

WCIO WORKERS COMPENSATION

DATA REPORTING HANDBOOK

MAY 14, 2025

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Change Tracking Guide Key

- Section column—Lists the part of the Data Reporting Handbook that has changed.
- Item column—Lists the specific item within the section of the Data Reporting Handbook that has changed.
- Change column—Summarizes the specific information that has changed.
- Reason column—Provides the reason for the change.

Change Tracking Guide Updates

This guide provides useful information about each update to the handbook. Additions and changes are indicated in red text and deletions are indicated by ~~strikethrough~~.

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INTRODUCTION TO THE WCIO DATA REPORTING HANDBOOK

One of the more important products of the WCIO is the WCIO *Workers' Compensation Data Specifications*. This is the basis for the electronic reporting of workers' compensation data to the Data Collection Organizations (DCO).

The WCIO Data Reporting Handbook has been developed under the direction of the DCOs as a companion guide to the WCIO Data Specifications and includes:

- Data Reporting Overview for each data type
- Electronic Reporting Guidelines
- State and Reporting Data collection Organization (DCO) Guidelines
- Forms
- Transaction Code Notes/Instructions
- Examples
- Reports

This handbook also includes any notes specific to transaction, records, or specifications. These data type specific notes were previously contained in the individual data specification.

The Data Reporting Handbook does not replace, rewrite or change any jurisdictions' or states' statistical plans. WCIO encourages the use of this handbook in conjunction with the appropriate instructional manuals published by the various DCOs.

The WCIO makes no warranties of any kind with regard to the use of the handbook for any purpose. In no event shall the WCIO be liable or responsible for any damages arising out of, or in connection with, the use of the guidelines by any person or organization.

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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 DCOs. The purpose of the WCIO is to provide a forum for the exchange of information about workers' compensation insurance, to the extent provided by law.

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, individual case reports, and criticisms.

The members of the WCIO are:

- Workers' Compensation Insurance Rating Bureau of California
- Delaware Compensation Rating Bureau, Inc.
- Indiana Compensation Rating Bureau
- Insurance Services Office, Inc.
- Workers' Compensation Rating and Inspection Bureau of Massachusetts
- Compensation Advisory Organization of Michigan
- Minnesota Workers' Compensation Insurers Association, Inc.
- National Council on Compensation Insurance, Inc.
- New Jersey Compensation Rating and Inspection Bureau
- New York Compensation Insurance Rating Board
- North Carolina Rate Bureau
- Pennsylvania Compensation Rating Bureau
- Wisconsin Compensation Rating Bureau

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STAKEHOLDERS

Data Providers: An organization which produces data.

- Carriers: An insurance company (other than State Funds) that issues the policy for the insured.
- State Funds: An insurer that is generally owned or originally funded by state government. In some cases they are considered to be a state entity, others are independent with some state oversight. Some state funds are competitive, meaning that they write insurance in competition with private insurers. Others are monopolistic, meaning that competition by private insurers is prohibited by statute.
- Self-Insurers: A business or other entity that sets aside funds to provide for losses that would ordinarily be covered under an insurance program.
- Third Party Administrators (TPA): A third party administrator reports data on behalf of an insurance carrier (e.g., private carrier, state fund, or self-insurer).
- Vendors: A company which supplies services to another company.

Regulators: Regulatory authorities may be called different things in different states but the following two provide examples of names and responsibilities.

- Departments of Insurance: Have regulatory oversight for rates and compliance.
- Department of Labor: Have regulatory oversight for employee rights and coverage.

Data Collection Organizations (DCO): Are defined as organizations collecting data on behalf of their members. The following are considered DCOs for workers' compensation:

- Workers' Compensation Insurance Rating Bureau of California (WCIRB)
- Delaware Compensation Rating Bureau, Inc. (DCRB)
- Workers' Compensation Rating and Inspection Bureau of Massachusetts (WCRIBMA)
- Compensation Advisory Organization of Michigan (CAOM)
- Minnesota Workers' Compensation Insurers Association, Inc. (MWCIA)
- National Council on Compensation Insurance, Inc. (NCCI)
- New Jersey Compensation Rating and Inspection Bureau (NJCRIB)
- New York Compensation Insurance Rating Board (NYCIRB)
- North Carolina Rate Bureau (NCRB)
- Pennsylvania Compensation Rating Bureau (PCRB)
- Wisconsin Compensation Rating Bureau (WCRB)

Standards Organizations—Standards-setting organizations for the insurance industry:

- International Association of Industrial Accident Boards and Commissions (IAIABC)
- Association for Cooperative Operations Research and Development (ACORD)

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NAMING AND CODING CONVENTIONS CRITERIA

The criteria described below were used to identify fields in the WCIO *Workers Compensation Data Specifications* that need to be standardized. Some data fields that are commonly used in forms, specifications 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.

