

Monthly Missing SA Report



Monthly Missing SA Report

Florida Statute 440.51(7) mandates that: “The department shall keep **accumulated cost records** of all injuries occurring within the state coming within the purview of this chapter...”

Monthly Missing SA Report

- **MTC SA** is the transaction used to report accumulated cost records for an injury, while the claim is still open, and is due every 6 months from DOI.
- **MTC FN** is the transaction used when the claim is now closed.

Rule Excerpts for MTC SA & FN Filings



Rule 69L-56.3013

The claim administrator shall send Electronic Periodic Claim Cost Reports (MTC SA or FN) to the Division for the following cases:

“Lost Time/Indemnity Case”;
“Medical Only to Lost Time Case;
“Denied Case” for which any indemnity benefit was paid prior to or after the denial.

Rule 69L-56.3013

The first MTC SA will be considered timely filed with the Division if it is received by the Division and is assigned an Application Acknowledgement Code of “TA” (Transaction Accepted) within 30 days after six (6) months from the date of injury. All subsequent SA’s shall be sent to the Division every six (6) months thereafter.

Rule 69L-56.3013

A subsequent SA will be considered timely filed with the Division if it is received and assigned a “TA” (Transaction Accepted) within 30 days of the due date as determined by the following: A subsequent MTC SA due date will be determined by adding six month intervals to the month of injury (e.g. Date of Injury (DOI) = 3/15/06, MTC SA due 9/15/06, next MTC SA due 3/15/07).

Rule 69L-56.3013

If the resulting MTC SA due date is not a valid calendar date, the due date for that MTC SA will default to ~~last day of the calculated month~~ **first day of the next month** (e.g. DOI = 8/30/06, MTC SA due ~~2/28/07~~ **3/01/07**, next MTC SA due 8/30/07).



Rule 69L-56.3013

The first MTC SA shall not be sent to the Division earlier than six months after the date of injury. However, if the claim administrator closed the case prior to 6 months after the date of injury, the first Electronic Claim Cost Report may be sent prior to six (6) months after the date of injury if it is sent as an MTC FN.

Rule 69L-56.3013

If the claim did not become a “Lost Time/Indemnity Case” until more than six (6) months after the date of injury, the first MTC SA shall be filed when the next “6 month” SROI MTC SA becomes due (e.g., disability began 9 months after the DOI, 1st MTC SA due 12 months after DOI; disability began 13 months after DOI, 1st MTC SA due 18 months after DOI).



Rule 69L-56.3013

Subsequent MTC SA's sent more than 7 days prior to the required six (6) month filing interval will be processed as an amendment to the previous SA and will not fulfill the filing requirement for the next required MTC SA.

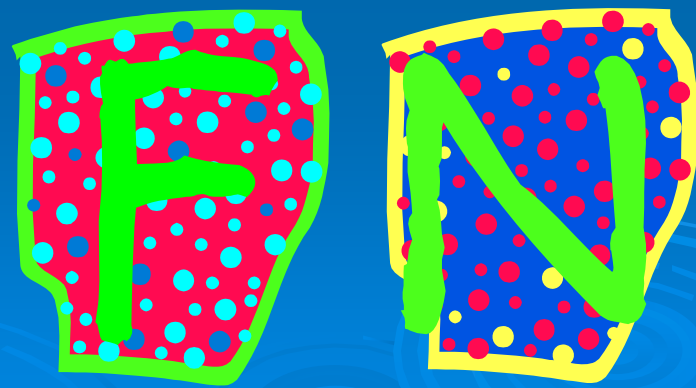
****Many are appearing on the Missing SA report because they are being filed too early, and are not counting for the required SA filing.**

Rule 69L-56.3013

Final (FN): The claim administrator shall report the SROI MTC FN (Final) for all cases closed since the last required filing of a periodic report. The FN will be considered timely filed with the Division if it is received by the Division and is assigned a “TA” (Transaction Accepted) on or before 30 days after the due date of the sub-annual.

Rule 69L-56.3013

The Final (FN) may be sent prior to the due date of the sub-annual if the claim administrator closes the case and will not be paying any further medical or indemnity benefits.



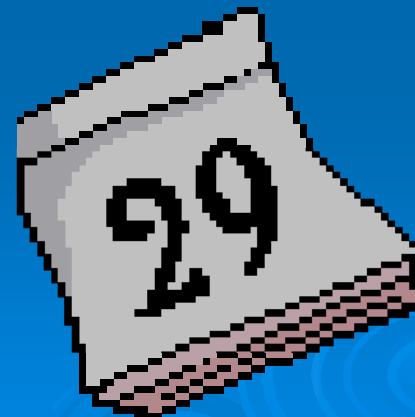
Rule 69L-56.3013

(FN after FN)

If the claim administrator issues payment or changes the amount paid for any Benefit Type Code or Other Benefit Code identified in subsections 69L-56.3013(1) and (2), F.A.C., since the filing of the previous Final (FN), the claim administrator shall send an FN on or before 30 days after the due date of the sub-annual to summarize benefits paid since the last FN filed with the Division.

