MTC Filing Instructions

NOTE: Text shaded vellow indicates revisions since last publication.

I This document summarizes the MTC's required to report a specific claim event on or before the filing due dates expressed in the "FL Claims EDI Event Table" contained in the Florida Claims EDI R3 Implementation Manual. MTC(s) Must Be Rec'd by the Division and Assigned Ack Code "TA" If this occurs: And this specific situation applies: On or Before Below Due Date MTC **Due Date** Initial Payment of Indemnity Benefits will be made by the Claim Admin. FROI 00 21 Davs and after Claim with Electronic First Report of Injury or Illness is due **SROLIP** Administrator's Indemnity Benefits other than TP or IB or settlement will be paid Knowledge of the Injury **NEW CLAIM:** Note: Also provide FORM DFS-F2-DWC-1 or IA-1 to employee and employer. Salary in Lieu of Compensation will be continued by the Employer for 8 FROI 00 21 Davs or more days (where the Claim Administrator has not paid any indemnity benefits with after Claim as of the time of reporting the injury to the Division), **SROI EP** Administrator's **Lost Time Case** and Knowledge of the Electronic First Report of Injury or Illness is due Injury Where Disability is Immediate and Note: Send FORM DFS-F2-DWC-1 or IA-1 to employee and employer. Continuous Compensable Death but there are no known or confirmed dependents to FROI 00 21 Days whom to pay death benefits with after Claim **SROICD** and Administrator's • Electronic First Report of Injury or Illness is due Knowledge of the Injury Note: Send FORM DFS-F2-DWC-1 or IA-1 to employee's estate and employer. Compensable Volunteer where Medical Benefits will be paid FROI 00 21 Days (but not indemnity benefits) with after Claim and **SROIVE** Administrator's Initial reporting of Electronic First Report of Injury or Illness is due Knowledge of the Injury Note: Send FORM DFS-F2-DWC-1 or IA-1 to employee and employer.

MTC Filing Instructions

This document summarizes the MTC's required to report a specific claim event on or before the filing due dates expressed in the "FL Claims EDI Event Table" contained in the Florida Claims EDI R3 Implementation Manual. MTC(s) Must Be Rec'd by the Division and Assigned Ack Code "TA" If this occurs: And this specific situation applies: On or Before Below Due Date MTC **Due Date** Indemnity Benefits will be initiated by the Claim Administrator FROI 00 13 Davs and with after Claim **NEW CLAIM:** Electronic First Report of Injury or Illness is due **SROI IP** Administrator's Indemnity Benefits other than TP, IB, or settlement will be paid Knowledge of the 8th Day of Disability Note: Also provide FORM DFS-F2-DWC-1 or IA-1 to employee and employer. Salary in Lieu of Compensation will be continued by the Employer for FROI 00 13 Days 8 or more days (where the Claim Administrator has not paid any indemnity with **MEDICAL ONLY** after Claim benefits as of the time of reporting the injury to the Division). **SROI EP** Administrator's to LOST TIME and Knowledge of the **CASE** 8th Day of Disability Electronic First Report of Injury or Illness is due **Where Disability** Note: Also provide FORM DFS-F2-DWC-1 or IA-1 to employee and employer. is **NOT** Compensable Death but there are no known or confirmed dependents FROI 00 13 Days Immediate and to whom to pay death benefits with after Claim **SROICD** and **Continuous** Administrator's Electronic First Report of Injury or Illness is due Knowledge of the 8th Day of Disability Note: Also provide FORM DFS-F2-DWC-1 or IA-1 to employee's estate and employer. Compensable Volunteer where Medical Benefits will be paid FROI 00 13 Davs with (but not indemnity benefits) after Claim **SROIVE** and Administrator's Knowledge of the Electronic First Report of Injury or Illness is due 8th Day of Disability Note: Also provide FORM DFS-F2-DWC-1 or IA-1 to employee and employer.

