

**KEY DATA ELEMENTS**  
**AND THEIR BUSINESS USE**

### CARRIER CODES

For most DCOs, a carrier code is a 5-digit code that identifies the insurer. For example: Code 99999 identifies the XYZ Insurance Company. (California, Delaware, New York and Pennsylvania assign a 3-digit carrier code for use in their respective jurisdiction only.)

The carrier code is also known as:

- Data Provider Code
- Carrier Number
- Company Code

With few exceptions, carrier codes are assigned by the National Council on Compensation Insurance, Inc. (NCCI). NCCI publishes a listing of the carrier codes in numeric sequence and alphabetical sequence. The title of the listing is:

National Council on Compensation Insurance Carrier Number Control Listing  
(Numeric or Alphabetical) Sequence

The NCCI Carrier Number Control Listing contains:

- Carrier Groups
- Insurance Companies – both mutual and stock
- State Insurance Funds
- Self-insured Groups
- Reinsurance Companies
- Lloyds
- General Agencies
- Third Party Administrators (TPAs)
- Life Insurance Companies
- Insurance Management Companies
- Rating Bureaus

One of the exceptions for the assignment of Carrier Code, is that the NAIC also assigns a 5-digit carrier code which is different than the 5-digit carrier code assigned by NCCI.

**NOTE: “CARRIER CODE” IS ONE OF THE FIELDS USED TO LINK VARIOUS DATA TYPES. (SEE SECTION TITLED “LINKING”)**

**EXPOSURE STATE/ACCIDENT STATE/JURISDICTION STATE CODES**

A 2-digit state code is used in workers' compensation data reporting. For premiums and losses, an exposure state is to be reported. An exposure state identifies the state of coverage.

On loss transactions, an accident state identifies the state in which the accident or injury occurred.

A jurisdiction state is used to determine under which state's laws benefits will be paid. For Example: A Salesperson who operates in one state and has an accident in another may elect to file his or her Workers' Compensation Claim in the state with the highest benefits.

**NOTE: "STATE CODE" IS ONE OF THE FIELDS USED TO LINK VARIOUS DATA TYPES. (SEE SECTION TITLED "LINKING")**

**Exposure State/Accident State/Jurisdiction State Codes**

Although not used in data reporting, but captured in many companies systems and on the actual paper document, included in this section is the two position postal abbreviation.

State	US Postal Abbreviation	Code
Alabama	(AL)	01
Alaska	(AK)	54
Arizona	(AZ)	02
Arkansas	(AR)	03
California	(CA)	04
Colorado	(CO)	05
Connecticut	(CT)	06
Delaware	(DE)	07
District of Columbia	(DC)	08
Florida	(FL)	09
Georgia	(GA)	10
Hawaii	(HI)	52
Idaho	(ID)	11
Illinois	(IL)	12
Indiana	(IN)	13
Iowa	(IA)	14
Kansas	(KS)	15
Kentucky	(KY)	16

State	US Postal Abbreviation	Code
Louisiana	(LA)	17
Maine	(ME)	18
Maryland	(MD)	19
Massachusetts	(MA)	20
Michigan	(MI)	21
Minnesota	(MN)	22
Mississippi	(MS)	23
Missouri	(MO)	24
Montana	(MT)	25
Nebraska	(NE)	26
Nevada	(NV)	27
New Hampshire	(NH)	28
New Jersey	(NJ)	29
New Mexico	(NM)	30
New York	(NY)	31
North Carolina	(NC)	32
North Dakota	(ND)	33
Ohio	(OH)	34

State	US Postal Abbreviation	Code
Oklahoma	(OK)	35
Oregon	(OR)	36
Pennsylvania	(PA)	37
Puerto Rico	(PR)	58
Rhode Island	(RI)	38
South Carolina	(SC)	39
South Dakota	(SD)	40
Tennessee	(TN)	41
Texas	(TX)	42
Utah	(UT)	43
Vermont	(VT)	44
Virginia	(VA)	45
Washington	(WA)	46
West Virginia	(WV)	47
Wisconsin	(WI)	48
Wyoming	(WY)	49

**POLICY NUMBER**

The policy number is the insurer’s identification of the account. Insurer’s policy numbers may include the identification of profit centers, branch or regional offices, type of policy or type of risk, e.g., voluntary, etc.

The WCIO record layouts allow for an 18-digit alphanumeric configuration. There are many rules to be followed for reporting the policy number, such as:

- Policy number as shown and/or reported on the policy information page or insuring document must be reported identically on endorsements, cancellations, unit stat reports, correction reports, error listings, individual case/claim reports, detailed claim data or other reports of data.
- Policy number with leading zeroes must be reported with leading zeroes.
- For data reported electronically, non-alphanumeric characters such as slashes (/), dashes (-), punctuation marks (.) or imbedded blanks should not be reported.