Rule 69L-56.3013

If the claim administrator is re-opening the claim to pay on-going indemnity benefits, an Sub-Annual (SA) should be sent on or before 30 days after the due date of the Sub-Annual.



Rule 69L-56.3013

The claim administrator shall file another Final (FN) if it has paid additional amounts for one or more of the following Other Benefit Type Codes:

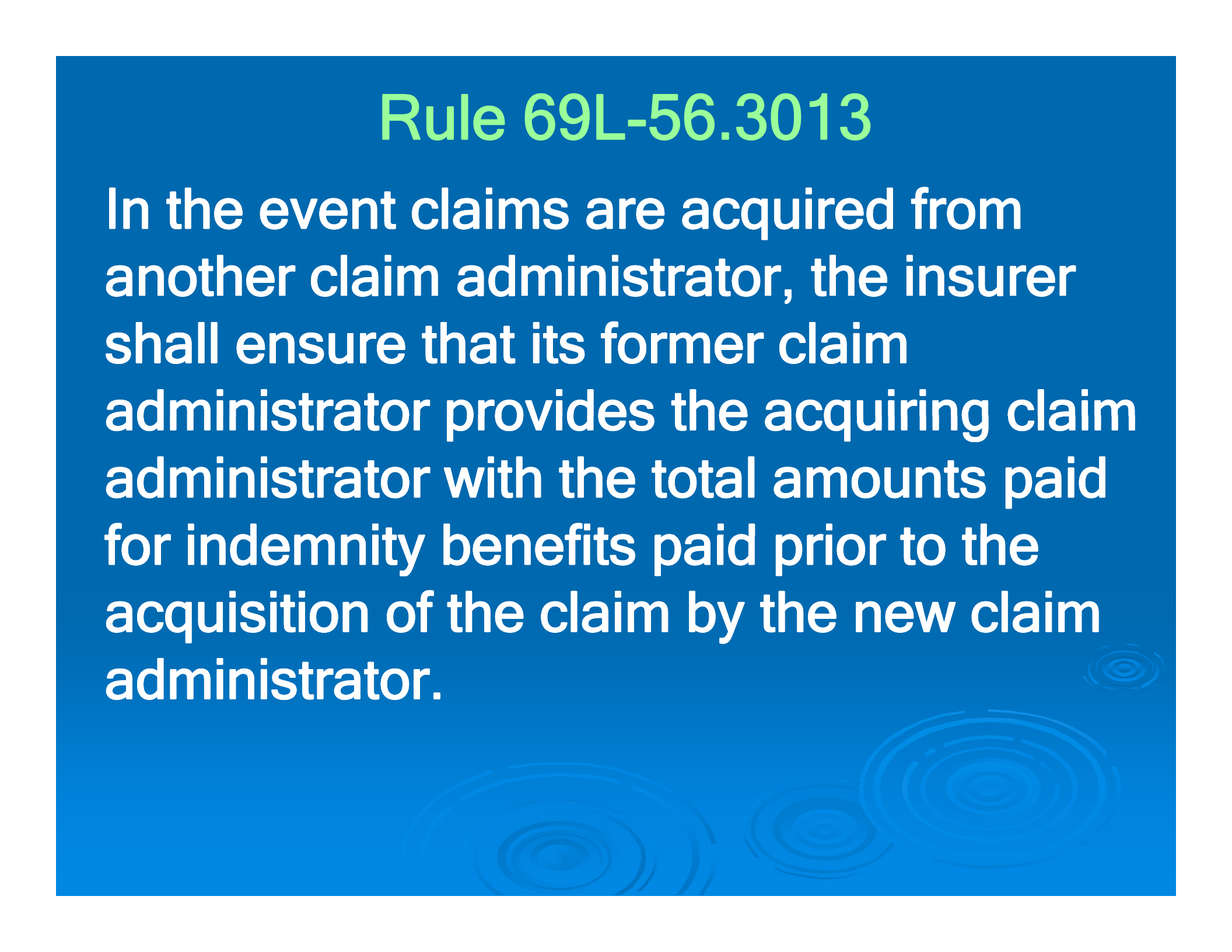
OBT Code 370 (Total Other Medical),
OBT Code 380 (Total Voc Rehab Eval),
OBT Code 390 (Total Voc Rehab Educ),
OBT Code 400 (Total Other Voc Rehab),
or OBT Code 475 (Total Medical Travel Expenses).

Rule 69L-56.3013

Any insurer failing to timely send an Sub-Annual (SA) or Final (FN) in accordance with the filing time periods prescribed in this subsection shall be subject to administrative penalties assessable by the Division in accordance with the provisions of Rule 69L-24.021, F.A.C. and Section 440.525(4), F.S.

Rule 69L-56.3013

In the event claims are acquired from another claim administrator, the insurer shall ensure that its former claim administrator provides the acquiring claim administrator with the total amounts paid for indemnity benefits paid prior to the acquisition of the claim by the new claim administrator.



Rule 69L-56.3013

Notwithstanding the provision of specific amounts paid by the former claim administrator(s) for each indemnity benefit type, the acquiring claim administrator shall report on the next required SA or FN, cumulative totals for all indemnity benefits paid by the former claim administrator(s) on a transferred case as follows: ...