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Name	Description
Amount	Amounts are always numeric and represent quantities or monetary amounts. Amounts are to be reported in whole dollars unless otherwise noted in the specification. Examples: Seat Surcharge, Per Capita Exposure

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Name	Description
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. Examples: Name Type Code, Address Type Code NOTE: 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, specifications, and other documents will not be changed due to the overall impact. However, when creating/adding new data elements, these criteria will be observed.

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Name	Description
Date	The calendar year, and/or month, and/or day on which something occurs or is completed. Examples: Effective Date, Expiration Date, Accident Date

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Name	Description
Factor	A number expressed as a decimal that is used in a calculation. Examples: Experience Modification Factor, Carrier Premium Deviation Factor

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Name	Description
Identifier	A set of letters and/or numbers assigned by the carrier to provide unique distinction of a data element. Examples: Policy Number Identifier, Claim Number Identifier NOTE: 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, specifications, 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 identifies the applicability of a specific condition. Valid indicator codes are “Y” (Yes) and “N” (No). Examples: Lump Sum Indicator, Vocational Rehabilitation Indicator NOTE: 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.
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. Examples: Report Number, Catastrophe Number
Percentage	Data elements reported as whole numbers, without a decimal, and are not used in a calculation. Example: Deductible Percentage

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Name	Description
Rate	The basis for pricing insurance premiums, which is generally the cost per unit of exposure (e.g., payroll, remuneration, per capita, population, etc.). Example: Classification Rate, Manual/Charged Rate
Total	Amounts resulting from the sum or aggregate of items are called “Totals.” Examples: Standard Premium Total, Number of Claims Total

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SPECIFICATIONS DEFINITIONS

The following are definitions for certain terms used throughout the WCIO *Workers Compensation Data Specifications*.

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:	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.
FORMAT:	Provides the computer input format expected.
NUMERIC (N):	Field contains only numeric characters. Data field is to be right justified and left zero-filled.
RESERVED FOR FUTURE USE:	Wherever a field or record is indicated as "Reserved for Future Use," the field or record is to be left blank. ***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.

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LINK AND KEY FIELD DATA ELEMENTS

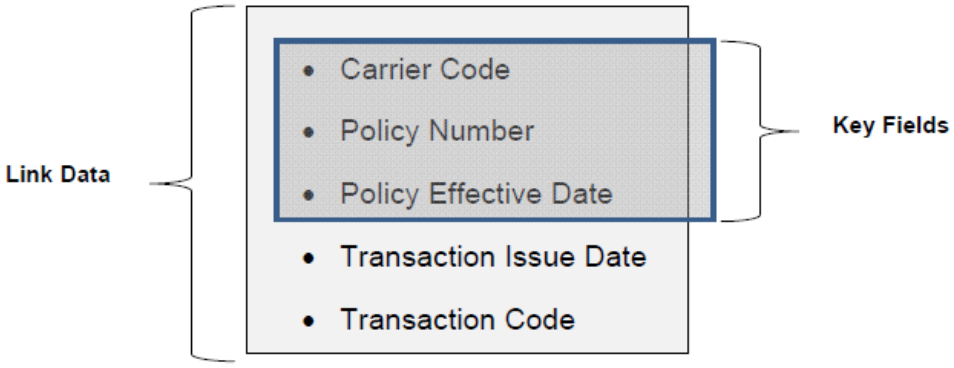
OVERVIEW

Link data are data elements which are required to be reported consistently for all records within a transaction. Link data is used to keep these records connected for processing, storage and identifying duplicate data.

Key fields are a subset of link data elements which are required to be reported consistently for all records of related transactions. They are used to keep these transactions connected and identify duplicate data.

This is a representation of WCPOLS showing the Key Field data elements as a subset of Link Data.

