

**Alabama Workers Compensation Division
Release 1 FROI Event Table**

11/30/2011

Trans Set ID	Maintenance Type		Report Trigger		Report Requirement			Report Due		Follow-Up Form	Receiver
	Code	Description	Criteria	Value	Criteria	Effective Date From	Effective Date Thru	Criteria	Value		
FROI	00	Original	Lost Time Claim for same injury. Employee death	3 or more days of lost time	A = Date of Injury G = Date of Death			C = After Employer Notification	15 Days	N/A	N/A
FROI	01	Cancel N/A									
FROI	02	Change TO BE ADDED	Claims Administrator changes using MTC 02 column of Element Reqmt Table	O = Maint Type Event	D = Date Administrator Notified			D = After Claims Admin Notification	15 Days	N/A	N/A
FROI	04	Denial N/A									
FROI	AU	Acquired Unallocated N/A									
FROI	CO	Correction TO BE ADDED	Error correction in response to FROI TE acknowledgement	O = Maint Type Event	H = Date TE ACK RCD sent			E = After AWCD Notification	7 Days	N/A	N/A

Report Trigger Criteria

A = New Claim
 B = Cumulative Medical \$
C = Lost Time
 D = Cumulative Wage Replacement
 E = Days Open
 F = Formula
 L = Detrm of Comp Death
 N = Cumulative Indemnity \$
Q = Employee Death
 O = Maintenance Type Event

Rpt Trigger Value

N/A
 > \$\$\$
 > # days
 > \$\$\$
 # days
 Fn #
 > \$\$\$
 > \$\$\$

Report Reqmt Criteria

A = Date of Injury
 B = Date Disability Began
C = Date Employer Notified
D = Date Admin Notified
 E = Date Juris Notified
 F = Date of Initial Payment
G = Date of Death
 H = Date Report Trigger

Report Due Criteria

A = Days From Date of Accident/Injury
 B = Days From Date of Disability
C = Days From Employer Notification
D = Days From Claim Admin Notification
E = Days From Juris (AWCD) Notification
 G = Days From Initial Payment (IP)
 H = Immediate
 I = Days From Date of Death
 G = Days From Carrier Notification
 J = Days From Report Trigger

Follow Form(s)

WC-2
 WC-3
 WC-4

Receiver

EE = Employee
 ER = Employer
 PR = Provider