Rule 69L-56.3013

...Cumulative totals for indemnity costs paid by the former claim administrator(s) shall be reported under Other Benefit Type Code 430 (Total Unallocated Prior Indemnity Benefits). The acquiring claim administrator shall report any specific costs paid by them for each applicable Benefit Type Code (indemnity benefits) and Other Benefit Type Code, in addition to the unallocated indemnity amount paid by the former claim administrator(s).

Monthly Missing SA Report

What claims are
found on the Missing
SA Report?



Monthly Missing SA Report

➤ The Monthly Missing SA Report identifies:

- Claims that are due an SA transaction, and
- Claims for which no SA or FN has been filed with DWC.

Monthly Missing SA Report

- The **Missing SA Report** includes:
 - OPEN, LOST TIME Claims for which a DWC-1 or DWC-13 (paper or EDI) is 'on file' and ...,

Monthly Missing SA Report

...

- DOI \geq 1/1/2005; or
- EDI R1/R3 accepted (any DOI) (excludes unrescinded FROI 04); or
- PT/PT Supp \$ paid (any DOI); or
- Recent DWC Form (1, 4, 12, or 13) rec'd on/after 1/1/2008 (regardless of DOI).
- Any of the above with Full Denial rescinded but no payment made by 12 months from DOI.

Monthly Missing SA Report

The Missing SA report will not include cancelled claims or Full Denials (un-rescinded) where no indemnity has been paid).



Monthly Missing SA Report

➤ Due to a decline in the proper filing of Claim Cost reports, DWC instituted a “**Monthly Missing SA Report**” last year (11/1/09)



- Posted in Data Warehouse under ‘Proprietary Claims EDI Reports’.

Monthly Missing SA Report

Claim Administrator Expectations



Monthly Missing SA Report

- Claim Administrators are expected to reconcile each month's **Missing SA report**.
- An email advisory will be sent when each Missing SA Report is posted in the warehouse.
- This revised version of the report includes the EE's Name and Date of Birth (SSN was removed.)

Monthly Missing SA Report

- The Division has agreed to extend the deadline for compliance with this report until **1-31-11**.



- Between now and 1-31-11, Claim Administrators are expected to file the **Missing SA transactions (or FNs if file is closed) OR...**

Monthly Missing SA Report

...If the case was really a Medical Only claim and should never have been filed with the Division, an MTC 01 'Cancel' should be filed.

Monthly Missing SA Report

...If the file has been acquired by another claim admin, advise the Division that this claim has been acquired, and provide the name of the new Claim Admin (if known).

FYI...When a Claim Administrator acquires any open lost time claim and any closed lost time claim with a date of injury that is within five years prior to the date of acquisition, an MTC AQ must be filed to report a change in claims administration.

Monthly Missing SA Report

To assist claim administrators with this Missing SA requirement, the Division has agreed to accept a Paper DWC-13 form for any 'legacy claim' (*Date Claim Admin's Knowledge of Injury was prior to Claim Admin's R3 Imp Date*) **IF** the claim is now closed, and the filing is a **FINAL**.

Monthly Missing SA Report

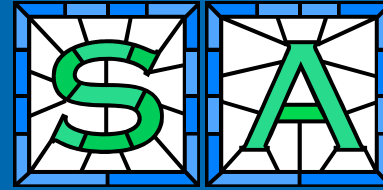
The **FINAL** legacy paper 13 must be complete and accurate. Medical, Hospital and Drugs/Supplies will not be required. All other indemnity and medical info must be greater or equal to the previous DWC-13 filed.

CLAIM COST REPORT						SENT TO DIVISION DATE	DIVISION RECEIVED DATE
FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION 200 East Gaines Street Tallahassee, FL 32399-4226							
COMPLETE ALL APPLICABLE SECTIONS BEFORE FILING WITH THE DIVISION							
PLEASE PRINT OR TYPE SOCIAL SECURITY #		EMPLOYEE NAME: (First, Middle, Last)			DATE OF ACCIDENT: (Month-Day-Year)		
TYPE OF REPORT					AVERAGE WEEKLY WAGE (Do not Round)		COMPENSATION RATE (Do not Round)
<input type="checkbox"/> INITIAL REPORT SUMMARIZING FIRST SIX MONTHS							
<input type="checkbox"/> ANNUAL REPORT ON OPEN CASE							
<input type="checkbox"/> FINAL REPORT- CASE CLOSED, NO ACTIVITY IN PAST YEAR OR CASE SETTLED							
FULL SALARY IN LIEU OF COMPENSATION FOR ANY PERIOD OF TIME? <input type="checkbox"/> YES						FULL SALARY END DATE ____ - ____ - ____	
TYPE OF PAYMENT		WEEKS	DAYS	PAID TO DATE COLUMN I (Do not round)	TYPE OF PAYMENT		PAID TO DATE COLUMN II (Do not round)
TEMPORARY PARTIAL					MEDICAL ALL DWC-9 & 11		
TEMPORARY TOTAL					HOSPITAL ALL DWC-90		
TEMPORARY TOTAL - 80%					TRANSPORTATION MEDICAL APPTS.		