Example: WCPOLS Link Data / Key Fields



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LINK AND KEY FIELD DATA ELEMENTS

Data Type	Data Element	Link /Key Fields	Description
WCPOLS	Carrier Code	Both	A 5-digit numeric code that identifies the insurer. It is assigned by NCCI or other jurisdictions. The carrier code is also known as: Data Provider Code Carrier Number Company Code Coverage Provider ID **Note**: NAIC also assigns a 5-digit carrier code which is different than the 5-digit carrier code assigned by NCCI
WCPOLS	Policy Number Identifier	Both	A unique number assigned by the insurance company to a policy.
WCPOLS	Policy Effective Date	Both	The year, month, and day (YYMMDD) upon which the policy becomes operational (effective) and the insured has coverage.
WCPOLS	Transaction Issue Date	Link	Carrier's system processing date, of the transaction being submitted, in Julian date format (YYDDD).
WCPOLS	Transaction Code	Link	A code used to define the type of transaction being submitted.
WCSTAT	Carrier Code	Both	See WCPOLS Carrier Code definition.
WCSTAT	Policy Number Identifier	Both	See WCPOLS Policy Number Identifier definition.
WCSTAT	Exposure State Code	Both	The state in which coverage has been provided for the classifications and corresponding exposures, if any, and to which the payrolls of injured workers have been assigned.
WCSTAT	Policy Effective Date	Both	See WCPOLS Policy Effective Date definition.
WCSTAT	Report Level Code/Report Number	Link	Identifies the report level of the unit report being submitted. Each level corresponds to the time frame for which the losses on the unit are valued.
WCSTAT	Correction Sequence Number	Link	The number of correction reports submitted within a particular report level
WCCDCI	Carrier Code	Key	See WCPOLS Carrier Code definition.
WCCDCI	Policy Number Identifier	Key	See WCPOLS Policy Number Identifier definition.
WCCDCI	Policy Effective Date	Key	The year, month, and day (CCYYMMDD) upon which the policy becomes operational (effective) and the insured has coverage.
WCCDCI	Reported to Insurer Date	Key	The date the claim was originally reported to the insurer. The date used to determine loss valuation.

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Data Type	Data Element	Link /Key Fields	Description
WCCDCI	Claim Number Identifier	Key	The unique set of numbers and/or letters that identify the specific claim that the report applies to.
WCMED	Carrier Code	Key	See WCPOLS Carrier Code definition.
WCMED	Policy Number Identifier	Key	See WCPOLS Policy Number Identifier definition.
WCMED	Policy Effective Date	Key	The year, month, and day (CCYYMMDD) upon which the policy becomes operational (effective) and the insured has coverage.
WCMED	Bill Identification Number	Key	A unique number assigned to each bill by the administering entity.
WCMED	Line Identification Number	Key	A unique number that the administering entity assigns to each line associated with the Bill Identification Number.
WCCRIT	Carrier Code	Both	See WCPOLS Carrier Code definition.
WCCRIT	Policy Number Identifier	Both	See WCPOLS Policy Number Identifier definition.
WCCRIT	Exposure State Code	Both	A code used to identify the state in which coverage has been provided for the classifications and corresponding exposures, if any, and to which the payrolls of claimants have been assigned.
WCCRIT	Policy Effective Date	Both	The year, month, and day (CCYYMMDD) upon which the policy becomes operational (effective) and the insured has coverage.
WCCRIT	Product Data Type Code	Link	A code used to identify the type of criticism (WCPOLS or WCSTAT).
WCCRIT	Report Level Code/Report Number	Link	A code used to identify the report level based on the loss valuation date.
WCCRIT	Transaction Code	Link	A code used to define the type of transaction being submitted (WCPOLS Only).
WCCRIT	Correction Sequence Number	Link	The number of correction reports submitted within a particular report level.
WCCRIT	Transaction Issue Date	Link	The accounting date of issuance of the transaction (CCYYMMDD).

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POLICY DATA REPORTING OVERVIEW

The policy is another name for the written contract of workers' compensation insurance. Policy data is the coverage information from the documents included and attached to a workers compensation policy. The information contained in this section of the handbook should be used in combination with the **Workers Compensation Policy** (WCPOLS) reporting specifications.

USE OF POLICY DATA

Policy reporting starts the data flow between the data reporting company and the DCO.

The primary uses of policy data are as follows:

- To perform a review for the accuracy of the policy data.
- To allow the DCO to create a diary or reminder when the unit report is due.
- To populate the Proof of Coverage (POC) program.
- To identify accounts for experience rating or other programs.

Policy information (policy, endorsement, cancellation, reinstatement, etc.) is reported to the various DCOs in an electronic format.

ELECTRONIC POLICY DATA REPORTING

The guidelines for reporting policy data electronically are found in the WCPOLS section of the WCIO *Workers' Compensation Data Specifications* located at *www.wcio.org*.

The WCPOLS format is a 300-byte record.

Contact the individual DCOs for their accepted methods of electronic submissions, testing requirements, and to determine which of the Transaction Codes they will accept and the applicability of all notes, instructions, and rules associated with Transactions.

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POLICY STATE AND REPORTING DCO

This chart illustrates the state and the DCO to which the policies should be submitted. The exceptions are noted below the chart.