The following are examples of policy number reporting:

**EXAMPLE 1 – The policy was reported on hard copy and the unit report was reported electronically.**

SHOWN AND REPORTED ON POLICY <hr/> WC – 00045698retro 678	KEYED BY DCO AS <hr/> WC00045698retro678
REPORTED TO DCO ON UNIT REPORT <hr/> WC00045698RETRO 678	

As the policy number was keyed correctly by the DCO, and was reported correctly on the unit report data by the Insurer, a matched transaction resulted.

**EXAMPLE 2 – The policy was reported electronically and the unit report was reported on hard copy.**

SHOWN ON POLICY <hr/> WC-0042A-43	REPORTED TO DCO ON POLICY <hr/> WC0042A43
REPORTED TO DCO ON UNIT REPORT <hr/> WC-0042A-43 OR WC 0042A43	KEYED BY DCO <hr/> WC0042A43  WC0042A43

For unit reports that are reported on hard copy and keyed by the DCO, the use of dashes is acceptable. However, the preferred method is to report, if reporting on hard copy, the policy number without marks of punctuation, dashes, etc.

**EXAMPLE 3 – Both the policy and the unit report were reported on hard copy. In addition, the company showed a 20-digit policy number on the policy.**

<u>          SHOWN ON POLICY          </u> WC-RETRO-000-1234567891	<u>          REPORTED ON POLICY          </u> WC-RETRO-000-1234567891	<u>          KEYED BY DCO          </u> WCRETRO00012345678
<u>          REPORTED ON UNIT REPORT          </u> WCRETRO0001234567891	<u>          KEYED BY DCO          </u> RETRO0001234567891	<u>          KEYED BY DCO          </u> WCRETRO00012345678

As the policy number is an 18-digit field, the DCO keyed 18-digits of the 20-digits reported. From this example, you can see that the DCO may not truncate a 20-digit policy number in the same manner. This will result in an unmatched transaction. DCOs may truncate the prefix WC, the leading zeros, the last two digits, etc.

Although not shown in this example, if the insurer reported the policy number on the unit report exactly as it was shown on the policy, there is a strong possibility that it would be keyed differently from what was keyed for the policy.

If this was a multistate policy, and reported to several DCOs, the problem can be compounded as each DCO would key it according to their rules.

**Helpful Hints:**

- DCOs provide unit expected reports (Predelinquent, Prenotification, etc.) that show exactly how the policy number was entered on their database. This is the policy number that the DCO is expecting on the associated unit report.
- As the policy number is critical to the linking process, it is important that it is consistently reported according to the rules.
- Some DCOs may not accept or will reject data that contains a policy number greater than 18 characters.

**CLAIM NUMBER**

The claim number is the insurer's identification of a loss (claim) against the policy. An insurer's claim numbers may identify adjusting office, type of claim or profit center.

The WCIO record layout allows for 12-digit alphanumeric for unit stat reports and individual case/claim reports. For detailed claim reporting, the WCIO record layout allows 18-digit alphanumeric.

(However, California has historically allowed for only the storage of up to 11-digit alphanumeric, and truncates the leading, left most, character if the claim number is 12-digit alphanumeric.)

There are many rules to be followed for reporting the claim number, such as:

- The claim number as shown and/or reported on the claim document should be consistently reported on unit reports, correction reports, error listings, or other reports of data.
- Non-alphanumeric characters such as slashes, dashes, imbedded blanks, or punctuation marks should not be reported.
- Claim numbers with leading zeros must be reported with leading zeros.

The following are examples of how the claim numbers should be reported:

- all numeric ..... 123456789987
- all alphabets .....ASDFGHJKLREW
- combination of alphanumeric ..... 1234WC456783

**Helpful Hints:**

- Some DCOs provide units expected reports (Predelinquent, Prenotification, etc.) which show exactly how the claim number was entered on their database. This is the claim number that the DCO is expecting on the associated unit report.
- As the claim number is critical to the linking process, it is important that it is consistently reported according to the rules.
- Attention must be paid to claims reported on the unit report and on detailed claims. The use of different claim numbers can cause problems internally and externally since, DCOs may not be able to match the detailed claim to the unit report. In addition to this, additional information regarding a particular claim that is requested from the insurer may not be able to be identified with the claim itself.
- Claim number is 12-digit alphanumeric for unit stat reports and individual case/claim reports. For detailed claim reports, 18-digit alphanumeric is allowed.

### RISK ID

The Risk ID Number identifies the insured. In the WCPOLS section of the *WCIO Workers' Compensation Data Specifications Manual*, there is a field for NCCI's Intrastate Risk Identification (9-digit numeric), a field for NCCI's Interstate Risk Identification Number (9-digit numeric) and a field for Independent Rating Bureau Risk ID Number/File Number/Account (15-digit alphanumeric).

