

**WCIO WORKERS COMPENSATION
DATA SPECIFICATIONS MANUAL**

**WORKERS COMPENSATION CONTROL LISTINGS
(WCCNTL) ELECTRONIC SPECIFICATIONS**

**FOR DISTRIBUTION OF WORKERS COMPENSATION
UNIT REPORT CONTROL LISTINGS**

**WORKERS COMPENSATION CONTROL LISTINGS (WCCNTL) ELECTRONIC SPECIFICATIONS FOR
DISTRIBUTION OF UNIT REPORT**

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WCCNTL CONTACT PAGE

WCCNTL questions should be directed to the appropriate Data Collection Organization contact listed below:

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Programming Analyst
60 Park Place
Newark, NJ 07102
Telephone: 973-622-6014, ext. 268
Fax: 973-622-1548

Delaware Compensation Rating Bureau
Jim Frost, Systems and Programming
The Widener Building, 6th Floor
One South Penn Square
Philadelphia, PA 19107
Telephone: 215-568-2371, ext. 283

Insurance Services Office, Inc.
Wendy Mayotte, Director
6392 Grand Cypress Circle
Lake Worth, FL 33463
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Association, Inc.
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National Council on Compensation Insurance, Inc.
Customer Service
901 Peninsula Corporate Circle
Boca Raton, FL 33487
Telephone: 800-NCCI 1-2-3 (800-622-4123)
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New York Compensation Insurance Rating Board
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New York, NY 10017
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North Carolina Rate Bureau
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Pennsylvania Compensation Rating Bureau
Jim Frost, Systems and Programming
The Widener Building, 6th Floor
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Unit Stat Specialist
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Workers' Compensation Rating Bureau
of California
Steve Bourdeau, Systems & Programming
525 Market Street, Suite 800
San Francisco, CA 94105
Telephone: 415-778-7180

Workers Compensation Rating and Inspection
Bureau of Massachusetts
Assistant Vice President, Statistician or
Director of Information Services
101 Arch Street, 5th Floor
Boston, MA 02110
Telephone: 617-439-9030, ext. 576

GENERAL

The frequency with which these submissions are distributed and the scope and range of data supplied in the records are to be determined by each jurisdiction.

Unless otherwise specified, the following standards will apply:

1. All alpha (A) and alphanumeric (AN) data fields are to be left-justified and right blank-filled.
2. All numeric (N) data fields are to be right-justified, left zero-filled and unsigned.
3. All RESERVED FOR FUTURE USE fields are to be blank.
4. Fields indicated as "Not Applicable" will be zero-filled or blank by the jurisdiction whose abbreviations follow the phrase.
5. Data shall be written on 9-track, odd parity at 6250 BPI density or, if requested by insurers, at 1600 BPI.
6. Records will be blocked 20, (7,000 characters per block).
7. Tapes will contain internal IBM standard OS or DOS-generated labels.
8. All fields will be character; no signed or packed fields will be written.

WORKERS COMPENSATION REPORTING SPECIFICATIONS (WCCNTL)

SECTION 2

I. DATA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	NCCI CARRIER CODE	(N)	1-5	5
2	NCCI CARRIER GROUP CODE NOT APPLICABLE: DE, PA	(N)	6-10	5
3	POLICY NUMBER IDENTIFIER Alphanumeric characters used to uniquely identify the policy. No embedded blanks or marks of punctuation will be used.	(AN)	11-28	18
4	CERTIFICATE NUMBER (CA ONLY)	(AN)	29-35	7
5	REPORT NUMBER CODE	(AN)	36	1
	Code Description			
	1 First Report			
	2 Second Report			
	3 Third Report			
	4 Fourth Report			
	5 Fifth Report			
	6 Sixth Report			
	7 Seventh Report			
	8 Eighth Report			
	9 Ninth Report			
	A Tenth Report			
6	POLICY INCEPTION EFFECTIVE DATE Formatted YYMMDD.	(N)	37-42	6
7	POLICY EXPIRATION OR CANCELLATION DATE Formatted YYMMDD.	(N)	43-48	6
8	BUREAU RISK ID NUMBER NCCI 9-digit Risk ID, or Independent Bureau Risk Identification Number.	(AN)	49-57	9
9	EXPERIENCE RATING STATUS CODE	(N)	58	1
	Code Description			
	1 Not Experience Rated			
	2 Experience Rated			
	NOT APPLICABLE: NCCI			
10	BUREAU FOLDER CODE (CA ONLY)	(A)	59	1
	Code Description			
	F Bureau Folder			
	Blank No Bureau Folder			
11	EXTENDED TERM POLICY INDICATOR (NCCI ONLY)	(A)	60	1
	Indicator Description			
	Y Yes, policy is longer than one year and sixteen days, but less than three years.			
	N No, policy is not an extended term policy.			