MTC Filing Instructions

	This document summarizes the MTC's required to report a specific claim event on or before the filing due dates expressed in the Florida Claims EDI R3 Implementation Manual.				
If this occurs:	And this specific situation applies:		MTC(s) Must Be Rec'd by the Division and Assigned Ack Code "TA" On or Before Below Due Date		
		MTC	Due Date		
NEW CLAIM:	Initial Payment is for Temporary Partial Benefits and • Electronic First Report of Injury or Illness is due Note: Also provide FORM DFS-F2-DWC-1 or IA-1 to employee and employer.	FROI 00 with SROI IP (w/ BT 070)	14 Days after the Date the Initial Payment was Mailed		
LT Case or MO to LT Case	Initial Payment is for Impairment Income Benefits and • Electronic First Report of Injury or Illness is due Note: Also provide FORM DFS-F2-DWC-1 or IA-1 to employee and employer.	FROI 00 with SROI IP (w/BT 030)	14 Days after the Date the Initial Payment was Mailed		
	Initial Payment is for Lump Sum Payment/Settlement and • Electronic First Report of Injury or Illness is due Note: Also provide FORM DFS-F2-DWC-1 or IA-1 to employee and employer.	FROI 00 with SROI PY (w/BT 5xx)	14 Days after the Date the Initial Payment was Mailed		
NEW CLAIM: Denied Case	Total Denial of Indemnity and Medical benefits and • Electronic First Report of Injury or Illness is due • Electronic Notice of Denial is due Note: Report "Full Denial Reason Code", "Full Denial Effective Date", and "Denial Reason Narrative" on same FROI 04 to report Electronic Notice of Denial. Also provide FORM DFS-F2-DWC-1 or IA-1, and FORM DFS-F2-DWC-12 to employee and employer.	FROI 04 Only	21 Days after Claim Administrator's Knowledge of the Injury		
	Partial (Indemnity Only) Denial and • Electronic First Report of Injury or Illness is due • Electronic Notice of Denial is due Note: Report Partial Denial Code "A", and Denial Reason Narrative on same SROI PD to report the Electronic Notice of Denial. Also provide FORM DFS-F2-DWC-1 or IA-1, and FORM DFS-F2-DWC-12 to employee and employer.	FROI 00 with SROI PD	14 Days after the Date the Claim Administrator Decided to Deny Indemnity Benefits		

MTC Filing Instructions

If this occurs:	And this specific situation applies:	MTC(s) Must Be Rec'd by the Division and Assigned Ack Code "TA" On or Before Below Due Date	
		MTC	Due Date
NEW CLAIM:	Total Denial for case initially established as a compensable Medical Only Case, where Indemnity Benefits are denied subsequent to initial disposition, and • Electronic First Report of Injury or Illness is due, and • Electronic Notice of Denial is due	FROI 04 after the Date Only Claim Admini Decided to	14 Days after the Date the Claim Administrator Decided to Deny Entire Claim
Denied Case	Note: Report Full Denial Reason Code(s), Full Denial Reason Effective Date, Denial Reason Narrative, and Claim Type "M" (Medical Only Case). Also provide FORM DFS-F2-DWC-1 or IA-1, and FORM DFS-F2-DWC-12 to employee and employer.		
Which Began as Medical Only	Partial (Indemnity Only) Denial for case initially established as a compensable Medical Only Case, where Indemnity Benefits are denied subsequent to initial disposition, and • Electronic First Report of Injury or Illness is due, and	FROI 00 with SROI PD	14 Days after the Date the Claim Administrato Decided to Deny Indemnity Benefits
	 Electronic Notice of Denial is due Note: Report Partial Denial Code "A" or "E" and the Denial Reason Narrative. Also provide FORM DFS-F2-DWC-1 or IA-1, and FORM DFS-F2-DWC-12 to employee and employer. 		
	Note: The above due dates for reporting a Full or Partial (Indemnity Only) Denial that Case are applicable even if the employee did not make a claim for indemnity be		mpensable Medical Only