Monthly Missing SA Report

➤ The Bureau of Monitoring and Audit sent a notification email to all CPS contacts advising that the Missing SA Report must be rectified by 1/31/11. Failure to comply may result in a non-willful or willful penalty in accordance with s.440.525 F.S. and Rule 69L-24 F.A.C.

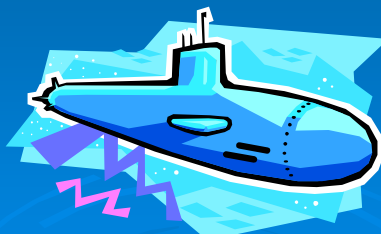
SROI



SCENARIO

MTC “SA”

(Periodic Sub-Annual
Report)



Rule 69L-56.3013(4)(a), F.A.C.

Electronic Claim Cost Report: SUB-ANNUAL

Claim is Open and

➤ Electronic **SUB-ANNUAL**

Claim Cost Report is due

Send: **SROI SA**

Electronic Claim Cost Report: SUB-ANNUAL

Due: DOI + 6 Months (+30 Days) Or,
DOI + 12 months (+30 Days) if
LT occurs > 6 Months from DOI

Note: The first Electronic Claim Cost Report must not be sent earlier than 6 months after the Date of Injury, unless being reported as a Final (SROI MTC FN).

Electronic Claim Cost Report: SUB-ANNUAL

Claim is still Open/Re-opened to pay ongoing indemnity or medical benefits and

➤ Subsequent Electronic SUB-ANNUAL Claim Cost Report is due

Due: At 6 month intervals from DOI
(+ 30 Days) until Final is filed.

Sequencing Rule for SA's

The first Sub-Annual must not be sent prior to the end of six (6) months from the date of injury, or the transaction will reject.



Duplicate Processing Note for SA's

If MTC SA is sent more than 7 days prior to the date it is due, it will be considered an amendment to the previously accepted MTC SA, rather than the next required MTC SA.



Duplicate Processing Note for SA's

Example: DOI = 9-1-06

1st SA filed no earlier than 3-1-07

(not always exact 180 days-use calendar months) and

no later than 3-31-07

2nd SA must receive a TA no

earlier than 7 days prior to 9-1-07

and no later than 30 days after 9-

1-07 (10-1-07) to fulfill the 2nd SA

filing requirement.



Duplicate Processing Note for SA's

Another Example: DOI = 8-31-06

1st SA filed no earlier than 3-1-07 and no later than 3-31-07.

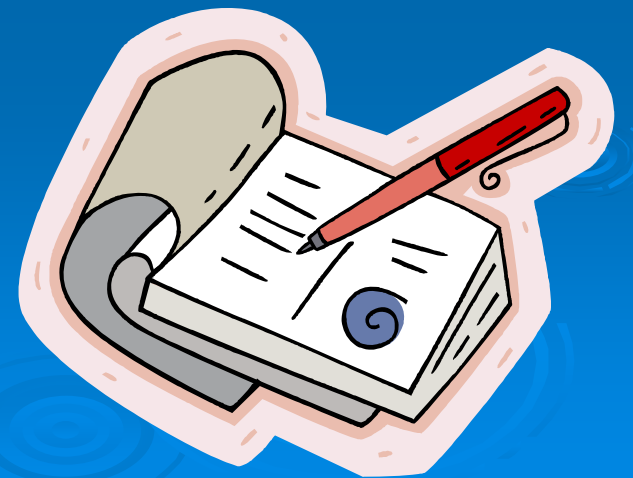
(if 6 month interval results in an invalid date, use 1st day of next month)



2nd SA must receive a TA no earlier than 7 days prior to 8-31-07 and no later than 30 days after 8-31-07 (9-30-07) to fulfill the 2nd SA filing requirement.

SROI “SA”

Florida requires the periodic filings on a sub-annual basis to report the total paid amounts paid in indemnity and certain medical costs for all open cases.



SROI “SA”

The claim administrator has paid TTD Benefits and some miscellaneous medical and mileage reimbursement costs.



For Electronic Claim Cost Reports, FL does not require the reporting of physician, hospital, pharmacy and physical therapy costs.

SROI MTC “SA” (Periodic Sub-Annual Report)

The claim administrator submits the sub-annual report on 12/21/2007, six months after the accident.

<i>A49 Data Elements</i>					
0001	Transaction Set ID	A49	Subsequent Report	1	3
0002	Maintenance Type Code	SA	Sub-Annual	4	5
0003	Maintenance Type Code Date	20071221	December 21, 2007	6	13
0004	Jurisdiction Code	FL		14	15
0006	Insurer FEIN	785902378		16	24

“SA” Scenario


(only pertinent DN’s displayed)

One Benefit type has been paid on the claim and two Other Benefit types

	<i>Variable Segment Counters</i>				
0288	Number of Benefits	01		630	631
0283	Number of Payments	00		632	633
0282	Number of Other Benefits	02		634	635
0289	Number of Benefit ACR	000		636	638
0284	Number of Recoveries	00		639	640
0285	Number of Reduced Earnings	00		641	642
0275	Number of Concurrent Employers	00		643	644
0277	Number of Denial Reason Code	00		645	646
0276	Number of Denial Reason Narratives	00		647	648
0287	Number of Suspension Narratives	00		649	650

SROI "SA" Scenario

Temporary Total benefits were paid through December 14, 2007.