STATE	DCO
Alabama	NCCI
Alaska	NCCI
Arizona	NCCI
Arkansas	NCCI
California	Workers' Compensation Insurance Rating Bureau of California
Colorado	NCCI
Connecticut	NCCI
Delaware	Delaware Compensation Rating Bureau, Inc.
District of Columbia	NCCI
Florida	NCCI
Georgia	NCCI
Hawaii	NCCI
Idaho	NCCI
Illinois	NCCI
Indiana	NCCI
Iowa	NCCI
Kansas	NCCI
Kentucky	NCCI
Louisiana	NCCI
Maine	NCCI
Maryland	NCCI
Massachusetts	Workers' Compensation Rating and Inspection Bureau of Massachusetts
Michigan	Compensation Advisory Organization of Michigan
Minnesota	Minnesota Workers' Compensation Insurers Association, Inc.
Mississippi	NCCI
Missouri	NCCI
Montana	NCCI
Nevada	NCCI
New Hampshire	NCCI
New Jersey	New Jersey Compensation Rating and Inspection Bureau
New Mexico	NCCI
New York	New York Compensation Insurance Rating Board

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STATE	DCO
North Carolina	North Carolina Rate Bureau
North Dakota	Exclusive State Fund
Ohio	Exclusive State Fund
Oregon	NCCI
Pennsylvania	Pennsylvania Compensation Rating Bureau
Puerto Rico	Exclusive State Fund
Rhode Island	NCCI
South Carolina	NCCI
South Dakota	NCCI
Tennessee	NCCI
Texas	NCCI
Utah	NCCI
Vermont	NCCI
Virginia	NCCI
Washington	Exclusive State Fund
West Virginia	NCCI
Wisconsin	Wisconsin Compensation Rating Bureau
Wyoming	Exclusive State Fund

Exceptions**:**

Massachusetts, Minnesota, North Carolina, and Wisconsin use NCCI for their interstate rating services. When an account qualifies for interstate rating, a copy of the policy must be sent to both the individual state DCO and to NCCI.

Policies in North Dakota, Ohio, Washington, and Wyoming providing employers' liability, voluntary compensation or U.S. Longshore and Harbor Workers coverage are collected by NCCI.

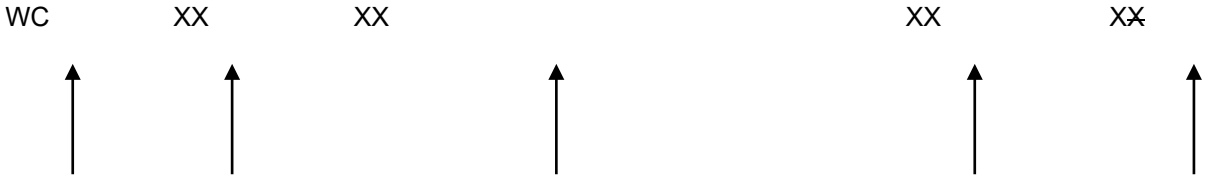
POLICY FORMS

Forms are used to provide or revise coverage for workers' compensation utilize an identification numbering system.

The two most common policy forms are:

WC 00 00 00	Workers' Compensation and Employers' Liability Policy*
WC 00 00 01	Information Page

*An alpha character following a form number indicates the bureau version, see numbering system below.



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Line of Insurance	General Or State Specific	Type of Endorsement		Sequence Number	Bureau Version Identifier
	(XX=00-99)	Federal Coverage and Exclusions	= 01	(XX=00-99)	The bureau version identifier is used by DCOs to identify the proper revision level of an endorsement or other forms after the original printing.
		Maritime Coverages and Exclusions	= 02		
		Other Coverages and Exclusions	= 03		
		Premium	= 04		
		Retrospective Premium	= 05		
		Miscellaneous	= 06		

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Example 1

WC 00 04 04

The above indicates a workers' compensation (WC) general (00) premium (04) endorsement and fourth (04) in the sequence.

Example 2

WC 29 01 01 A

The above indicates a workers' compensation (WC) state specific for New Jersey (29) federal (01) endorsement, first in the sequence (01) and the first version (A) after the original printing.

The Endorsement Number and Bureau Version Identifier are required fields on the WCPOLS Endorsement record. Many DCOs edit these fields as part of their policy review.

For electronic reporting the text for forms may be reported using a state specific record. These records are identified by state alpha character, followed by a second record type alpha identifier; i.e., DA = California Longshore and Harbor Workers' Compensation Act Coverage Endorsement, where D = California and A = WC040101A (Longshore and Harbor Workers' Compensation Act Coverage Endorsement).