I. DATA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
12	POLICY TYPE ID CODE – PLAN INDICATOR	(N)	61	1
	Code Description			
	1 Voluntary Policy			
	2 Normal Assigned Risk Policy			
	3 Reserved for Future Use			
	4 Reserved for Future Use			
	5 Assigned Risk Policy written under MA Voluntary Direct Assigned Risk Program (MA only)			
	6 Assigned Risk Policy written under MA Mandatory Direct Assigned Risk Program (MA only)			
	NOT APPLICABLE: CA, NCCI, NY			
13	NAME OF INSURED All or portion of insured’s name accommodated by field.	(AN)	62–141	80
14	RESERVED FOR FUTURE USE		142–143	2
15	STATE CODE Report the 2-digit code for the state covered by this record.	(N)	144–145	2
16	RESERVED FOR FUTURE USE		146–153	8
17	INSURER ISSUING/SERVICING OFFICE NUMBER (NCCI ONLY) The 3-digit Insurer Issuing/Service Office Number is assigned by NCCI to identify each carrier issuing/servicing office address for each carrier code. The addresses associated with these numbers will be mailed via hard copy (Insurer Issuing Office List) to the insurer on a quarterly basis.	(N)	154–156	3
18	RESERVED FOR FUTURE USE		157–175	19
19	NUMBER OF MONTHS OVERDUE (NCCI ONLY) Number of months unit report is overdue based on due date (i.e. 20 months after Policy Effective Date)	(N)	176–177	2
20	RESERVED FOR FUTURE USE		178 - 296	119
21	FINE AMOUNT Report in whole dollars.	(N)	297–303	7
	NOT APPLICABLE: CA, NCCI, NJ			
22	NUMBER OF TIMES INSURER NOTIFIED Number of times insurer has been notified.	(N)	304–305	2
	NOT APPLICABLE: CA, NCCI, NJ			
23	CANCEL CODE	(N)	306	1
	Code Description			
	1 Not Canceled			
	2 Interim Cancellation			
	NOT APPLICABLE: NCCI			

I. DATA RECORD

Field No.	Field Title/Description	Class	Position	Bytes														
24	REVISED POLICY NUMBER IDENTIFIER (Insurer Use Only) Enter revised policy number if policy number in Positions 11-28 has been changed. NOT APPLICABLE: NCCI	(AN)	307-324	18														
25	REVISED NCCI CARRIER CODE (Insurer Use Only) Enter revised NCCI carrier code if NCCI carrier code in Positions 1-5 has been changed. NOT APPLICABLE: NCCI	(N)	325-329	5														
26	REVISED POLICY INCEPTION EFFECTIVE DATE (Insurer Use Only) Enter revised policy inception-effective date, if policy inceptioneffective date in Positions 37-42 has been changed. Format: YYMMDD. NOT APPLICABLE: NCCI	(N)	330-335	6														
27	REVISED POLICY EXPIRATION OR CANCELLATION DATE (Insurer Use Only) Enter revised policy expiration or cancellation date if policy expiration or cancellation date in Position 43-48 has been changed. Format: YYMMDD NOT APPLICABLE: NCCI	(N)	336-341	6														
28	DISCREPANCY CODE (SEE NOTE 1) (Insurer Use Only) <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>No change</td> </tr> <tr> <td>01</td> <td>Policy canceled flat</td> </tr> <tr> <td>02</td> <td>No record of policy</td> </tr> <tr> <td>03</td> <td>Policy key change</td> </tr> <tr> <td>04</td> <td>Policy not on jurisdiction control tape</td> </tr> <tr> <td>05</td> <td>Expiration date change</td> </tr> </tbody> </table> NOT APPLICABLE: NCCI	Code	Description	00	No change	01	Policy canceled flat	02	No record of policy	03	Policy key change	04	Policy not on jurisdiction control tape	05	Expiration date change	(N)	342-343	2
Code	Description																	
00	No change																	
01	Policy canceled flat																	
02	No record of policy																	
03	Policy key change																	
04	Policy not on jurisdiction control tape																	
05	Expiration date change																	
29	RESERVED FOR FUTURE USE		344-349	6														

I. DATA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
30	TYPE OF LISTING CODE	(N)	350	1
	Code Description			
1	Pre-Delinquent Unit Report Policy List/Expected Unit Report List			
2	Delinquent Unit Report Policy List/Overdue Unit Report List			
3	Fine List (DE, PA only)			
4	Policy Interstate/Intrastate Risk Identification List (NCCI only)			

NOTE 1: THIS IS AN ADVISORY NOTICE **ONLY**. THIS IS **NOT** IN LIEU OF THE CANCELLATION OR ENDORSEMENT. (NOT APPLICABLE: NCCI)

NOTE 2: INSURER MAY RETURN THIS RECORD ON A SEPARATE TAPE TO THE APPROPRIATE JURISDICTION WITH THE APPROPRIATE DATA ENTERED IN POSITIONS 307-343. REFER TO APPROPRIATE JURISDICTION. (NOT APPLICABLE: NCCI)

II. SUBMISSION CONTROL RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	TRAILER FORMAT The Trailer Format is filler information and must be filled with all "9s".	(N)	1-49	49
2	RECORD TYPE CODE The Record Type Code indicates that this record is the Submission Control Record and this field contains the constant "99". ONE CONTROL RECORD IS REQUIRED PER TAPE, CARTRIDGE, OR FILE.	(N)	50-51	2
3	RECORD TOTALS The Record Totals is used to report the total number of records on the file including the transmittal record and excluding the submission control record.	(N)	52-61	10
4	BLANK		62-350	288