

**WORKERS COMPENSATION INSURANCE ORGANIZATIONS  
(WCIO)**

**WORKERS COMPENSATION  
DATA SPECIFICATIONS MANUAL**

**PREPARED BY**

**COMPENSATION ADVISORY ORGANIZATION OF MICHIGAN  
COMPENSATION RATING & INSPECTION BUREAU OF NEW JERSEY  
INSURANCE SERVICES OFFICE, INC.  
MINNESOTA WORKERS COMPENSATION INSURERS ASSOCIATION, INC.  
NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.  
NEW YORK COMPENSATION INSURANCE RATING BOARD  
NORTH CAROLINA RATE BUREAU  
PENNSYLVANIA/DELAWARE COMPENSATION RATING BUREAU  
WISCONSIN COMPENSATION RATING BUREAU  
WORKERS COMPENSATION INSURANCE RATING BUREAU OF CALIFORNIA  
WORKERS COMPENSATION RATING AND INSPECTION BUREAU OF MASSACHUSETTS**

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**GENERAL**  
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**INTRODUCTION**

## ABOUT THE WCIO

### **Workers Compensation Insurance Organizations (WCIO)**

The WCIO is a voluntary association of statutorily authorized or licensed rating, advisory, or data service organizations that collect workers compensation insurance information in one or more states. The WCIO is composed of the managers of the various boards and jurisdictions. The purpose of the WCIO is to provide a forum for the exchange of information about workers compensation insurance.

The WCIO has developed standards for the electronic transmission of information between insurers and rating/advisory organizations. These specifications are available for policy information, unit statistical reporting, experience modifications, detailed claim information, and individual case reports. Hereafter, this manual will refer to all rating/advisory organizations and bureaus as Data Collection Organizations (DCOs).

The WCIO has established the following committees/work groups:

### **Advisory Statistical Work Group (ASWG)**

The ASWG Committee is responsible for reviewing changes, additions, and updates to the WCSTAT section of this Manual, and the Part/Nature/Cause Code Listing. Members may explore new and alternative methods of reporting data to be considered by the WCIO. The committee will then provide a 30-day notice to the WCIO to include the alternative method on their agenda.

### **Electronic Data Interchange (EDI) Committee**

The EDI Committee is responsible for the maintenance of the *Data Specifications Manual and Data Reporting Handbook*. Members may explore new or alternative methods of reporting data to be considered by the WCIO. The committee will then provide a 30-day notice to the WCIO to include the alternative method on their agenda.

### **Each committee operates following these procedures:**

- **Changes to Jurisdictional Requirements on Existing Data Elements**—When there is no change to an existing data element, but there is a change to jurisdictional applicability, the EDI Committee will make the appropriate change. No authorization is required from the WCIO.
- **Correction of an Existing Data Element**—When there is substantial change to the definition of an existing data element, the appropriate committee must investigate the nature and business need of the change. If the committee determines that a change is necessary to clarify the original intent of the data element, the recommendation is submitted to the EDI Committee. The EDI Committee will accept the change, or they will ask for additional information from the submitting committee. If accepted, no authorization is required from the WCIO. However, if the EDI Committee does not agree with the recommendation, and the debate is not resolved, assistance is requested from the WCIO.
- **Adoption of a New Data Element**—When a new data element is requested, the appropriate committee explores the need for the addition. The entity submitting the new data element is required to provide a business need and documented justification for the enhancement. The proposal is accompanied by a recommendation as to placement (record location) of the element. Every effort is made to determine if the data is being collected in another record or if it can be derived from some other source. If the committee recommends the addition of a data element, it is then submitted to the WCIO for review.

The EDI Committee is chaired by:

Ms. Bonnie Piacentino  
Pennsylvania Comp Rating Bureau  
United Plaza Building – Suite 1500  
30 South 17<sup>th</sup> Street  
Philadelphia PA 19103-4007  
215-568-2371 X4456  
215-564-4328 (fax)  
bpiacentino@pcrb.com

The ASWG Committee is chaired by:

Pennsylvania Compensation Rating Bureau  
Bruce Decker, Senior Vice President  
United Plaza Building – Suite 1500  
30 South 17<sup>th</sup> Street  
Philadelphia, PA 19103-4007  
Telephone: 215-568-2371  
E-mail: bdecker@pcrb.com

## ABOUT THIS MANUAL

This Manual is a compilation of several sets of electronic and hard copy specifications developed under the direction of the managers of various DCOs. We are grateful to the persons representing several insurers and DCOs for their unselfish contributions toward the project.

The objective of these specifications is to provide standardized formats for exchanging information electronically and on hard copy to all DCOs and to their members. Standardization eliminates the need for insurers to develop a separate system for each DCO.

The Manual includes specifications for reporting policy, unit statistical, individual case reports, and detailed claim information data to DCOs and for distributing classifications and rates and experience modifications. The Manual also includes DCO reporting instructions to their members. The specifications are not intended to be used in place of any rating, statistical or instructional manual or rules. State and DCO exceptions, however, are noted throughout these specifications for the convenience of users.

All DCOs and their member insurers are encouraged to exchange information electronically in accordance with these specifications.

**NOTE:** This Manual is not, nor was it ever intended to be, a comprehensive guide to the reporting requirements of each of the DCOs. The **Data Specifications Manual** is to be used in conjunction with the appropriate instructional manuals published by the various DCOs. When there is a discrepancy between a DCO's statistical plan and this Manual, the DCO statistical plan rules take precedence.

In 1995, the International Association of Industrial Accident Boards and Commissions (IAIABC) recognized the merit of the Workers Compensation Policy Reporting Specifications (WCPOLS) section of the Manual for obtaining Proof of Coverage data elements from insurers. As a result, new data elements have been added to WCPOLS to accommodate the needs of the IAIABC. WCPOLS will continue to be reviewed and updated as future needs of the IAIABC are defined.