MTC Filing Instructions

This document summarizes the MTC's required to report a specific claim event on or before the filing due dates expressed in the "FL Claims EDI Event Table" contained in the Florida Claims EDI R3 Implementation Manual. MTC(s) Must Be Rec'd by the Division and Assigned Ack Code "TA" If this occurs: And this specific situation applies: On or Before Below Due Date MTC **Due Date EXISTING CLAIM:** Entire Compensability of Claim is Denied following Initial Payment (or SROI 04 14 Days equivalent) after the Date the **Full Denial after** and Claim Administrator **Payment** Electronic Notice of Denial is due **Decided to Deny** Note: Report Full Denial Reason Code, Full Denial Effective Date, and Denial Reason Narrative. Also Provide FORM DFS-F2-DWC-12 to employee and employer. Indemnity Only Benefits are denied (in whole or part) following Initial **SROIPD EXISTING CLAIM:** 14 Days Payment (or equivalent) after the Date the and Claim Administrator Partial/Indemnity **Electronic Notice of Denial** is due **Decided to Deny Only Denial after Payment** Note: Report Partial Denial Code A, B, E, or G, and Denial Reason Narrative. Also Provide FORM DFS-F2-DWC-12 to employee and employer. **EXISTING CLAIM:** Full Denial is rescinded (entire compensability of claim is accepted after claim SROI IP. 14 Days was initially denied in its entirety), where a First Report of Injury or Illness is already AP, PY, after the Date the on file. RB, CD, **Payment After Denial was Rescinded** and VE. or ER **Total Denial** Electronic Notice of Rescinded Denial is due (Rescission of Note: Report the Denial Rescission Date. For MTC AP, IP or PY fillings: Report the Benefit Full Denial) Payment Issue Date. For MTC PY filings: Report the Payment Issue Date. Also, provide FORM DFS-F2-DWC-12 to employee (or estate) and employer. Partial Denial is rescinded (some or all indemnity benefits previously denied by SROI IP. **EXISTING CLAIM:** 14 Days will now be paid), where a First Report of Injury or Illness is already on file, AP, PY, after the Date the and **Payment After** RB. CD. Denial was Rescinded Electronic Notice of Rescinded Denial is due Partial/Indemnity VE, or ER **Only Denial** Note: Report the Denial Rescission Date. For SROI MTC AP, IP or PY filings: Report the Benefit Payment Issue Date. For MTC PY filings: Report the Payment Issue Date. Also, (Rescission of provide FORM DFS-F2-DWC-12 to employee (or estate) and employer. MTC RB is sent to Partial Denial) report resumption of indemnity after SROI 04 or PD with Partial Denial Code A or E.

MTC Filing Instructions

This document summarizes the MTC's required to report a specific claim event on or before the filing due dates expressed in the "FL Claims EDI Event Table" contained in the Florida Claims EDI R3 Implementation Manual. MTC(s) Must Be Rec'd by the Division and Assigned Ack Code "TA" If this occurs: And this specific situation applies: On or Before Below Due Date MTC **Due Date** Claim is Open DOI + 6 Months and (+30 Days) First Electronic SUB-ANNUAL Claim Cost Report is due **EXISTING CLAIM:** Or. Note: The first Electronic Sub-Annual Claim Cost Report must not be sent earlier than 6 First 6 month interval months after the Date of Injury, unless being reported as a Final (SROI MTC FN). **SROISA** after 8th day of disability **Electronic Claim** if LT occurs > 6 Months **Cost Report:** from DOI (+30 Days) **SUB-ANNUAL** Or. First 6 month interval after Payment Issue Date if initial payment is BTC 030 (IB) Only Or. First 6 month interval after Award/Order Date if initial payment is BTC 5xx/settlement Claim is still Open/Re-opened to pay ongoing indemnity or medical benefits or indemnity and medical benefits paid prior to total denial, and At 6 month intervals • Subsequent Electronic SUB-ANNUAL Claim Cost Report is due thereafter See "FL Claims EDI Event Table" for additional detail. (+ 30 Days) Claim is Closed **EXISTING CLAIM: SROIFN** Due Date of Next "SA" and (+ 30 Days) • Electronic FINAL Claim Cost Report is due **Electronic Claim Upon Closure of Claim by** Note: Electronic Final Claim Cost Report may be sent prior to the due date of the next Sub-**Cost Report:** Claim Administrator, or Annual if the case is closed and no further indemnity or medical benefits will be paid. **FINAL** final payment of indemnity and medical benefits) See "FL Claims EDI Event Table" for additional detail.

