Alabama Workers Compensation Division
Release 3 FROI Event Table

11/30/2011

Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
	Code	Description	Criteria	From	Thru	Criteria	Value	Value	Due Type	From		
FROI	**00**	**Original**	**3 =** AWCD			**C** = Lost Time **Q** = Emp Death	3 or more days for same injury.	**15 Days**	**C**	**C =** Employer Notification	**N/A**	**N/A**
FROI	01	Cancel N/A										
FROI	**02**	Change **TO BE ADDED**	**3 =** AWCD			**M** = MTC Defined	Claims Administrator changes using MTC 02 col of Element Requirement Tbl.	**15 Days**	**C**	**D =** CA Notification	**N/A**	**N/A**
FROI	04	Denial N/A										
FROI	AQ	Acquired Claim N/A										
FROI	AU	Acquired Unallocated N/A										
FROI	**CO**	Correction **TO BE ADDED**	**3 =** AWCD			**M** = MTC Defined	Error correction in response to FROI TE acknowledgement	**7 Days**	**C**	**D =** AWCD Notification	**N/A**	**N/A**
FROI	**UR**	Upon Request **TO BE ADDED**	**3 =** AWCD			**J** = AWCD rule 25-5-4	SROI rec'd (Petition, Notice of Controversy, and/or Payment form) but no FROI has been file.	**7 Days**	**C**	**D =** AWCD Notification	**N/A**	**N/A**

Event Rule Criteria

1 = Date of Injury
2 = EDI Mandate Date
3 = Jurisdiction (AWCD) defined

(All FROIs except medical, including those with old dates of injuries, must be sent by EDI after Trading Partner agrees to start EDI submission.)

Report Trigger Criteria and Value

A = New Claim
B = Cumulative Medical $
C = Lost Time
D = Cumulative Wage Replacement
E = Days Open
F = Formula
J = Jurisdiction (AWCD) Defined
L = Determination of Compensable Death
M = MTC Defined
N = Cumulative Indemnity $
Q = Employee Death

Report Due Value and Type

Maximum number of days to submit FROI to Alabama Workers Compensation Division for action.

B = Business Days
C = Calendar Days

Report Due From Codes

A = From Date of Accident/Injury
B = From Date of Disability
C = From Employer Notification
D = From Claim Administrator Notification
E = From Jurisdiction (AWCD) Notification
F = From Carrier Notification
G = From Initial Payment (IP)
H = Immediate
I = From Date of Death
J = From Report Trigger Value
K = Prior to Final Report (FN)

Paper Form(s)

WC-2
WC-3
WC-4

Others as defined by jurisdiction (AWCD)

Receiver

EE = Employee
ER = Employer
PR = Provider