The state record identifiers are:

Jurisdiction	Code
New Jersey	A
Delaware and Pennsylvania	B
New York	C
California	D
Wisconsin	E
Massachusetts	F
Michigan	G
Minnesota	H

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POLICY TRANSACTION CODE NOTES/INSTRUCTIONS

Transaction Codes identify what type of electronic policy transaction is being reported. The following are the notes and/or instructions to provide information about the proper use of Transaction Codes. Read the notes carefully as they may not apply to all Transactions.

Contact each DCO to determine which of the Transaction Codes they will accept and the applicability of all notes, instructions, and rules associated with those Transactions.

- A complete replacement must be submitted when reporting changes to the policy for which there is not a specific endorsement record layout in the Specification Records section of the Data Specification.
- A complete replacement of a policy should include all revised policy (Record Type Codes 01–07) and endorsement (Record Type Codes 09–ZZ) data resulting from the change, as well as all policy and endorsement data previously reported that is not impacted by the change.
- Cancellation and Reinstatement (Record Type Code 08) data are not to be considered a part of the basic policy and should not be included as part of a total replacement for Transaction Codes 06, 08, 10, 14, and 15. Cancellation or reinstatement status is retained when a policy is replaced with Transactions 08, 10, 14 and 15. Cancellation or reinstatement status is not retained when a policy is replaced with Transaction Code 06.
- Changes to the policy for which there is a specific endorsement layout in the Specifications Records section of the Data Specifications must be reported by one of two methods:
    1. As a separate Transaction Code 03 endorsement record **(N/A: CA, DE, MA, MI, MN, NJ, NY, PA)** or,
    2. As a Transaction Code 06, 08, 10 or 14 complete replacement policy including all the applicable endorsement records.
- If there are multiple transactions corresponding to Transaction Codes 08, 10, 14, and 15 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.
- If a rating change and non-rating change occur simultaneously (Transaction Codes 08 and 10), use the transaction code corresponding to the rating change (08).
- As an option, the insurer may submit a complete replacement of the policy using one of the Transaction Codes 08, 10, or 14 on the same issue date as Type 01, 02, 04, or 06.

Rules for Deletion:

- If the insurer's intent is to delete data from the entire policy period, a Transaction Code 08, 10, 14 or 15 should be submitted. The transaction should include all data on the Policy Effective Date, and on subsequent policy change effective dates, but which excludes the data or record(s) to be deleted.
- If the insurer's intent is to delete data for only part of the policy period, a Transaction Code 08, 10, 14, or 15 should be submitted, which includes all data on the policy, as follows:

    Policy Change Effective Date will be reported only on the record(s) being eliminated and will be equal to the policy effective date (or date previously added).

    Policy Change Expiration Date will be reported only on the record(s) being eliminated and will be the "delete" date.

    N/A: NCCI

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NCCI: NCCI only accepts formal deletes of Record Type 02—Name Record and Record Type 03—Address Record. If the insurer's intent is to delete names and/or addresses for only part of the policy period, a Transaction Code 08, 10, 14, or 15 should be submitted, which includes all data on the policy, as follows:

Policy Change Effective Date will be reported only on the name or address record(s) being eliminated and will be the "delete" date.

Policy Change Expiration Date will be reported only on the name or address record(s) being eliminated and will be the "delete" date.

The following provides specific notes and instructions by Transaction Code.

CODE	DESCRIPTION	NOTES
01	New Policy	This code is used to report to the jurisdiction that the insured has been issued a policy for the first time.
		It must include, on the Endorsement ID Record (Record Type Code 07), any endorsements that are attached to the policy at issuance. If an endorsement listed on the Endorsement ID Record has a layout in the Specifications Records section of the Data Specifications, then this record must also be submitted on this transaction.
		Transaction Code 01 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.
		Prior Policy Number Identifier (positions 77-94 on the Header Record) is not to be reported when reporting policy data with Transaction Code 01 - New Policy.
02	Renewal Policy	This code is used to report coverage that has been continued for another policy term by the insurer.
		It must include, on the Endorsement ID Record (Record Type Code 07), any endorsements that are attached to the policy at issuance. If an endorsement listed on the Endorsement ID Record has a layout in the Specifications Records section of the Data Specifications, then this record must also be submitted on this transaction.
		Transaction Code 02 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.
03		This Transaction Code is used to report endorsements (other than annual rerate) having record layouts in the Specifications Records section of the Data Specifications of these specifications and issued subsequent to the policy.