MTC Filing Instructions

This document summarizes the MTC's required to report a specific claim event on or before the filing due dates expressed in the "FL Claims EDI Event Table" contained in the Florida Claims EDI R3 Implementation Manual. MTC(s) Must Be Rec'd by the Division and Assigned Ack Code "TA" If this occurs: And this specific situation applies: On or Before Below Due Date MTC **Due Date** One or more of the following data elements has changed **EXISTING CLAIM:** and FROI 02 14 Davs Electronic Notice of Action or Change is due after the Claim 1. Insurer FEIN (not due to change in claims administration) (No DWC-4 required) Or Administrator's Claim Admin. FEIN (not due to change in claims administration) (No DWC-4 reg'd) **Knowledge of the New Changes** Claim Admin. Postal Code (not due to change in claims admin.) SROI 02 or Changed Claim Admin. Claim Number Employee SSN or Division-Assigned Number Information Employee Name (First, Middle, Last, Suffix) Date of Injury Employee Date of Death Manual Classification Code (FROI 02 Only) **EXISTING CLAIM:** 10. Industry Code (FROI O2 Only) **Other Changes** Note: Send FORM DFS-F2-DWC-4 to employee and employer except as noted above. One or more of the following data elements has changed** FROI 02 and 14 Days • Electronic Notice of Action or Change is due after the Claim Administrator's ** See FROI 02 and SROI 02 columns in the Element Requirement Table for a Or **Knowledge of the New** complete listing of data elements other than those above, designated with a "Y", or Changed "Y¹", "Y²", "Y³", "Y⁴", or "FY", for which MTC 02 is required to be filed if the data Information element changes. **SROI 02** Note: Form DFS-F2-DWC-4 is not required, as these data elements are not contained on the current DWC-4 form. Claim (any open lost time claim and any closed lost time claim with a date of **FROI AQ** 21 Days **EXISTING CLAIM:** after the Effective Date injury that is within five years prior to the date of acquisition) was acquired from another claim admin. and the First Report of Injury or Illness is already on of the New Claim Administrator's file with the Division. **Change in Claims** Or. **Acquisition of the Claim Administration FROI AU** Claim (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) was acquired from another claim administrator and the new claim administrator is concurrently with reporting its initial payment of indemnity benefits (or equivalent).

MTC Filing Instructions

If this occurs:	And this specific situation applies:	and Assi	ust Be Rec'd by the Division signed Ack Code "TA" Before Below Due Date	
		MTC	Due Date	
NOTE: See Last Page of this document for requirement to file AP after AQ to report the acquiring CA's initial payment of indemnity	Electronic Notice of Change in Claims Administration is due Note: Send FORM DFS-F2-DWC-4 or explanatory letter to employee (or estate) unless claim has been closed more than 2 years, and employer (not required for self insured employer).	SROI AP, EP, CD, VE, PY, PD, or 04		
Change in Claims	Claim (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) was acquired from another claim administrator and the First Report of Injury or Illness is NOT on file with the Division (because MTC AQ filed by new claim administrator to report change in claims administration rejected), and • Electronic Notice of Change in Claims Administration is due	FROI 04 or FROI AU w/SROI AP, PY, EP, CD, VE, PD, or 04	14 Days after MTC AQ was Assigned "TR" (Rejected)	
Administration (Cont'd)	Note: Send FORM DFS-F2-DWC-4 to employee (or estate) unless claim has been closed more than 2 years, and employer (not self-insurer).			
	Claim (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) was acquired from another claim administrator, and 1. MTC AQ filed by the new claim administrator to report a change in claims administration rejected because a First Report of Injury was not on file w/ Division, and 2. New claim administrator is denying entire compensability of the claim, and • Electronic Change in Claims Administration is due, along with Electronic First Report of Injury or Illness reflecting Full Denial Note: Send FORM DFS-F2-DWC-12 to employee and employer.	FROI 04	14 Days after MTC AQ was Assigned "TR" (Rejected)	