	Benefits		1 Occurrences		
0085	Benefit Type Code	050	Temporary Total	651	653
0002	Maintenance Type Code		N/A (Sweep)	654	655
0174	Gross Weekly Amount		N/A (Sweep)	656	666
0175	Gross Weekly Amount Effective Date		N/A (Sweep)	667	674
0087	Net Weekly Amount		N/A (Sweep)	675	685
0211	Net Weekly Amount Effective Date		N/A (Sweep)	686	693
0088	Benefit Period Start Date	20070616	June 16, 2007	694	701
0089	Benefit Period Through Date 	20071214	December 14, 2007	702	709
0090	Benefit Type Claim Weeks	0026		710	713
0091	Benefit Type Claim Days	0		714	714
0086	Benefit Type Amount Paid	00001040000	\$10,400.00	715	725
0192	Benefit Payment Issue Date			726	733

“SA” Scenario

Two OBT's were paid

- 370 - Total Other Medical
- 475 - Total Medical Travel Expenses

<i>Other Benefits</i>			2 Occurrences		
0216	Other Benefit Type Code	370	Total Other Medical	754	756
0215	Other Benefit Type Amount	00000046500	\$465.00	757	767
	Filler			768	787
0216	Other Benefit Type Code	475	Total Medical Travel Expenses	788	790
0215	Other Benefit Type Amount	00000048900	\$489.00	791	801
	Filler			802	821

SROI SCENARIO MTC “FN” (Final Report)

Rule 69L-56.3013(4)(b), F.A.C.



Electronic Claim Cost Report: FINAL "FN"

Claim is Closed and

➤ Electronic FINAL Claim
Cost Report is due

Send: **SROI FN**

Electronic Claim Cost Report: FINAL “FN”

Due: On or before 30 days after the due date of the next SA, or Upon Closure of Claim by Claim Administrator, or final payment of indemnity and medical benefits)



“FN” may be sent prior to the due date of the next SA if the case is closed and no further indemnity or medical benefits will be paid.

SROI “FN”

Previously Submitted Reports:

1. MTC FROI 00-Original First Report with MTC SROI IP-Initial Payment
2. SROI MTC SA-Sub-Annual Periodic Claim Cost Report

SROI “FN” Scenario

(only pertinent DN’s displayed)

A Final report is sent on 1/16/08.

A49 Data Elements					
0001	Transaction Set ID	A49	Subsequent Report	1	3
0002	Maintenance Type Code	FN	Final	4	5
0003	Maintenance Type Code Date	20080116	January 16, 2008	6	13
0004	Jurisdiction Code	FL		14	15
0006	Insurer FEIN	785902378		16	24

SROI “FN” Scenario

(only pertinent DN’s displayed)

Injured worker received a 15% Permanent Impairment Rating

<i>Variable Segment Counters</i>					
0078	Number of Permanent Impairments	01		199	200
<i>Variable Segments</i>					
<i>Permanent Impairments</i>					
0083	Permanent Impairment Body Part Code	099	Whole Body	209	211
0084	Permanent Impairment Percentage	01500	15%	212	215

SROI “FN” Scenario

Three Benefit Types have been paid on the claim.

	<i>Variable Segment Counters</i>				
0288	Number of Benefits	03		630	631
0283	Number of Payments	00		632	633
0282	Number of Other Benefits	00		634	635
0289	Number of Benefit ACR	000		636	638
0284	Number of Recoveries	00		639	640
0285	Number of Reduced Earnings	00		641	642
0275	Number of Concurrent Employers	00		643	644
0277	Number of Full Denial Reason Code	00		645	646
0276	Number of Denial Reason Narratives	00		647	648
0287	Number of Suspension Narratives	00		649	650

SROI “FN” Scenario

Benefit Type Code 500 - Unspecified Lump Sum Payment/Settlement

<i>Variable Segments</i>					
Benefits			3 Occurrences		
0085	Benefit Type Code	500	Unspecified Lump Sum Payment/Settlement	651	653
0002	Maintenance Type Code		N/A (sweep)	654	655
0174	Gross Weekly Amount		N/A (sweep)	656	666
0175	Gross Weekly Amount Effective Date		N/A (sweep)	667	674
0087	Net Weekly Amount		N/A (sweep)	675	685
0211	Net Weekly Amount Effective Date		N/A (sweep)	686	693
0088	Benefit Period Start Date		N/A	694	701
0089	Benefit Period Through Date		N/A	702	709
0090	Benefit Type Claim Weeks		N/A	710	713
0091	Benefit Type Claim Days		N/A	714	714
0086	Benefit Type Amount Paid	00001000000	\$10,000.00	715	725
0192	Benefit Payment Issue Date		N/A (sweep)	726	733

SROI “FN” Scenario

Benefit Type Code 030 - Impairment Income
Benefits were previously paid.