**GENERAL**  
**SECTION 2**  
**DEFINITIONS**

## DEFINITIONS

Following are definitions for certain terms used throughout the *WCIO Workers Compensation Data Specifications Manual* that are often questioned and are a source of confusion.

**NOT APPLICABLE (N/A):** Wherever a field or record is indicated as “Not Applicable,” this means that the field or record is “Not Required” or “Not Allowed” to be reported to the DCO(s). A field or record that is “Not Allowed” will be edited for compliance by some DCOs.

**OPTIONAL (O):** Wherever a field or record is indicated as “Optional,” the field or record is not required to be reported to the DCO indicated, but **may** be edited, captured or ignored by the DCO(s) if reported.

**ALPHA (A):** Field contains only alphabetic characters. Data field is to be left justified and right blank-filled.

**ALPHANUMERIC (AN):** Field contains alphabetic and numeric characters. Data field is to be left justified and right blank-filled.

**NUMERIC (N):** Field contains only numeric characters. Data field is to be right justified and left zero-filled.

*In all cases where you have a doubt, contact the DCO to which you are reporting.*

**DATA COLLECTION ORGANIZATION (DCO):** The organization collecting data, whether a bureau, jurisdiction, statistical agency, etc.

**INSURER:** The carrier of the workers compensation insurance coverage.

**JURISDICTION:** Used to refer to a state requirement or applicability. When used, it is not necessarily referring to a DCO.

**ELECTRONIC MEDIUM:** Tape, cartridge, diskette, or file transfer.

**NAMING AND CODING CONVENTIONS CRITERIA**

This is a source document developed by the Data Standardization Task Group of the WCIO/EDI Committee. The criteria described below were used when reviewing the manual to identify fields that need to be standardized. Some data fields that are commonly used in forms, manuals and other documents were not changed according to the criteria due to the impact. In addition, the naming conventions for some data elements were modified to appropriately reflect current reporting rather than require a system change to meet the criteria. Examples of these exceptions are noted below. All future data elements will adhere to these naming and coding standards.

Name	Description
Address	Designation of a location where a person, organization or property may be found or where communication can be made. <b>Examples:</b> Insured Address, Producer Address, Claimant Address
Amount	Amounts are always numeric and represent quantities or monetary amounts. <b>Examples:</b> Seat Surcharge, Per Capita Exposure
Code	Data elements called “codes” are associated with a table or an approved list of value choices. Code lists or tables include descriptions. This applies to alpha and numeric codes. <b>NOTE:</b> The WCIO/EDI Committee is aware that some data elements such as “Carrier Group Code” do not meet these criteria. Data elements that have been commonly used throughout a number of forms, manuals, and other documents will not be changed due to the overall impact. However, when creating/adding new data elements, these criteria will be observed.
Date	The calendar year, and/or month, and/or day on which something occurs or is completed. <b>Examples:</b> Effective Date, Expiration Date, Accident Date
Factor	A number represented as a decimal and used in a calculation. <b>Examples:</b> Experience Modification Factor, Carrier Premium Deviation Factor
Identifier	A set of letters and/or numbers assigned by the carrier to provide unique distinction of a data element. <b>Examples:</b> Policy Number Identifier, Claim Number Identifier <b>NOTE:</b> The WCIO/EDI Committee is aware that some data elements such as “Bureau Version Identifier” and “Carrier Version Identifier” do not meet these criteria. Data elements that have been commonly used throughout a number of forms, manuals, and other documents will not be changed due to the overall impact. However, when creating/adding new data elements, these criteria will be observed.
Indicator	An indicator only identifies the applicability of a specific condition. Under this scenario, Y = Yes and N = No. When a data element is called an indicator, the only appropriate codes for use in conjunction with it are Y and N. <b>Examples:</b> Lump Sum Indicator, Vocational Rehabilitation Indicator <b>NOTE:</b> The WCIO/EDI Committee is aware that some Yes/No values are assigned codes 1 and 2, such as “Deductible” (WCCDCI). Because changing these to meet the “Indicator” criteria with values Y and N would require system/coding changes, the code values 1 and 2 will not be changed. Existing values 1 and 2 will be called codes. However, when creating/adding new data elements these criteria will be observed.
Name	The identification of a person, company, organization or other entity. <b>Examples:</b> Name of Insured, Name of Producer, Name of Domestic or Household Worker

Number	Data elements, which represent information commonly used as or known as a “number” (may include alpha characters representing a numeric value), are named as such. <b>Examples:</b> Social Security Number, Catastrophe Number  <b>NOTE:</b> The WCIO/EDI Committee is aware that some data elements such as “Number of Employees” do not meet these criteria. Data elements that have been commonly used throughout a number of forms, manuals, and other documents will not be changed due to the overall impact. However, when creating/adding new data elements, these criteria will be observed.
Percentage	Data elements reported as whole numbers, without a decimal, and are not used in a calculation. <b>Example:</b> Deductible Percentage
Rate	A charge per exposure unit (e.g., cost per \$100 of insurance coverage).
Total	Amounts resulting from the sum or aggregate of items are called “Totals.” <b>Examples:</b> Standard Premium Total, Number of Claims Total