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CODE	DESCRIPTION	NOTES
	Endorsement N/A: CA, MA, MI, MN, NJ, NY	Multiple 03 transactions for the same policy, same transaction issue date and for the same record type are not permissible for some endorsement record types. Refer to the individual record descriptions for additional information.
		If adding an endorsement to the policy using Transaction Code 03, a Record 87 will be required adding the form number. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
04	Annual Rerate Endorsement	This Transaction Code is used to report two types of coverage: 1—To report the second or third year of a three-year variable rate policy. **N/A: MN** 2—To report the remaining portion of policies with a coverage period greater than annual.
		There are no unique record types for annual rerate endorsements. They are to be reported using all record types applicable to new or renewal business and are identified by Transaction Code 04.
		Transaction Code 04 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.
		Transaction Code 04 cannot be used to add or delete a state.
		State Premium Record 04 and Exposure Record 05 reported on Transaction Code 04 are bound by the period effective and expiration date. All other record types reported are effective from the period effective date through the policy expiration date. Any subsequent change effective and expiration dates will not be applied. Midterm changes must be reported via the appropriate change Transaction Code (08, 10, 14 or 15). **N/A: CA, DE, MI, NCCI, NJ, NY, PA**
		No changes to any other records will be processed. Any other changes must be reported via the appropriate change transactions (08, 10, 14, or 15). **N/A:CA, DE, MA, MI, MN, NCCI, NY, PA**
05	Cancellation/Reinstatement	This Transaction Code is used to report a cancellation or reinstatement of a policy or Proof of Coverage (POC) Notice/Binder previously reported. Only Record Type Code 08 is valid for this transaction code.
		The cancellation record must include the carrier code, policy number identifier and policy effective date of the policy term being cancelled or reinstated in the appropriate link data fields (Positions 1–43).

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CODE	DESCRIPTION	NOTES
06	Policy Replacement Due to Key Field Change	This Transaction Code is used to report a replacement policy for a previously issued policy that has had one or more key data fields (Carrier Code, Policy Number Identifier, Policy Effective Date) changed.
		This transaction must contain the original carrier code, original policy number identifier and original policy effective date of the policy term being replaced in Positions 221–249 of the Header Record.
		Only one Transaction Code 06 may be submitted per policy on the same issue date. **N/A: NCCI**
		NCCI: NCCI can accept multiple Transaction Code 06 per day, but only one Transaction Code 06 per submission.

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Some jurisdictions may allow or require a cancellation record (Record Type Code 08) with a Transaction Code 05 prior to a Transaction Code 06 for the previously issued policy this transaction replaces. **N/A: NCCI**

The following charts provide the requirements:

DCO	Requires Cancellation prior to Transaction Code 06
CA	N (but will allow)
DE	Y
MA	Y
MI	N (but will allow)
MN	Y
NC	N (but will allow)
NCCI	N
NJ	N (although expects it)
NY	N (although expects it)
PA	Y
WI	N (but will allow)

When a cancellation is reported prior to a Transaction Code 06 the following Cancellation code combinations should be reported on the Cancellation/Reinstatement Transaction 08:

Field 4 – position 48 - Cancellation/Reinstatement ID Code

- Code 1 = Cancellation or
- Code 9 = Deletion of original data submitted under the Carrier Code, Policy Number Identifier, and Policy Effective Date reported N/A: MI, NC, NCCI, WI

Field 5 – position 49 - Cancellation Type Code

- Zero-fill or
- Code 1 = Cancelled Flat

Field 6 – positions 50-51 – Reason for Cancellation Code

- Zero-fill or
- Code 07 = Rewrite (Use with Cancellation Type Code 1) N/A: NCCI

DCO's	Cancellation Code Combinations
CA, DE, NJ, PA	9, 1, 00
MA	9, 0, 07
MN, NY	9, 0, 00