The Risk ID is applicable to California (7-digit numeric), Delaware (7-digit numeric), Massachusetts (6-digit numeric), Michigan (9-digit alphanumeric), Minnesota (7-digit numeric), NCCI (9-digit numeric), New Jersey (6-digit numeric), New York (6-digit numeric), North Carolina (7-digit numeric) and Pennsylvania (7-digit numeric). Wisconsin allows the reporting of their Risk ID (11-digit alphanumeric) or their Bureau File Number (7-digit numeric).

The rules vary by DCO on the reporting of Risk ID, when required. It is important to refer to the various statistical plans and the specifications in the *WCIO Workers' Compensation Data Specifications Manual*.

**DATES**

The time an event occurs or a business transaction takes place, etc., is very important in workers' compensation data reporting. From policy effective date to expiration date to date of injury or date of closing, dates play an important role.

There are different rules for reporting dates on hard copy (paper) versus electronically. Here are the rules and some examples:

- If reporting electronically using the WCIO format, dates are reported as 6-digit numeric. Using the WCPOLS, WCSTAT or WCCDCI format, dates must be reported as yymmdd.

yy = year  
mm = month  
dd = day

For example, May 5, 2000 is reported as:  
000505

- If reporting on hard copy (paper), dates can be reported as follows:

May 5, 2000  
or  
5/5/00  
or  
5/5/2000  
or  
05/05/00  
or  
05/05/2000

- The dates reported; e.g., policy effective date, should be the same as the dates shown on the insuring/claim document. There are exceptions for multiple-year policies.

**Example 1:**

**Policy is effective from 1/1/2000 to 1/1/2003 and is not a three-year fixed rate policy. For reporting purposes, this policy must be reported as three annual policies.**

Insuring Document Shows  
1/1/2000 to 1/1/2003

<u>WCIO Format</u>	<u>Policy Eff. Date</u>	<u>Policy Exp. Date</u>
First annual period	00 01 01	01 01 01
Second annual period	01 01 01	02 01 01
Third annual period	02 01 01	03 01 01

Hard Copy (paper)

There are several ways to report the dates; however, the policy in Example 1 must be reported in three annual periods.

**Example 2:**

**Policy is effective from 1/1/2000 to 1/1/2003 and is a three-year fixed rate policy. Reporting under the WCIO format for most states is:**

Policy Eff. Date

00 01 01

Policy Exp. Date

03 01 01

**REPORT NUMBER**

The Report Number is one of the most important data elements reported on unit stat data (including individual case/claim reports). It identifies the reporting level based on the loss valuation date.

The Report Number is also known as a Report Code or Report Level, which identifies the first – tenth report.

**Electronic reporting:**

Code	Report Level	Loss Valuation Schedule
1	First Report	Valued 18 months from policy effective month
2	Second Report	Valued 30 months from policy effective month
3	Third Report	Valued 42 months from policy effective month
4	Fourth Report	Valued 54 months from policy effective month
5	Fifth Report	Valued 66 months from policy effective month
6*	Sixth Report	Valued 78 months from policy effective month
7*	Seventh Report	Valued 90 months from policy effective month
8*	Eighth Report	Valued 102 months from policy effective month
9*	Ninth Report	Valued 114 months from policy effective month
A*	Tenth Report	Valued 126 months from policy effective month

**Hard copy reporting:**

Code	Report Level	Loss Valuation Schedule
1	First Report	Valued 18 months from policy effective month
2	Second Report	Valued 30 months from policy effective month
3	Third Report	Valued 42 months from policy effective month
4	Fourth Report	Valued 54 months from policy effective month
5	Fifth Report	Valued 66 months from policy effective month
6	Sixth Report	Valued 78 months from policy effective month
*		
7	Seventh Report	Valued 90 months from policy effective month
*		
8	Eighth Report	Valued 102 months from policy effective month
*		
9	Ninth Report	Valued 114 months from policy effective month
*		
1	Tenth Report	Valued 126 months from policy effective month
0*		

**\*NOTE:** Refer to the statistical plan of each DCO for the number of report levels to be submitted for each policy.

### **CLASSIFICATION AND STATISTICAL CODES**

Classification or class codes identify the activities of the business. However, there are exceptions.

In the *WCIO Workers' Compensation Data Specifications Manual*, the instructions for reporting the class code on a unit report states:

“Report the 4-digit class code corresponding to the classification assigned to the insured according to the rules of the manual for Workers' Compensation or the statistical code defined by the jurisdiction.”

The key part of this definition is the “statistical code”. Statistical code or statistical classification code or stat code is reported for premium in the same field as class code for loss/claim reporting.

Stat codes are used to identify various premium programs, adjustments (e.g., expense constant), flat charges, money to balance to a minimum premium amount, coverages, etc. The premium (debit or credit) is reported on the unit report as premium charges or credits subject to experience modifications or premium charges or credits not subject to experience modification.

Stat codes are also used to identify employers' liability increased limits.