

State of New Hampshire
Department of Labor
Division of Workers' Compensation
Release 3-FROI Event Table

The **First Report of Injury (FROI)** Event Table is designed to provide information integral for a sender to understand New Hampshire's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. While this document currently addresses only FROI information. The Event Table is used to convey the level of EDI reporting currently accepted.

Interpreting New Hampshire's requirements: For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From) through (Event Rule Date-Thru). If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Follow-up Form is indicated, this implies that in addition to the EDI transaction, the form must be sent to the Receiver indicated.

<u>Report Type</u>	<u>Maintenance Type</u>		<u>Event Rule Date</u>			<u>Report Trigger</u>		<u>When is the Report Due?</u>		
	<u>Code</u>	<u>Description</u>	<u>Criteria</u>	<u>From</u>	<u>Thru</u>	<u>Criteria</u>	<u>Trigger Value</u>	<u>Value</u>	<u>Due Type</u>	<u>From</u>
FROI	00	Original	2	7/1/06		A	Any injury sustained by an employee in the course of employment, no later than 5 days after the employer learns of the occurrence.	5 days	C	C
FROI	01	Cancel	2	7/1/06		M	Cancellation of a previously submitted FROI to the NHDOL	n/a	n/a	H
FROI	02	Change	2	7/1/06		M	Any change initiated by the administrator of FROI data elements that are indicated with a FY, Y or YC on the FROI Element Requirement Table	n/a	n/a	H
FROI	CO	Correction	2	7/1/06		M	Correction of errors in response to FROI TE acknowledgment	n/a	n/a	H

LEGEND

Event Rule Criteria

1=Date of Injury
2=EDI Mandate Date
3=Jurisdiction defined

Report Due Type

B = Business Days
C = Calendar Days

Report Trigger Criteria Codes

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

Report Due From Codes

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