0085	Benefit Type Code	030	Impairment Income (Permanent Partial Scheduled)	754	756
0002	Maintenance Type Code		N/A (sweep)	757	758
0174	Gross Weekly Amount		N/A (sweep)	759	769
0175	Gross Weekly Amount Effective Date		N/A (sweep)	770	777
0087	Net Weekly Amount		N/A (sweep)	778	788
0211	Net Weekly Amount Effective Date		N/A (sweep)	789	796
0088	Benefit Period Start Date	20070713	July 13, 2007	797	804
0089	Benefit Period Through Date	20071129	November 29, 2007	805	812
0090	Benefit Type Claim Weeks	0020		813	816
0091	Benefit Type Claim Days			817	817
0086	Benefit Type Amount Paid	00000300000	\$3,000.00	818	828
0192	Benefit Payment Issue Date		N/A (sweep)	829	836

SROI "FN"

Scenario

Benefit Type Code 050 - Temporary Total Benefits were previously paid.

0085	Benefit Type Code	050	Temporary Total	857	859
0002	Maintenance Type Code		N/A (sweep)	860	861
0174	Gross Weekly Amount		N/A (sweep)	862	872
0175	Gross Weekly Amount Effective Date		N/A (sweep)	873	880
0087	Net Weekly Amount		N/A (sweep)	881	891
0211	Net Weekly Amount Effective Date		N/A (sweep)	892	899
0088	Benefit Period Start Date	20070616	June 16, 2007	900	907
0089	Benefit Period Through Date	20070712	July 12, 2007	908	915
0090	Benefit Type Claim Weeks	0004		916	919
0091	Benefit Type Claim Days	0		920	920
0086	Benefit Type Amount Paid	00000160000	\$1,600.00	921	931
0192	Benefit Payment Issue Date		N/A (sweep)	932	939
	Filler			940	959

What are the 10 most common errors on a SA Report?



Top 10 errors on an SA

10. The benefit type code 2XX **must** be present, unless reduced benefit is = R, 430. (0288-045)
9. The Average Wage **must** be changed via MTC 02 CB CA AP or RB. (0286-059)
8. Benefit type code previously reported **was not** sent on SROI. (0288-059)

Top 10 errors on an SA

7. The date of the maximum medical improvement **can't** be 1st reported on this MTC. (0070-059)

6. The number of permanent impairments **must be** $>$ than 0. (0078-045)

5. The date of maximum medical improvement is **missing**. (0070-001)

Top 10 errors on an SA

4. The permanent impairment % **can't be** changed via this MTC. (0084-059)

3. The maximum medical improvement date **can't be** changed via this MTC.
(0070-059)

2. The permanent impairment % **can't be** 1st reported on this MTC.
(0084-059)

And the # 1 error on an
SA is...?



Top 10 errors on an SA Report

1. The number of benefits **should not** be $>$ than what is on file. (0288-044)

Remember...





Sequencing edits may be preventing your SA or FN from accepting.

New Benefit types can not appear for the first time on an SA, they must be sent on a CB (or other applicable MTC) prior to the SA.

Additional errors on an FN Report

In addition to the Top 10 errors for SA's, these additional errors are prevalent on FN's (Finals).

3. JURISDICTION CLAIM NUMBER
MISSING (0005-001)

2. IF DOI \geq 1/1/94, BTC 030 (IB) DAYS
CANT BE > 0 (091-042)

1. NO SROI S1-8, 04, CD, VE, PY OR PD
ON FILE (0002-063)



FN's (Finals) will not accept until ongoing indemnity benefits have been suspended, denied or settled. This is one of the industry's top 5 FN rejections.

Error Message:

No SROI S1-8,04,CD,VE,
PY or PD on file



Monthly Missing SA Report

How to find the
Missing SA Report?



Accessing the Missing SA Reports go to... DWC Claims EDI Warehouse (Production)

DWC Claims EDI Data Warehouse (Production)