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<table>
<tr><th>CODE</th><th>DESCRIPTION</th><th>NOTES</th></tr>
<tr><td></td><td></td><td><table>
<tr><td>MN, NC, MI, WI</td><td>1, 1, 07</td></tr>
<tr><td>WI</td><td>1, 0, 07</td></tr>
<tr><td>NCCI</td><td>N/A, N/A, N/A</td></tr>
</table></td></tr>
<tr><td></td><td></td><td>MA: The policy effective date on Transaction Code 06 must be the same date as the effective date of cancellation of the policy that the Transaction Code 06 replaces.</td></tr>
<tr><td></td><td></td><td>NCCI: Rating, nonrating, and miscellaneous policy changes (excluding Add/Delete State) will be accepted on a Transaction Code 06 as of the original date the record with the change was reported.</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td>07</td><td>Reserved for Future Use</td><td></td></tr>
<tr><td colspan="3"></td></tr>
<tr><td rowspan="5">08</td><td rowspan="5">Policy Replacement due to Rating Change</td><td>This Transaction Code is used to report a change to the policy that impacts premium amounts and for which an additional premium amount bill or return premium amount is sent to the insured.</td></tr>
<tr><td>All records that are submitted for Transaction Code 08 must contain the policy number identifier, policy effective date, and carrier code in the link data of the policy term for which the change is applicable. Policy number identifier, policy effective date, and/or carrier code may not be changed under Transaction Code.</td></tr>
<tr><td>When using Transaction Code 08 to modify data (with the exception of deleting data), the Policy Change Effective Date and Policy Change Expiration Date are required only on the record(s) containing the change. If an entire record is being deleted at inception, the record should be omitted. For records being deleted midterm, the record must be included and the midterm deletion date must be reported in the Policy Change Expiration Date field.</td></tr>
<tr><td>Only one set of Transaction Code 08 records per Transaction Issue Date per submission. A transaction may have more than one Policy Change Effective Date.</td></tr>
<tr><td>If there are multiple transactions corresponding to Transaction Code 08 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.</td></tr>
</table>

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CODE	DESCRIPTION	NOTES
		When submitting a Transaction Code 08 for a multi-year policy without change effective and expiration dates, the following rules apply: a) If policy effective date is reported in Link Data and policy expiration date is reported in Header Record (01), information in State Premium and Exposure Records (04 and 05) will be applied to the first period only. Information on all other records is assumed to apply to the full policy period. b) If policy effective date reported in Link Data reflects the effective date of a policy period as reported on an Annual Rerate Transaction Code 04 and the expiration date reported in the Header Record is the period expiration date, the premium and exposure information is for the reported period. Information on the Header and all other records is effective as of the period effective date and continues until the policy expiration date. **N/A: CA, DE, MI, NCCI, NY, PA**
		CA, MN, NCCI, NY: Rating, non-rating, and miscellaneous policy changes (excluding Key Field changes and Add/Delete State) will be accepted when submitted as Transaction Codes 08, 10 or 14. For processing purposes, these DCOs do not distinguish between Transaction Codes 08, 10 and 14.
		If an insurer submitting Transaction Code 08 is not able to supply previously submitted records, printed endorsements may be required. Insurers should discuss this with each DCO.
09	Reserved for Future Use	
10	Policy Replacement due to Non-Rating Change	This Transaction Code is used to report a change to the policy that does not impact premium amounts.
		All records that are submitted for Transaction Code 10 **must** contain the policy number identifier, policy effective date, and carrier code in the link data of the policy term for which the change is applicable. Policy number identifier, policy effective date, and/or carrier code may not be changed under Transaction Code 10.
		When using Transaction Code 10 to modify data (with the exception of deleting data), the Policy Change Effective Date and Policy Change Expiration Date are required only on the record(s) containing the change. If an entire record is being deleted at inception, the record should be omitted. For records being deleted midterm, the record must be included and the midterm deletion date must be reported in the Policy Change Expiration Date field.
		Only one set of Transaction Code 10 records per Transaction Issue Date per submission. A transaction may have more than one Policy Change Effective Date.

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CODE	DESCRIPTION	NOTES
		If there are multiple transactions corresponding to Transaction Code 10 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.
		When submitting a Transaction Code 10 for a multi-year policy without change effective and expiration dates, the following rules apply: a) If policy effective date is reported in Link Data and policy expiration date is reported in Header Record (01), information in State Premium and Exposure Records (04 and 05) will be applied to the first period only. Information on all other records is assumed to apply to the full policy period. b) If policy effective date reported in Link Data reflects the effective date of a policy period as reported on an Annual Rerate Transaction Code 04 and the expiration date reported in the Header Record is the period expiration date, the premium and exposure information is for the reported period. Information on the Header and all other records is effective as of the period effective date and continues until the policy expiration date. **N/A: CA, DE, MI, NCCI, NY, PA**
		CA, MN, NCCI, NY: Rating, nonrating, and miscellaneous policy changes (excluding Key Field changes and Add/Delete State) will be accepted when submitted as Transaction Codes 08, 10 or 14. For processing purposes, these DCOs do not distinguish between Transaction Codes 08, 10, and 14.
		If an insurer submitting Transaction Code 10 is not able to supply previously submitted records, printed endorsements may be required. Insurers should discuss this with each DCO.
11	Reserved for Future Use	
12	Reserved for Future Use	
13	Reserved for Future Use	
14	Policy Replacement due to Miscellaneous Change/Non-Key Field Change	This Transaction Code is used at the insurer's option for policy changes (excluding key data field changes and adding/deleting states) in place of Transaction Codes 08 and 10.
		All records that are submitted for Transaction Code 14 **must** contain the policy number identifier, policy effective date, and carrier code in the link data of the policy term for which the change is applicable. Policy number identifier, policy effective date, and/or carrier code may not be changed under Transaction Code 14.