WCIO Data Specifications Manual  
 Field Name/Description Known Differences

Product /Location	Field Name/Description	Difference
WCPOLS, RT 03, positions 197-202	Number of Employees	According to standard naming convention this should be " <i>Amount of Employees.</i> " Will remain as is to be consistent with IAIABC.
WCPOLS, RT 02, positions 165-179, 182-196, 199-213,	State Unemployment Number	According to standard naming convention this should be " <i>State Unemployment Number Identifier.</i> " Will remain as is because it is commonly used throughout forms, manuals and other documents.
WCPOLS, RT 15, position 241-252	Addendum (Form Number)	According to standard naming convention this should be " <i>Addendum (Form Number Identifier).</i> " Will remain as is since it is part of a NJ filed document.
WCSTAT, RT 3, all positions	Address Record	This record is Optional for all jurisdictions - do not suggest changing to Reserved for Future Use –
WCSTAT, RT 5, positions 55-60	Accident Date	This field is "leave  " if not applicable where other date fields are "zero fill" if not applicable. Field has dual purpose for reporting Accident Date and Number of Claims, therefore the reporting requirements when not applicable differ from other date filled elements.
WCPOLS RT 05, positions 69-78 and WCSTAT RT 4, positions 86-92	Manual/Charged Rate	WCPOLS allows for 2 decimal places and WCSTAT allows for 3 decimal places
WCSTAT, RT 5, positions 239-247	Incurred Allocated Loss Adjustment Expense (ALAE) Amount	Optional or N/A for all jurisdictions
WCSTAT, RT 7, position 95-103	Social Security Offset Amount	The field name is "Social Security Offset Amount". The definition for this field states "Report the amount of Social Security or any other offset used in calculation of the total incurred indemnity amount."
WCPOLS, RT 01, positions 106-107 and WCPOLS, RT 02, positions 161-162	Legal Nature of Insured Code (RT 01) and Legal Nature of Entity Code (RT 02)	The inconsistent codes between the two data elements is due to Legal Nature of Entity Code being a California only field and therefore the codes were established to meet CA's needs.

WCIO DATA SPECIFICATIONS MANUAL  
 Class/Position/Byte Differences Across Data Types

FIELD NAME	WCPOLS			WCSTAT			WCCDCI			WCCNTL			WCMODS			WCRATE			WCRATING			WCESTAT		
	C	P	B	C	P	B	C	P	B	C	P	B	C	P	B	C	P	B	C	P	B	C	P	B
Experience Modification Factor			4			4															5			
Claim Status/Status				N-Num. Code list															AN-alpha code list					
Insured Name			90			79																		
Insured Address			Address 60 City 30 State 2 Postal or zip code 9			79																		
Endorsements-Name of XXX			RT 36-8 =60 RT 37-9 =50 RT 41-8,9 = 75																					

Additional known differences:

1. Endorsement number references:  
 Where endorsement numbers are referenced, for example, "report endorsement number WC XX XX XX," the number will be expressed with blanks for ease of reading. These blanks are not to be reported.
2. All Endorsement records except Record Type FA and Record Type FB have placed employer name in positions 255-288, endorsement effective date is in positions 289-294 and reserved for future use in positions 295-300.
3. WCCDCI, #2, DCI Claims Total - This field is the total of 3 other fields all 5-bytes long. Per NCCI: 5 bytes are sufficient for the total number of claims. It is not anticipated that a data provider will report more than 99,999 claims in one month.
4. WCCDCI, #7, Transaction Code - there is only one code option and description for field #1 states that this will always be "1". Per NCCI: NCCI wants the subsequent report submitted back to them with a "1" in position 51 for subsequent reports.

**GENERAL**  
**SECTION 3**  
**UNIVERSAL ELECTRONIC TRANSMITTAL**  
**and**  
**HARD COPY TRANSMITTAL FORMS AND INSTRUCTIONS**

### GENERAL TRANSMITTAL INSTRUCTIONS

A Letter or Record of Transmittal must accompany all data reported on hard copy or electronically, unless not required by DCO. The transmittal can be submitted electronically (transmittal record) or on paper (transmittal letter).

The Transmittal Letter/Record is used for record control, balancing, and communication purposes.

The transmittal identifies:

1. Critical information pertaining to the submissions, such as:
  - Data type (policy, unit statistical reports, detailed claims information)
  - Submission type (test, resubmission, standard)
2. Information to facilitate the two-way communication between Data Providers. Therefore it is necessary to include all available information such as:
  - Contact name
  - Phone number
  - Fax number
  - E-mail address
3. Date of receipt by DCO, number of records processed, and status of submission.

Every data submission has three required components:

1. The data itself.
2. Submission information such as carrier code, data type submitted (e.g., WCPOLS, WCSTAT, or WCCDCI), and record counts. This information must be provided on the transmittal record (electronic) or on the transmittal letter (paper).
3. If electronic, an external data set identifier. For other media types, this will be a label that is firmly glued to the casing. The external label must be complete, legible and securely attached for control purposes. For an electronic transmission, the external data set identifier is the data set name or file name. If hard copy, the submission should include "Submission or Batch Identifier" information. Contact the DCO for identifier structure.

The items described within the three required components may vary depending on the "readiness" of the various insurers and DCOs.

***In all cases where you have a doubt, contact the DCO to which you are reporting.***

**WCIO WORKERS COMPENSATION**  
**DATA SPECIFICATIONS MANUAL**

***UNIVERSAL ELECTRONIC TRANSMITTAL***  
***SPECIFICATIONS AND INSTRUCTIONS***

## UNIVERSAL ELECTRONIC TRANSMITTAL RECORD

### ELECTRONIC TRANSMITTAL RECORD EXPLANATION AND CLARIFICATION

The Transmittal Record is the electronic alternative to the paper Transmittal Letter. It may be used to replace or supplement the paper Transmittal Letter at the DCO's discretion. All of the information supplied by the Transmittal Letter is incorporated into the Transmittal Record with some exceptions.

The Transmittal Record must be the first record on the file and is included in the Total Record Count on the Submission Control Record (see *WCPOLS*, *WCSTAT*, *WCCNTL*, *WCRATING*, *WCESTAT*, *WCNOA—Submission Requirements* for details).

The long-range plans for electronic data transmission include transmitting data from insurers to DCOs and from DCOs to insurers. Since the transmission of data will be bidirectional, two new terms have been introduced on the Transmittal Record—**Data Receiver** and **Data Provider**.

