from report trigger value date as set in Trading Partner Agreement or the date as so notified by DWC	0		

Notwithstanding the provisions of the Iowa Code 86.10; 86.11; 86.12; & 86.13 and Iowa Administrative Code (IAC) Rules 876 - 2.6 and 876 - 3.1

Iowa Division of Workers' Compensation (DWC)

Shading indicates changes to table effective November 1, 2001