MTC Filing Instructions

This document summarizes the MTC's required to report a specific claim event on or before the filing due dates expressed in the "FL Claims EDI Event Table" contained in the Florida Claims EDI R3 Implementation Manual. MTC(s) Must Be Rec'd by the Division and Assigned Ack Code "TA" If this occurs: And this specific situation applies: On or Before Below Due Date MTC **Due Date EXISTING CLAIM:** Initial Payment of Indemnity Benefits is being made following prior salary in lieu SROI IP 14 Davs of compensation by the employer, or Compensable Death with No Dependents, or Only after the Date **Payment after** Compensable Volunteer where no indemnity benefits were initiated by the claim **Payment was Mailed Employer Paid** administrator. by the Salary, or and Claim Administrator **Compensable Death** • Electronic Notice of Action or Change is due with no Dependents, or Comp. Volunteer Note: Send FORM DFS-F2-DWC-4 or explanatory letter to employee and employer. See Last Page of this document for requirement to file IP after PY if indemnity benefits are ongoing after a lump sum payment/settlement (non-final). An award/order is signed (by JCC or mediated by parties) for a lump **EXISTING CLAIM:** sum payment/settlement of indemnity benefits (i.e., award, advance > SROI PY Reporting of 14 Days \$2000, stipulated agreement, or final settlement). Only **Lump Sum** after the Date the Award/Order was Payment/Settlement and **Signed Not the Initial Payment Electronic Notice of Action or Change is due** (except after full denial) **Note:** Send FORM DFS-F2-DWC-4 or explanatory letter to employee and employer. A lump sum payment is made for Impairment Income Benefits or an **EXISTING CLAIM:** 14 Days Advance of indemnity benefits < \$2000, and SROI PY after the Date Reporting Lump Only **Payment was Mailed Sum Payment of IB's Electronic Notice of Action or Change is due** by the or Advance < \$2000 Claim Administrator Note: Send FORM DFS-F2-DWC-4 or explanatory letter to employee and employer. Lump Sum Payment/ Settlement Code "AD" is not required when reporting advance of IB's. **Employer** The employer is paying indemnity benefits for the first time after prior **SROIEP Payment After** 14 Days payment of indemnity benefits by the claim administrator (either same or Only after the Claim **Payment by Claim** different indemnity benefit(s), e.g., when the employer elects to pay IB's) Administrator's **Administrator** and Knowledge of Electronic Notice of Action or Change is due **Employer Payment**

MTC Filing Instructions

This document summarizes the MTC's required to report a specific claim event on or before the filing due dates expressed in the "FL Claims EDI Event Table" contained in the Florida Claims EDI R3 Implementation Manual. MTC(s) Must Be Rec'd by the Division and Assigned Ack Code "TA" If this occurs: And this specific situation applies: On or Before Below Due Date MTC **Due Date** One of more of the following data elements has changed and **SROI 02 EXISTING CLAIM:** 14 Davs • Electronic Notice of Action or Change is due after the Claim 1. MMI Administrator's **More Changes** 2. ы Knowledge of the New Initial RTW (and RTW Type Code, Physical Restrictions Indicator) Current RTW (and RTW Type Code, Physical Restrictions Indicator) or Changed PI Minimum Payment Indicator (no DWC-4) Information RTW with Same Employer Indicator (no DWC-4) Suspension Effective Date Suspension Narrative (no DWC-4) Note: Send FORM DFS-F2-DWC-4 to employee and employer. One or more of the following data element has changed, but there is no change to the Net Weekly Rate (i.e., the weekly amount paid for a specific **EXISTING CLAIM:** SROI 02 14 Days indemnity benefit) because the indemnity benefit being paid will continue to be paid after the Claim at the same statutory maximum weekly rate, or a code, date, or amount previously Administrator's **Changes** reported is being corrected and the Net Weekly Amount is unchanged **Knowledge of the New** and or Changed That do not affect Electronic Notice of Action or Change is due Information 1. Average Wage the Net Weekly Rate 2. Wage Effective Date 3. Calculated Weekly Compensation Amount 4. Gross Weekly Amount (no DWC-4) 5. Gross Weekly Amount Effective Date (no DWC-4) 6. Net Weekly Amount Effective Date (no DWC-4) 7. Benefit Adjustment Code 8. Benefit Adjustment Start Date 9. Benefit Adjustment End Date 10. Benefit Credit Code 11. Benefit Credit Start Date (see prior (see prior page) 12. Benefit Credit End Date page) 13. Benefit Redistribution Code 14. Benefit Redistribution Amount 15. Benefit Redistribution Start Date 16. Benefit Redistribution End Date

<u>Note:</u> SROI MTC CA is not applicable unless the weekly rate at which Indemnity Benefits are being paid is changed. Send FORM DFS-F2-DWC-4 to the employee and employer.