#### **Data Receiver Code**

This is the 5-digit code corresponding to the recipient of the transmission or confirmation. If an insurer is the recipient, then it is the 5-digit carrier code. If a DCO is the recipient, then it is a 5-digit code consisting of 000 + the 2-digit state code of the DCO or 000XX for entities other than states. Contact the EDI Chair for assignment of a new number. Assigned numbers can be found on the WCIO Web site. This field corresponds to the Name and Address of the DCO, or the Carrier Code on the Transmittal Letter.

#### **Data Provider Code**

This is the 5-digit code corresponding to the originator of the transmission or confirmation. If an insurer is the originator, then it is the 5-digit carrier code. If a DCO is the originator, then it is a 5-digit code consisting of 000 + the 2-digit state code of the DCO or 000XX for entities other than states. Contact the EDI Chair for assignment of a new number. Assigned numbers can be found in positions 51-55 of the Universal Electronic Transmittal. This field corresponds to the Carrier Code or the Name and Address of the DCO on the Transmittal Letter.

This bidirectional capability also permits several uses of the Transmittal Record:

1. When an insurer is the Data Provider, and sends a submission that includes the Transmittal Record, the DCO will receive all the information needed to perform the same controls that are executed from a paper Transmittal Letter. The control process executed by the DCO is essentially the same, although more automated.
2. Once a DCO has received and processed a file with an electronic Transmittal Record on it, an electronic confirmation may be sent to the originator of the submission. This confirmation will have the same format as the original Transmittal Record. The only changes in the information contained will be:

The Data Receiver will be the insurer that sent the file (Data Provider on the submission)

The Data Provider will become the DCO that processed the file (Data Receiver on the submission)

The Date Processed will be the date the DCO posted the submission to its system

3. When a DCO is the Data Provider and sends a submission that includes the Transmittal Record, the insurer will receive all the information needed to perform the necessary controls. This control process executed by the insurer may be fully automated.

4. Once an insurer has received and processed a file with an electronic Transmittal Record on it, an electronic confirmation may be sent to the DCO that originated the submission. This confirmation will have the same format as the original Transmittal Record. The only changes in the information contained will be that the Data Receiver will be the DCO that sent the file (Data Provider on the submission), the Data Provider will become the insurer that processed the file (Data Receiver on the submission), and the Date Processed will be the date the insurer posted the submission to its system.

Examples of these four uses follow:

<b>Intent of Transmission</b>	<b>Examples</b>
Transmission of insurer data to the DCO	Insurer 11111 sends four policies written between 6/1/XX and 6/5/XX to DCO 00087
Transmission of the confirmation of receipt of this data from the DCO back to the insurer	DCO 00087 sends confirmation and acceptance of four policies written between 6/1/XX and 6/5/XX to Insurer 11111
Transmission of DCO data to the insurers, such as Notice of Assignments	DCO 00087 sends five applications processed between 7/3/XX and 7/10/XX to Insurer 22222
Transmission of the confirmation of receipt of this data from the insurer back to the DCO	Insurer 22222 sends confirmation and acceptance of the five applications processed between 7/3/XX and 7/10/XX to DCO 00087

Field No.	Field Title/Description	Class	Position	Bytes
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**UNIVERSAL ELECTRONIC TRANSMITTAL RECORD SPECIFICATIONS**

The specifications below must be followed when reporting the electronic Transmittal Record. Submit one electronic transmittal and ensure it is the first record on the file. (Contact DCO for use of electronic transmittal records.)

1	<b>LABEL</b> In the first 14 characters, fill in constant \$!+WORKCOMP+!\$. This will be used by Value Added Networks to determine that this is a transmittal record for workers compensation.	(AN)	1-14	14
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2	<b>DATA PROVIDER CONTACT E-MAIL ADDRESS</b> Required when data provider specifies electronic receipt of acknowledgement or error reports in position 103 of this record.	(AN)	15-45	31
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OPTIONAL: CA, DE, MI, MN, NCCI, NJ, NY, PA, WI

**NOTE:** Leave blank if using positions 138-238

3	<b>RECORD TYPE CODE</b> Report “__” (fill with two [2] blanks)	(AN)	46-47	2
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NOT APPLICABLE: NCCI

4	<b>DATA TYPE CODE</b> The first two (2) bytes are always “WC”. The third byte defines the type of information contained in the submission:	(AN)	48-50	3
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P = Policy (WCPOLS)

S = Unit Report (WCSTAT)

U = Unit Report Errors (WCESTAT) N/A: NCCI

R = Experience Rating Worksheet (WCRATING)

C = Unit Report Control (WCCNTL) N/A: NCCI

Q = Reserved for NCCI's Use

A = Reserved for NCCI's Use

F = Reserved for NCCI's Use

E = Unit Report Control Expected List (NCCI only, uses WCCNTL layout)

O = Unit Report Control Overdue List (NCCI only, uses WCCNTL layout)

L = WCCRIT

N = WCNOA

**NCCI ONLY:** For products associated with data type codes ‘WCQ’, ‘WCA’, and ‘WCF’, contact NCCI for specific requirements for fields in Positions 241-277.

