



**WCIO Workers Compensation Data
Specifications Manual**

**WORKERS COMPENSATION NOTIFICATION
REPORTING SPECIFICATIONS (WCNOTIFY)**

Summary of Changes: No changes in this version.

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|--|---------------------|-------------------------|
| A | | |
| ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR | Rating Record | 74-76 |
| C | | |
| CARRIER CODE | Rating Record | 2-6 |
| D | | |
| DETAIL RECORD COUNT TOTAL | File Control Record | 2-9 |
| N | | |
| NAME OF INSURED | Rating Record | 83-182 |
| NOTIFICATION TOTAL | File Control Record | 10-16 |
| P | | |
| POLICY EFFECTIVE DATE | Rating Record | 36-43 |
| POLICY NUMBER IDENTIFIER | Rating Record | 7-24 |
| PROCESSED DATE | Rating Record | 44-51 |
| R | | |
| RATING EFFECTIVE DATE | Rating Record | 53-60 |
| RATING EXPIRATION DATE | Rating Record | 61-68 |
| RATING FACTOR | Rating Record | 69-73 |
| RATING TYPE CODE | Rating Record | 52-52 |
| RECORD TYPE CODE | File Control Record | 1-1 |
| | Rating Record | 1-1 |
| RESERVED FOR FUTURE USE | File Control Record | 17-200 |
| | Rating Record | 77-82 |
| | Rating Record | 182-200 |
| RISK ID NUMBER | Rating Record | 25-33 |
| S | | |
| STATE CODE | Rating Record | 34-35 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|----------------------|---|-------|----------|-------|
| RATING RECORD | | | | |
| 1 | RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report "R". | AN | 1-1 | 1 |
| 2 | CARRIER CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the code assigned to the reporting company by NCCI or other DCO. | N | 2-6 | 5 |
| 3 | POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the unique identifier used for identifying the policy. Do not report embedded blanks or marks of punctuation. | AN | 7-24 | 18 |
| 4 | RISK ID NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the risk identification number assigned by the appropriate DCO other than NCCI. | AN | 25-33 | 9 |
| 5 | STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the state code for which the experience modification was promulgated. | N | 34-35 | 2 |
| 6 | POLICY EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the date that the policy became effective. Format CCYYMMDD. | N | 36-43 | 8 |
| 7 | PROCESSED DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the issue date of ratings. Format CCYYMMDD. | N | 44-51 | 8 |
| 8 | RATING TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the code that indicates the type of rating being reported. | AN | 52-52 | 1 |

Code Description

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | C Cannot Issue | | | |
| | D Does Not Qualify (DNQ) | | | |
| | E Experience Rating | | | |
| | I Independent Bureau | | | |
| | M Merit Adjustment | | | |
| | N Not Rated- No Current Coverage | | | |
| | W Withdraw | | | |
| 9 | RATING EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the date that the rating is effective. Format CCYYMMDD. | N | 53-60 | 8 |
| 10 | RATING EXPIRATION DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the date that the rating expires. Format CCYYMMDD. | N | 61-68 | 8 |
| 11 | RATING FACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the rating plan factor for the insured. There is an assumed decimal point between positions 69 and 70. | N | 69-73 | 5 |
| 12 | ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the factor used for the Assigned Risk Adjustment Program. The program imposes additional charges on employers in the residual market where applicable. There is an assumed decimal point between positions 74 and 75. | N | 74-76 | 3 |
| 13 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> | AN | 77-82 | 6 |
| 14 | NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the name of the insured covered by the policy. | AN | 83-182 | 100 |
| 15 | RESERVED FOR FUTURE USE | AN | 182-200 | 19 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|----------------------------|--|-------|----------|-------|
| FILE CONTROL RECORD | | | | |
| 1 | RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report "Z". | AN | 1-1 | 1 |
| 2 | DETAIL RECORD COUNT TOTAL <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the total number of records on the file including the Electronic Transmittal Record, excluding this File Control Record. | N | 2-9 | 8 |
| 3 | NOTIFICATION TOTAL <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the total number of notifications contained on file. | N | 10-16 | 7 |
| 4 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> | AN | 17-200 | 184 |