Login

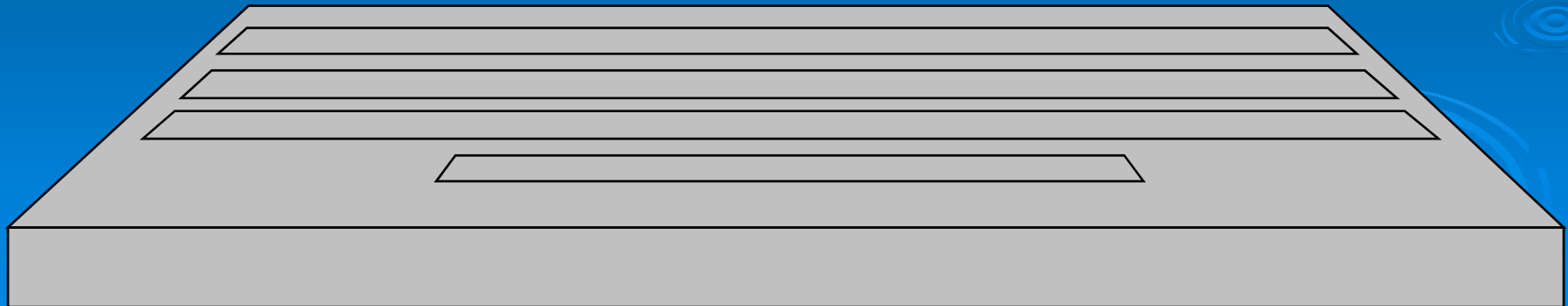
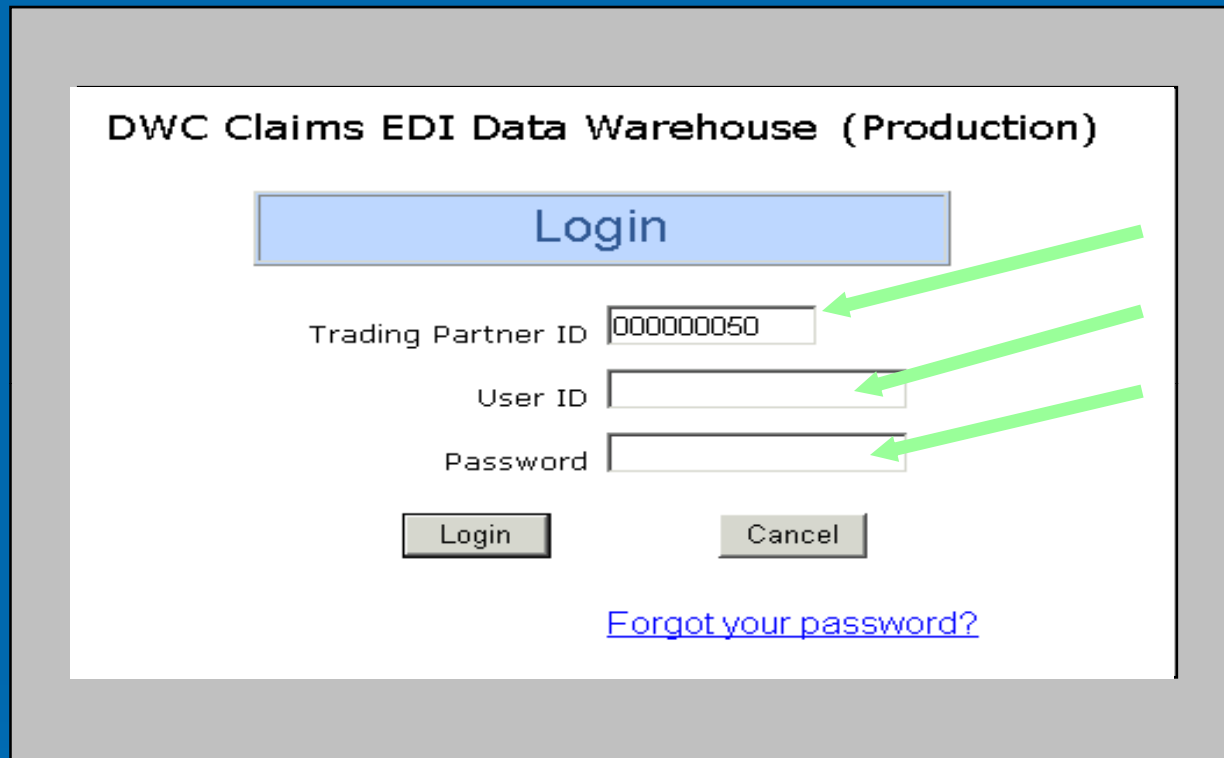
Trading Partner ID