Field No.	Field Title/Description	Class	Position	Bytes																								
5	<p><b>DATA RECEIVER CODE</b>                      State code of the DCO receiving the information.</p> <table border="1"> <thead> <tr> <th>DCO</th> <th>STATE CODE</th> </tr> </thead> <tbody> <tr><td>California</td><td>00004</td></tr> <tr><td>Delaware</td><td>00007</td></tr> <tr><td>Massachusetts</td><td>00020</td></tr> <tr><td>Michigan</td><td>00021</td></tr> <tr><td>Minnesota</td><td>00022</td></tr> <tr><td>NCCI</td><td>00099</td></tr> <tr><td>New Jersey</td><td>00029</td></tr> <tr><td>New York</td><td>00031</td></tr> <tr><td>North Carolina</td><td>00032</td></tr> <tr><td>Pennsylvania</td><td>00037</td></tr> <tr><td>Wisconsin</td><td>00048</td></tr> </tbody> </table> <p>When used as electronic confirmation of receipt and processing of electronic submission, this field will contain the 5-digit code assigned to the Data Provider that originated the submission.</p>	DCO	STATE CODE	California	00004	Delaware	00007	Massachusetts	00020	Michigan	00021	Minnesota	00022	NCCI	00099	New Jersey	00029	New York	00031	North Carolina	00032	Pennsylvania	00037	Wisconsin	00048	(N)	51-55	5
DCO	STATE CODE																											
California	00004																											
Delaware	00007																											
Massachusetts	00020																											
Michigan	00021																											
Minnesota	00022																											
NCCI	00099																											
New Jersey	00029																											
New York	00031																											
North Carolina	00032																											
Pennsylvania	00037																											
Wisconsin	00048																											
6	<p><b>TRANSMISSION VERSION IDENTIFIER</b>                      For file transmissions, the Julian date is in the first five digits, followed by the constant letter "V" in the sixth digit, followed by the version number of the transmission in the seventh and eighth digits. Example: "96281V01" is the first transmission of data on October 7, 1996. For each subsequent transmission sent on this day to the same DCO, the version is incremented by 1 (e.g., "96281V02").</p>	(AN)	56-63	8																								
7	<p><b>SUBMISSION TYPE CODE</b>                      Report the 1-letter code describing the type of submission:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>S</td><td>Standard submission</td></tr> <tr><td>R</td><td>Resubmission due to DCO rejection—N/A: DE, MA, NC, PA</td></tr> <tr><td>T</td><td>Test submission</td></tr> <tr><td>V</td><td>Replaced—Processed by DCO but replaced by insurer N/A: DE, MA, NY, NC, PA, WI</td></tr> </tbody> </table>	Code	Description	S	Standard submission	R	Resubmission due to DCO rejection—N/A: DE, MA, NC, PA	T	Test submission	V	Replaced—Processed by DCO but replaced by insurer N/A: DE, MA, NY, NC, PA, WI	(A)	64	1														
Code	Description																											
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V	Replaced—Processed by DCO but replaced by insurer N/A: DE, MA, NY, NC, PA, WI																											
8	<p><b>SUBMISSION REPLACEMENT IDENTIFIER</b>                      If submission type is an "R" (resubmission), indicate the media identifier number or transmission version identifier of the submission being replaced.</p> <p>NOT APPLICABLE: MA, <a href="#">NC</a></p>	(AN)	65-72	8																								

Field No.	Field Title/Description	Class	Position	Bytes						
9	<p><b>DATA PROVIDER CODE</b>                      Report the 5-digit code applicable to the Data Provider:</p> <p>Group Submissions: Report the 5-digit group code                      Single Submissions: Report the 5-digit individual carrier code. When this record is used as electronic confirmation of receipt and processing of electronic submission, this field will contain the state code of the DCO that was the original Data Receiver. A table of these codes can be found in positions 51-55 of the Universal Electronic Transmittal.</p>	(N)	73-77	5						
10	<p><b>DATA PROVIDER CONTACT NAME</b>                      Enter the name of the individual who should be contacted regarding submission or transmission problems and questions and error reports. If a paper receipt is to be mailed to the Data Provider, this should be the same contact person.</p>	(AN)	78-102	25						
11	<p><b>ELECTRONIC OR PAPER RECEIPT CODE</b>                      Indicate whether an electronic or paper confirmation is to be sent.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>E</td> <td>Electronic</td> </tr> <tr> <td>P</td> <td>Paper</td> </tr> </tbody> </table> <p>NOT APPLICABLE: CA, NJ</p> <p><u><a href="#">NOTE: WI Only – Always report E in this field.</a></u></p>	Code	Description	E	Electronic	P	Paper	(AN)	103	1
Code	Description									
E	Electronic									
P	Paper									
12	<p><b>PHONE NUMBER</b>                      Phone number of the Data Provider contact.</p>	(N)	104-113	10						
13	<p><b>PHONE NUMBER EXTENSION</b>                      If applicable, extension of Data Provider contact.</p>	(AN)	114-119	6						
14	<p><b>FAX NUMBER</b>                      Fax number of the Data Provider contact.</p>	(N)	120-129	10						
15	<p><b>PROCESSED DATE</b>                      Date the file was created by the Data Provider. Report this date YYYYMMDD.</p> <p>When used as electronic confirmation of receipt and processing of electronic submissions, this is the date the submission was processed by the DCO.</p>	(N)	130-137	8						