MTC Filing Instructions

If this occurs:	And this specific situation applies:	and Assi	t Be Rec'd by the Division gned Ack Code "TA" efore Below Due Date	
		MTC	Due Date	
Reporting Benefit Redistribution for Child Support	A portion of the Net Weekly Amount is being directed to another party due to a court ordered lien for child support and • Electronic Notice of Action or Change is due Note: MTC CA does not apply as Net is unchanged. Send DWC-4 to employee, employer.	SROI 02 14 Days after Claim Administrator Received Notification of Court Ordered Lien		
Reporting the Commencement of PT Supp	PT Supplemental Benefits (BT 021) are commenced/reinstated after prior payment of ongoing Permanent Total Benefits (BT 020), and • Electronic Notice of Action or Change is due Note: Send FORM DFS-F2-DWC-4 to employee and employer.	SROI AB	14 Days after the Claim Administrator Had Knowledge of Entitlement to PT Supp	
Reporting the addition of Indemnity benefits payable in conjunction with Full Salary, due to Concurrent Employment	The claim administrator commences payment of indemnity benefits for an amount that is the difference between the combined Net Weekly Amount based on wages from concurrent employment and the amount received in salary in lieu of comp (subject to max CR for combined wages from all covered employments), and • Electronic Notice of Action or Change is due Note: Send FORM DFS-F2-DWC-4 to employee and employer. Eff. 2/1/2011.	SROI AB	14 Days after the Claim Administrator Had Knowledge of Concurrent Wages (receipt of Wage Statement)	
Change in Weekly Rate of Indemnity Benefits Being Paid	The Net Weekly Amount paid increased or decreased due to the recalculation of the Gross Weekly Amount, or due to the application of adjustments, or credits, and • Electronic Notice of Action or Change is due Note: Send FORM DFS-F2-DWC-4 to employee and employer.	SROI CA	14 Days after the Claim Administrator Had Knowledge of the Change in Net Weekly Amount	
Change in Indemnity Benefit Type	If Indemnity Benefits are continuing without interruption, but the Benefit Type being paid changes to a different Benefit Type, and • Electronic Notice of Action or Change is due Note: Form DFS-F2-DWC-4 is not required.	SROI CB	14 Days after the Date Payment was Mailed by the Claim Administrator	

MTC Filing Instructions

This document summarizes the MTC's required to report a specific claim event on or before the filing due dates expressed in the

"F	"FL Claims EDI Event Table" contained in the Florida Claims EDI R3 Implementation Manual.				
If this occurs:	And this specific situation applies:	MTC(s) Must Be Rec'd by the Division and Assigned Ack Code "TA" On or Before Below Due Date			
		MTC	Due Date		
Change in Indemnity Benefit Type	If a different type of indemnity benefits are paid for the waiting week than already reported, and	SROI CB	14 Days after the Date		
	 Electronic Notice of Action or Change is due 		Payment was Mailed by the		
	<u>Note:</u> This CB is not required if the benefit being reported for the waiting week is Employer Paid (2xx). Form DFS-F2-DWC-4 is not required. Eff. 2/1/2011.		Claim Administrator		
EXISTING CLAIM:	If all Indemnity Benefits are suspended due to one of the following reasons and	SROI	14 Days after the Date the		
Suspending All	Electronic Notice of Action or Change is due		Claim Administrator Decided to Suspend		
Indemnity Benefit(s)	Note: Send FORM DFS-F2-DWC-4 to employee and employer. (cont'd next page)		All Indemnity Benefits		
(Full Suspension)	Employee returns or medically determined/qualified to return to work	S1			
	Employee fails to comply with medical requirements	S2			
	Employee fails to comply with administrative requirements	S 3			
	Employee has died	S 4			
	Employee is incarcerated	S 5			
	Employee's whereabouts are unknown	S6			
	Employee's benefits have been exhausted	S 7			
	Claim with payments has transferred to another jurisdiction	S8			

MTC Filing Instructions

If this occurs:	And this specific situation applies:	MTC(s) Must Be Rec'd by the Division and Assigned Ack Code "TA" On or Before Below Due Date	
		MTC	Due Date
EXISTING CLAIM: Suspension of PT Supp Benefits Only	If PT Supplemental Benefits (BT 021) are being suspended, but PT Benefits (BT 020) are continuing to be paid, and • Electronic Notice of Action or Change is due	SROI P7	14 days after the Date the Claim Administrator Suspended PT Supp
(Partial Suspension)	Note: Send FORM DFS-F2-DWC-4 using Remarks, or explanatory letter to the employee and employer.		
	The claim administrator is reinstating Indemnity Benefits following a prior suspension	SROI RB	14 days after the Claim Administrator Had
EXISTING CLAIM: Reinstatement of Indemnity Benefits	Electronic Notice of Action or Change is due Note: Send FORM DFS-F2-DWC-4 to employee and employer.		Knowledge of the Need to Reinstate Indemnity Benefits
machinity benefits	Employer resumed payment of salary in lieu of compensation following the suspension of all prior employer paid indemnity.	SROI ER	14 days after the Claim Administrator was Notified of the Reinstatement of
	Note: FORM DFS-F2-DWC-4 is not required to be sent to the employee or employer.		Indemnity Benefits by the Employer