User ID

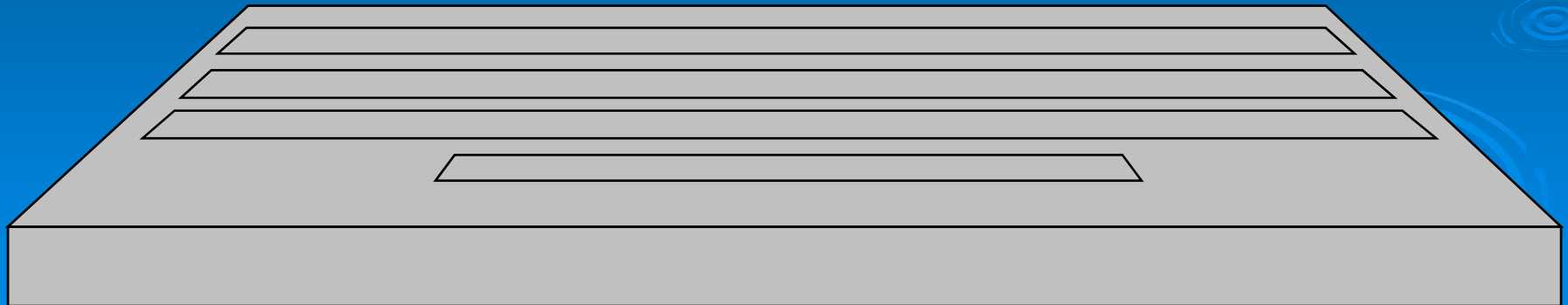
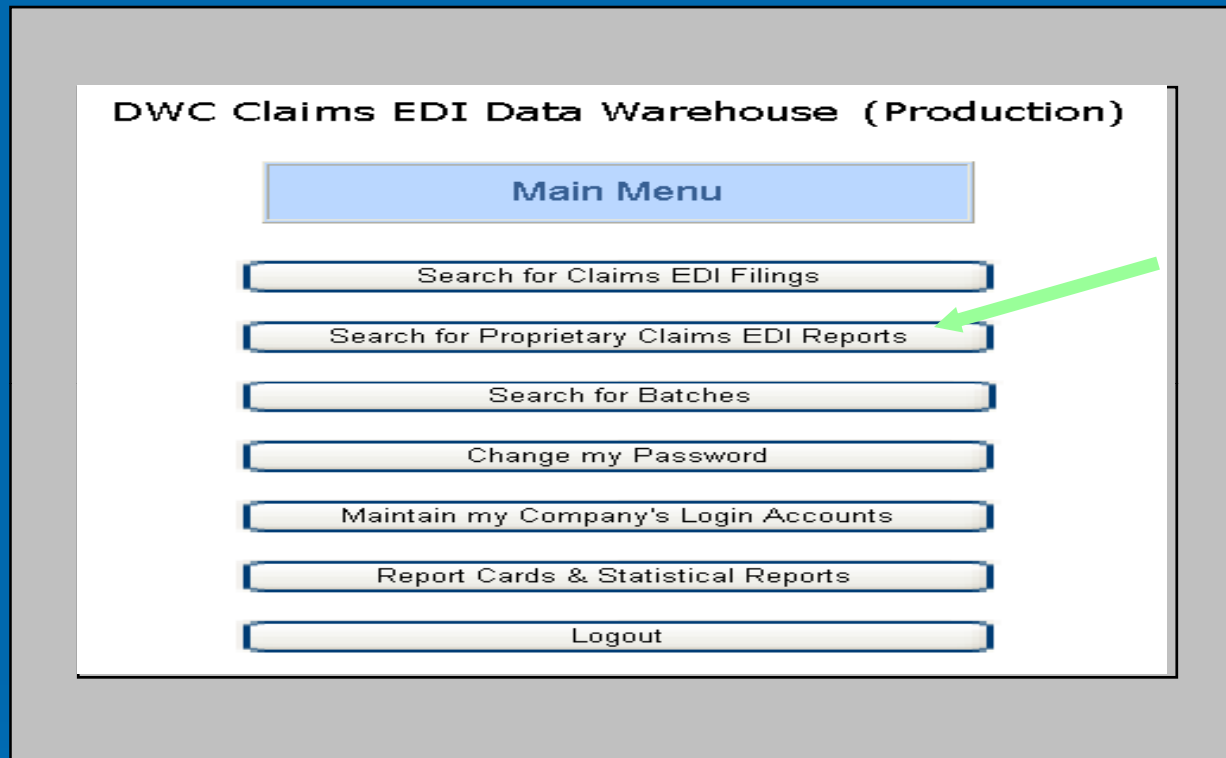
Password

Login Cancel

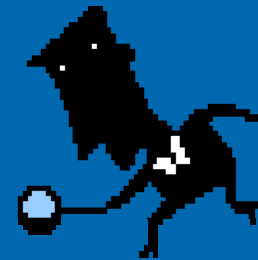
[Forgot your password?](#)



Accessing the Missing SA Reports go to... DWC Claims EDI Warehouse (Production)



...then open the “Report Type” drop box and select “Monthly Missing MTC SA Reports” to search.



DWC Claims EDI Data Warehouse (Production)

[Search Proprietary Claims EDI Reports](#)

Enter Search Criteria:

Trading Partner

Date Report Posted to Web through (Format: MM/DD/YYYY)

Report Type

From this list you may view the information provided in the Missing SA Report.

MISSING MTC SA REPORT

Report Date: 9/1/2010

Trading Partner Name:

Trading Partner ID:

Per Rule 69L-56.3013(4)(a), F.A.C., the claim administrator shall report the Electronic Sub-Annual (SA) Claim Cost Report every 6 months after the date of injury until the claim is closed. The first SA will be considered timely filed with the Division if it is received by the Division and is assigned a TA within 30 days after six months from the date of injury. All subsequent SA's shall be filed every 6 months thereafter. See rule for further details and certain exceptions to this requirement.

Note: This report is cumulative and will contain any outstanding (missing) MTC SA filings from previous months' reports that have not yet been filed.

Disclaimer: If you have recently filed a paper DWC-13, it may not have been entered into the Division's system yet, and the claim will continue to appear on this report until the Claim Cost Report has been recorded.

JCN	Claim Admin Claim Number	First Name	Last Name	DOB	DOI	MTC SA Due Date	Insurer Name	Insurer FEIN	Denial Status	Susp. Status	PT Claim on Ind.	Months Report
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If you have edit errors that are preventing your SA or FN transaction from accepting, and you are unsure how to resolve it, please contact the EDI team at

claims.edi@myfloridacfo.com



Questions?