Field No.	Field Title/Description	Class	Position	Bytes										
16	<p><b>CONTACT ADDRESS</b>                      If email receipt is required, report the email address to which the receipt should be mailed. Position 103 must = 'E'.                      N/A: NJ</p> <p>If paper receipt is required, report the address to which the receipt should be mailed. Position 103 must = 'P'. Report the address as follows:</p> <p>1. <b>Street</b>                      Report the street number and name, post office box, or other description.</p> <p>2. <b>City</b>                      Report the city name.</p> <p>3. <b>State</b>                      Report the U.S. Postal Service abbreviation for the state or the 2-character abbreviation for the Canadian province.</p> <p>4. <b>Zip Code</b></p>	(AN)	138-238	101										
17	<p><b>DATA PROVIDER TYPE CODE</b>                      Report the 1-letter code identifying the Data Provider type:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>C</td> <td>Data Provider is Insurance Carrier</td> </tr> <tr> <td>T</td> <td>Data Provider is Third Party Entity (TPE/TPA/MGA) (on behalf of the Insurance Carrier)</td> </tr> <tr> <td>D</td> <td>Data Provider is DCO</td> </tr> </tbody> </table>	Code	Description	C	Data Provider is Insurance Carrier	T	Data Provider is Third Party Entity (TPE/TPA/MGA) (on behalf of the Insurance Carrier)	D	Data Provider is DCO	(A)	239	1		
Code	Description													
C	Data Provider is Insurance Carrier													
T	Data Provider is Third Party Entity (TPE/TPA/MGA) (on behalf of the Insurance Carrier)													
D	Data Provider is DCO													
18	<p><b>THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)</b>                      Report the Federal Employer Identification Number (FEIN) corresponding to the Third Party Entity (tpe/tpa/mga) Data Provider (on behalf of the Insurance Carrier).</p>	(N)	240-248	9										
19	<p><b>ERROR REPORTING CODE</b></p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Send submission acknowledgement and all data error reports to the contact reported in this record.</td> </tr> <tr> <td>2</td> <td>Send only submission acknowledgement or rejection.</td> </tr> <tr> <td>3</td> <td>Submission only</td> </tr> <tr> <td>4</td> <td>No acknowledgement</td> </tr> </tbody> </table> <p>NOT APPLICABLE: DE, MI, MN, NCCI, NJ, NY, NC, PA, WI</p> <p>OPTIONAL: CA</p>	Code	Description	1	Send submission acknowledgement and all data error reports to the contact reported in this record.	2	Send only submission acknowledgement or rejection.	3	Submission only	4	No acknowledgement	(N)	249	1
Code	Description													
1	Send submission acknowledgement and all data error reports to the contact reported in this record.													
2	Send only submission acknowledgement or rejection.													
3	Submission only													
4	No acknowledgement													

Field No.	Field Title/Description	Class	Position	Bytes
20	The length of this "Reserved For Future Use" field will depend on the Data Type Code (Positions 48-50) for which this electronic transmittal is submitted.			
	<b>NCCI ONLY:</b> For products associated with data type codes 'WCQ', 'WCA', and 'WCF', contact NCCI for specific requirements for fields in Positions 241-277.			
	<b>WCPOLS</b>		250-300	51
	<b>WCSTAT</b>		250	1
	<b>WCESTAT</b>		250-400	151
	<b>WCCRIT</b>		250	151
	<b>WCNOA</b>		250	101
	<b>WCRATING</b>		250-320	71
	<b>WCCNTL</b>		250-350	101
	<b>URC Expected List</b>		278-350	103
	<b>URC Overdue List</b>		278-350	103

**WCIO WORKERS COMPENSATION  
DATA SPECIFICATIONS MANUAL WCPOLS HARD COPY TRANSMITTAL FORM  
AND INSTRUCTIONS  
HARD COPY TRANSMITTAL LETTER INSTRUCTIONS FOR WCPOLS**

The instructions below must be followed when preparing Transmittal Letters. Please note that data for a given submission may be reported on more than one electronic medium; however, there should be only one Transmittal Letter for each submission. An example of the Transmittal Letter is included in this section.

**NOTE:** The Transmittal Letter is a form on which the insurer must enter the same data that are included on the electronic submission control record (see *WCPOLS—Submission Requirements* for details). The first step in the processing cycle is to balance the data on the Transmittal Letter with the data on the submission control record. If the data agree, processing will continue; if the data does not agree, processing will cease and the insurer will be notified.

**1. NAME AND ADDRESS OF DATA COLLECTION ORGANIZATION (DCO)**

Report the name and address of the DCO where the policy data is being submitted.

**2. CARRIER NAME**

Report the name of the insurer that provides coverage for the risks included in the submission. If reporting as a carrier group, report the insurer name of the predominant insurer in the group.

**3. CARRIER CODE**

Report the NCCI 5-digit carrier code corresponding to the name of the insurer that provides coverage for the risks included in the submission. If reporting as a carrier group, report the carrier code of the predominant insurer in the group.

When reporting to DCOs, the NCCI-assigned carrier code should be used. If this code is unavailable, the carrier code assigned by the appropriate DCO must be used.

**4. SUBMISSION TYPE**

Standard: This is a normal submission of insurer data. Standard submission may include any combination of transaction codes.  
Resubmission: This is a total replacement of a standard submission that has been previously rejected by the DCO.  
Replaced: This is a total replacement of a standard submission that has been previously processed by the DCO.  
Test: This is a test submission only. Submission should be routed to personnel responsible for testing.

**5. CONTROL DATA**

These data will be used to balance the submission control record.

Number of electronic medium in submission	Report the actual number of electronic medium that are included in the submission.
Total number of records:	Report the total number of records included on electronic medium for the submission, excluding the submission control record.
Total number of Header Records:	Report the number of Header Records (Record Type 01) on electronic medium for the submission.

**6. TRANSACTION ISSUE PERIOD (DATES)**

---

Enter the processing period dates covered by this submission. Subsequent electronic medium must not overlap dates.

**7. DCO USE ONLY**

Leave blank.

**8. MAIL RECEIPT TO**

Enter the name and address of the individual to whom this receipt should be mailed in your organization.

Place an X or check mark in the CHECK HERE IF MAIL RECIPIENT INFORMATION HAS CHANGED box when any part of the mail recipient information shown has changed since the last submission.

**9. SIGNATURE AND DATE**

Include the signature and date of the person who completed the form.

**10. PERSON TO CONTACT REGARDING SUBMISSION**

Enter the name, telephone and fax numbers and e-mail address of the individual who should be contacted regarding electronic medium submission problems.

Place an X or check mark in the CHECK HERE IF MAIL RECIPIENT INFORMATION HAS CHANGED box when any part of the mail recipient information shown has changed since the last submission.