MTC Filing Instructions

This document summarizes the MTC's required to report a specific claim event on or before the filing due dates expressed in the

If this occurs:	And this specific situation applies:	and Assigned Ack	Be Rec'd by the Divisior gned Ack Code "TA" ofore Below Due Date
		MTC	Due Date
EXISTING CLAIM: Cancellation of Claim	 A First Report of Injury or Illness was filed with the Division, but the claim was subsequently determined to be "non-reportable" because: 1. Claim was actually a Medical Only Claim (no lost time > 7 days; indemnity not actually payable and check may or may not be returned/voided/cancelled, Or, 2. Claim was reported multiple times under different SSN's/DOI's, and one of the duplicate submissions needs to be cancelled with the DWC (Note: DWC recommends maintaining the earliest Div Recvd Date; therefore, the original filing should be kept and changed via MTC 02, and the subsequent filing should be cancelled), Or, 3. Claim was transferred to another jurisdiction's workers' comp act and no indemnity payments have been paid/reported, and Electronic Notice of Cancellation is due Note: There is no DWC Form equivalent required by Rule Chapter 69L-3. 	FROI 01	Immediately Upon Claim Administrator's Knowledge of the Need to Cancel

MTC Filing Instructions

If this occurs:	And this specific situation applies:	and Assi	TC(s) Must Be Rec'd by the Division and Assigned Ack Code "TA" On or Before Below Due Date	
		MTC	Due Date	
TO RE-ESTABLISH CLAIM: Payment after Cancellation	Payment of Indemnity Benefits by claim administrator following prior cancellation (via MTC 01) of the entire claim (i.e., claim is being re-opened and re-reported to the Division) and • Electronic First Report of Injury or Illness is due	FROI 00 with SROI IP, PY, CD, VE, or EP		
	Note: No DWC Form required to be sent to employee and employer per Rule 69L-3. Denial of Indemnity Benefits by claim administrator following prior cancellation (via MTC 01) of the entire claim, and Electronic Notice of Denial is due	FROI MTC	Same Due Dates Apply as for filing the applicable Electronic First Report of Injury	
Denial after Cancellation	Note: Send FORM DFS-F2-DWC-12 to employee and employer.			
	Partial/Indemnity Only Denial by claim administrator following prior cancellation (via MTC 01) of the entire claim, and • Electronic Notice of Denial is due	FROI 00 with SROI PD		
	Note: Send FORM DFS-F2-DWC-12 to employee and employer.			

MTC Filing Instructions

If this occurs:	And this specific situation applies:	MTC(s) Must Be Rec'd by the Division and Assigned Ack Code "TA" On or Before Below Due Date	
		MTC	Due Date
EXISTING CLAIM: Payment after Lump Sum Payment/Settlement	Initial Payment of Indemnity Benefits is being made following prior lump sum payment/non-final settlement (via MTC PY) where indemnity benefits are on-going, and • Electronic Notice of Action or Change is due	SROI IP Only	14 Days after the Date Payment was Mailed by the Claim Administrator
	Note: No DWC Form required to be sent to employee and employer per Rule 69L-3.		
EXISTING CLAIM: Initial Payment by Acquiring Claim Administrator	Initial Payment of Indemnity Benefits is being made by the acquiring claim administrator following the reporting of a change in claims administration (via MTC AQ), where indemnity benefits are on-going, and • Electronic Notice of Action or Change is due	SROI AP	14 Days after the Date Payment was Mailed by the Claim Administrator
	Note: No DWC Form required to be sent to employee and employer per Rule 69L-3.		