WCPOLS HARD COPY TRANSMITTAL LETTER  
POLICY INFORMATION PAGE, CANCELLATION, REINSTATEMENT AND ENDORSEMENT DATA

1. NAME AND ADDRESS OF DATA COLLECTION ORGANIZATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. CARRIER NAME: \_\_\_\_\_ 3. CARRIER CODE: \_\_\_\_\_

4. SUBMISSION TYPE:  
\_\_\_\_\_ Standard \_\_\_\_\_ Resubmission Due to DCO Rejection  
\_\_\_\_\_ Test \_\_\_\_\_ Replaced by Insurer

5. CONTROL DATA:

Number of tapes in submission \_\_\_\_\_  
Total number of records \_\_\_\_\_  
Total number of header records \_\_\_\_\_  
Tape reel, volume or serial number \_\_\_\_\_

6. TRANSACTION ISSUE  
PERIOD (DATES)

From: \_\_\_\_\_  
To: \_\_\_\_\_

7. DCO USE ONLY:

Received Date \_\_\_\_\_ By \_\_\_\_\_  
Submission Balanced Date \_\_\_\_\_ By \_\_\_\_\_

8. MAIL RECEIPT TO: ✍ CHECK HERE IF MAIL RECIPIENT INFORMATION HAS CHANGED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. The person signatory hereto certifies on behalf of the company that all data furnished herewith is correct and in accordance with the company's records.

\_\_\_\_\_  
(signature) (date)

10. PERSON TO CONTACT REGARDING SUBMISSION: ○ CHECK HERE IF MAIL RECIPIENT  
INFORMATION HAS CHANGED

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_ FAX NUMBER ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**WCIO WORKERS COMPENSATION**  
**DATA SPECIFICATIONS MANUAL**  
**WCSTAT HARD COPY TRANSMITTAL FORM AND INSTRUCTIONS**

## HARD COPY TRANSMITTAL LETTER INSTRUCTIONS FOR WCSTAT

### A. LETTER OF TRANSMITTAL INSTRUCTIONS FOR HARD COPY DATA REPORTING

Refer to the appropriate DCO for the completion of the Letter of Transmittal for hard copy unit reports and ICRs.

### B. LETTER OF TRANSMITTAL INSTRUCTIONS FOR ELECTRONIC DATA REPORTING—Letter of Transmittal Instructions

The instructions below must be followed when preparing hard copy Transmittal Letters for electronic reporting of unit reports and ICRs. Please submit one Transmittal Letter for each submission and ensure that the record counts on the Transmittal Letter balance with the record counts on the submission control record (see WCSTAT—Reporting Specifications for Unit Reports and ICRs for details). If the counts do not balance, processing may cease and the insurer will be notified. An example of the Transmittal Letter is included in this section.

#### 1. NAME AND ADDRESS OF DATA COLLECTION ORGANIZATION (DCO)

Report the name and address of the DCO where the unit report data and/or ICR data is being submitted.

#### 2. SUBMISSION TYPE

Standard:	This is a normal submission of insurer data.
Resubmission:	This is a total replacement of a standard submission that has been previously rejected by the DCO.
Test:	This is a test submission only. Route to personnel responsible for testing.
Replaced:	This is a total replacement of a standard submission that has been previously processed by the DCO. Report the medium number/version being replaced.

#### 3. INSURER INFORMATION

- a. **Carrier Code:** Report the 5-digit carrier code corresponding to the name of the insurer that provides coverage for the risks included in the submission. If reporting as a carrier group, report the carrier code of the predominant insurer.

When reporting to the DCOs, the NCCI-assigned carrier code should be used. If this code is unavailable, the carrier code assigned by the appropriate DCO must be used. Place an X or check mark in the CHECK HERE IF MAIL RECIPIENT INFORMATION HAS CHANGED box when any part of the mail recipient information shown has changed since the last submission.

- b. **Transmittal Serial #:** Report a unique combination of numbers or letters and numbers that will distinguish this submission from others.
- c. **Carrier Name:** Report the name of the insurer that provides coverage for the risks included in the submission. If reporting as a carrier group, report the name of the predominant insurer in this field.
- d. **E-Mail Address:** If available, provide the current e-mail address of the person named in Item 3.e.
- e. **Attention:** Enter the name of the contact person who is responsible for electronic submissions and problems and for resolving any problems.
- f. **Phone #:** Provide the current phone number of the person named in Item 3.e.
- g. **Fax #:** Provide the current fax number of the person named in Item 3.e.
- h. **Street, City, State, Zip Code:** Report the address corresponding to the insurer name identified in Item 3.c. (above).

4. **DATA INFORMATION**

- a. **Operating System:** Identify the system your company uses to create submissions and check "DOS" or "OS."
- b. **Primary Effective Month/Year:** Enter the month and year of the majority of unit reports in this submission. **NOTE:** Submission may contain data for more than one month and/or year.
- c. **Tape No.:** Enter the serial number your company has assigned to the electronic file.
- d. **Detail Record Count:** Enter the number of records included on the electronic submission, excluding the Submission Control Record.
- e. **Total Reports Submitted:** Report the total number of header or unit total records minus the previously reported unit total records included in this submission. This number must equal the contents of the electronic medium and the number provided in Positions 50–56 of the Submission Control Record.
- f. **Total Number ICR Records** (CA, DE, MA, NJ, NY, PA only): Enter the total number of ICR records included in this submission.
- g. **Manually Prepared Unit Statistical Reports and ICR for Data Not Reported Electronically:** Check off the status of this data as (1) Enclosed, (2) Will Follow or (3) Already Filed.  
NOT APPLICABLE: CA
- h. **Canceled Flat List Enclosed** (NJ only): Provide a Yes or No response in this field.
- i. **Electronic Format** (NCCI only): If the electronic submission is in the 250-byte format, check "yes," otherwise, check "no" (submission is in 120-byte format).