MTC Filing Instructions

This document summarizes the MTC's required to report a specific claim event on or before the filing due dates expressed in the "FL Claims EDI Event Table" contained in the Florida Claims EDI R3 Implementation Manual. MTC(s) Must Be Rec'd by the Division and Assigned Ack Code "TA" If this occurs: And this specific situation applies: On or Before Below Due Date MTC **Due Date EXISTING CLAIM:** The claim administrator is rescinding a Total denial (FROI 04, SROI 04) or SROI 02 14 Davs Indemnity Only Denial (00/PD), but no indemnity benefits are due and owing at after the Date the **Rescission of Denial** the time of the rescission. where no indemnity Denial was Rescinded benefits are payable at time of denial and rescission **Electronic Notice of Rescinded Denial** is due NOTE: Report Denial Rescission Date. First Report of Injury or Illness is already on file with the Division. Send FORM DFS-F2-DWC-12 to employee and employer. **EXISTING CLAIM:** Indemnity benefits are being paid by the Employer as Salary in lieu of **SROIEP** 14 Days compensation (BTC 2xx) after the claim administrator had previously filed a Total only after the Date the **Employer Payment** Denial (FROI 04, SROI 04) or Indemnity Only Denial (00/PD), **Denial was Rescinded** of Indemnity and **Benefits following** Electronic Notice of Rescinded Denial is due Denial (Denial Rescission) NOTE: First Report of Injury or Illness is already on file with the Division. Send FORM DFS-F2-DWC-12 to employee and employer. **EXISTING CLAIM:** Indemnity benefits are being paid by the Employer after the claim administrator SROI EP 14 days had previously filed a SROI 02 to report the rescission of a Total Denial (FROI 04) only **Employer Payment of** or indemnity Only Denial (00/PD), where no indemnity benefits were initially after the Claim **Indemnity Benefits** payable at the time of rescission. Administrator was following Denial Notified of the and **Rescission (SROI 02)** Payment of Indemnity **Electronic Notice of Action or Change is due** Benefits by the **Employer**

NOTE: First Report of Injury or Illness is already on file with the Division. Send

DWC-4 or Letter from Claim Admin. advising that payments are being initiated.

MTC Filing Instructions

If this occurs:	And this specific situation applies:	MTC(s) Must Be Rec'd by the Division and Assigned Ack Code "TA" On or Before Below Due Date	
		MTC	Due Date
EXISTING CLAIM: Initial Payment of Indemnity Benefits by Claim Admin. following Denial Rescission (SROI 02)	Initial payment of indemnity benefits is being made by the Claim Administrator after the claim administrator had previously filed a SROI 02 filed to report the rescission of a Total Denial (FROI 04) or indemnity Only Denial (00/PD), where no indemnity benefits were initially payable at the time of rescission, and • Electronic Notice of Action or Change is due NOTE: First Report of Injury or Illness is already on file with the Division. Send	SROI IP only	14 Days after the Date Payment was Mailed by the Claim Administrator
EXISTING CLAIM: Initial Payment of Indemnity Benefits via Lump Sum Payment or Settlement by Claim Admin. following Denial Rescission (SROI 02)	Initial Lump Sum Payment or Settlement of indemnity benefits is being made by the Claim Administrator after the claim administrator had previously filed a SROI 02 filed to report the rescission of a Total Denial (FROI 04) or indemnity Only Denial (00/PD), where no indemnity benefits were initially payable at the time of rescission, and • Electronic Notice of Action or Change is due NOTE: First Report of Injury or Illness is already on file with the Division. Send DWC-4 or Letter from Claim Admin. advising that payments are being initiated.	SROI PY only	14 Days after the Date Payment was Mailed by the Claim Administrator

MTC Filing Instructions

This document summarizes the MTC's required to report a specific claim event on or before the filing due dates expressed in the "FL Claims EDI Event Table" contained in the Florida Claims EDI R3 Implementation Manual.

If this occurs:	And this specific situation applies:	MTC(s) Must Be Rec'd by the Division and Assigned Ack Code "TA" On or Before Below Due Date	
		MTC	Due Date
Reporting Indemnity Settlement for DOI where Settlement	When the Claim Administrator is reporting a settlement of indemnity benefits that covers multiple dates of injury, including this DOI, and the settlement amount was reported on a different DOI,	FROI 00 with SROI PY	14 Days after the Date Payment was Mailed by the Claim Administrator
Amount is	Electronic First Report of Injury or Illness is due	FI	Claim Administrator
reported on another DOI	OR	OR	
	Electronic Notice of Action or Change is due	PY Only	
	NOTE: Send with FROI MTC 00 for any DOI not previously reported.		
	For those very old DOI's where the statute of limitations has expired but still referenced in the settlement order, a PY (with FROI 00 to file the claim with the DWC) will not be required for any DOI's more than 5 years prior to the Award/Order Date.		

Disclaimer: This MTC Filing Instructions document is not intended to replace the Florida Division of Workers' Compensation Requirements for Claims EDI filings referenced in Rule Chapter 69L-56 of the Florida Administrative Code.