5. **SIGNATURE/DATE**

Include the signature of the person who completed this form and the date the form was completed.

6. **DCO PROCESSING INFORMATION:** Leave blank.

**HARD COPY TRANSMITTAL LETTER INSTRUCTIONS**

**Name and Address of DCO**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Submission Type Code:**

- S = Standard Submission
- T = Test Submission
- R = Resubmission
- V = Replaced
- Tape #/Version Being Replaced \_\_\_\_\_

Pursuant to the requirements in the Statistical Plan of the above DCO, the insurer indicated below herewith transmits the statistical data together with the individual case reports as indicated below.

**Insurer Information:  CHECK HERE IF INSURER INFORMATION HAS CHANGED**

Carrier Code: \_\_\_\_\_ Transmittal Serial # \_\_\_\_\_  
 Carrier Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Attention: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
 Street: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_

**Data Information:**

Operating System (check one):                      DOS                      OS

Complete for All DCOs			Complete for CA, DE, MA, NJ, NY, PA only Total Number ICR Records
File Serial No.	Detail Record Count	Total Unit Reports Submitted	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Manually Prepared Unit Stat Reports and ICR for Data Not on Electronic File:  
 Enclosed       Will Follow       Already Filed  
 Manual Transmittal Letter is required (Not Applicable: CA)

Canceled Flat List Enclosed:    Yes \_\_\_\_\_    No \_\_\_\_\_ (NJ Only)

**Complete for NCCI only**  
 ELECTRONIC FORMAT:  
 250 BYTES  
 Yes \_\_\_\_\_ No \_\_\_\_\_

The person signatory hereto certifies on behalf of the company that all data furnished herewith are correct, and in compliance with the statistical plan.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DCO PROCESSING INFORMATION**

The following electronic submissions have been received and processed:

Tape Number	# of Records	Comments
_____	_____	_____
_____	_____	_____

  

Received Date	DCO	Processed Date
_____	_____	_____
Initialed by _____	_____	_____

**WCIO WORKERS COMPENSATION  
DATA SPECIFICATIONS MANUAL**

**WCCDCI HARD COPY TRANSMITTAL INSTRUCTIONS  
HARD COPY TRANSMITTAL FORM FOR WCCDCI (NCCI ONLY)**

For insurers reporting detailed claim information on magnetic tape/cartridge, this form is mandatory. Any reports submitted on tape or cartridge without an accompanying transmittal will be returned to the insurer.

A transmittal form is required for each tape or cartridge submitted. An example of the Transmittal Letter is included in this section.

The information required on the form is as follows:

Place an X or check mark in the CHECK HERE IF MAIL RECIPIENT INFORMATION HAS CHANGED box when any part of the mail recipient information shown has changed since the last submission.

1. **Carrier Name:** The insurer name must be provided. For NCCI, it should be the same name provided on the Sample Control/Verification Form(s).
2. **Carrier Code:** The 5-digit carrier code associated with the insurer name must be shown on the form.
3. **Phone #:** A phone number must be provided. It should be the number of the proper DCI contact in your organization who is responsible for the submission.
4. **Fax #:** A fax number must be provided. It should be the number of the proper DCI contact in your organization who is responsible for the submission.
5. **Contact Name:** The name of the person responsible for the electronic file must be provided.
6. **File Serial Number:** The serial number contained on the electronic file must be provided. This number should also be clearly marked on the outside of the file.
7. **E-Mail Address:** If available, provide the e-mail address of the person responsible for the file.
8. **Date:** The date that the tape/cartridge was mailed to the DCO must be provided.
9. **(Basic) Detailed Claim Information Reports:** The number of Record Type 1 (Detailed Claim Information Records) must be provided.
10. **Sample Control/Verification Forms:** The number of Record Type 2 (Sample Control/Verification Records) must be provided.  
NOT APPLICABLE: TX
11. **Common Information Changes:** The number of Record Type 3 (Common Information Change Records) must be provided.
12. **Total # Records on Tape:** The total number of Record Types 1, 2, and 3 must be provided. Any discrepancies between the number of records indicated on the transmittal and the number of records processed by the DCO will cause processing to stop until resolution is reached with the insurer.

Once a tape/cartridge is received by the DCO, the tape/cartridge receipt will be mailed back to the insurer. This will confirm that the tape/cartridge was received and processed. Any problems with the actual processing of the tape/cartridge will be resolved with the contact provided on the transmittal form submitted by the insurer.

WCCDCI HARD COPY TRANSMITTAL LETTER  
DETAILED CLAIM INFORMATION

Please complete one transmittal for each electronic file submitted.

CHECK HERE IF INSURER INFORMATION HAS CHANGED

Carrier Name \_\_\_\_\_

Carrier Code \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Contact Name \_\_\_\_\_

File Serial Number \_\_\_\_\_ Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Detailed Claim Information Reports (Rec Type 1) # records \_\_\_\_\_

**Sample Control/Verification Forms** (Rec Type 2) # records \_\_\_\_\_

**Common Information Changes** (Rec Type 3) # records \_\_\_\_\_

Total # Records on Tape \_\_\_\_\_

**GENERAL**  
**SECTION 4**  
**SUBMISSION TESTING PROCEDURES**

## SUBMISSION TESTING PROCEDURES

Insurers that are planning to submit policy, unit statistical or detailed claim information data electronically should contact the appropriate DCO to determine the testing procedure, as the procedures will vary. There are certain elements that are involved in the testing of insurers' electronic data that insurers should be prepared to discuss with the DCO:

- The identification of the insurer and DCO persons responsible for administering and coordinating the test
- The addressing, labeling and packaging of test material
- The possible need for printed copies of the electronic data to accompany the submission
- The disposition of the material after testing
- The scheduling of the tests
- The transition from the testing procedure to actual production