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CODE	DESCRIPTION	NOTES
		When using Transaction Code 14 to modify data (with the exception of deleting data), the Policy Change Effective Date and Policy Change Expiration Date are required only on the record(s) containing the change. If an entire record is being deleted at inception, the record should be omitted. For records being deleted midterm, the record must be included and the midterm deletion date must be reported in the Policy Change Expiration Date field.
		Only one set of Transaction Code 14 records per Transaction Issue Date per submission. A transaction may have more than one Policy Change Effective Date.
		If there are multiple transactions corresponding to Transaction Code 14 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.
		When submitting a Transaction Code 14 for a multi-year policy without change effective and expiration dates, the following rules apply: a) If policy effective date is reported in Link Data and policy expiration date is reported in Header Record (01), information in State Premium and Exposure Records (04 and 05) will be applied to the first period only. Information on all other records is assumed to apply to the full policy period. b) If policy effective date reported in Link Data reflects the effective date of a policy period as reported on an Annual Rerate Transaction Code 04 and the expiration date reported in the Header Record is the period expiration date, the premium and exposure information is for the reported period. Information on the Header and all other records is effective as of the period effective date and continues until the policy expiration date. **N/A: CA, MI, NCCI, NY**
		CA, MN, NCCI, NY: Rating, nonrating, and miscellaneous policy changes (excluding Key Field changes and Add/Delete State) will be accepted when submitted as Transaction Codes 08, 10 or 14. For processing purposes, these DCOs do not distinguish between Transaction Codes 08, 10, and 14.
		If an insurer submitting Transaction Code 14 is not able to supply previously submitted records, printed endorsements may be required. Insurers should discuss this with each DCO.

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15	Policy Replacement due to Add/Delete State Change	This Transaction Code is used to add or delete a state.
		1) Reporting to DCOs (other than NCCI): Reporting to the DCO of the state being added with this transaction: Notifies the DCO that the state is being added to the policy and therefore this is the first submission of this policy to the state. Reporting to the DCO of the state being deleted with this transaction: Cannot be reported using this transaction. Submit a cancellation using Transaction Code 05 with Record Type Code 08 (only). Reporting to a DCO other than that of the state being added or deleted with this transaction: Notifies the DCO that another state is being added to or deleted from the policy. No other changes, other than those directly associated with adding or deleting the state (i.e., premium) are to be made with this transaction. If unable to exclude other changes from this transaction, then the transaction must be reported using one of Transaction Codes 08, 10 or 14 where applicable.
		When submitting a Transaction Code 15 for a multi-year policy without change effective and expiration dates, the following rules apply: a) If policy effective date is reported in Link Data and policy expiration date is reported in Header Record (01), information in State Premium and Exposure Records (04 and 05) will be applied to the first period only. Information on all other records is assumed to apply to the full policy period. b) If policy effective date reported in Link Data reflects the effective date of a policy period as reported on an Annual Rerate Transaction Code 04 and the expiration date reported in the Header Record is the period expiration date, the premium and exposure information is for the reported period. Information on the Header and all other records is effective as of the period effective date and continues until the policy expiration date. **N/A: CA, DE, MI, NCCI, PA, NY**
		2) Reporting to NCCI: Notifies NCCI of the state(s) being added and/or deleted to/from Item 3.A.
		The Policy Change Effective Date field on the State Premium Record (Record Type Code 04) and on the Exposure Record(s) (Record Type Code 05) will indicate the date the state is to be added or deleted.
		If the state is to be deleted on the inception date of the policy, the deleted state will have only one accompanying Exposure Record (Record Type Code 05). The Exposure Record must contain zeros in the following fields: Classification Codes, Exposure Act/Exposure Coverage Code, Manual/Charged Rate, Exposure Period Effective Date, Estimated Exposure Amount, Estimated Premium Amount, Exposure Period Code, Amount of Pieces of Apparatus, Amount of Volunteers, and Policy Surcharge Factor.

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		When using Transaction Code 15 to modify data (with the exception of deleting data), the Policy Change Effective Date and Policy Change Expiration Date are required only on the record(s) containing the change. If an entire record is being deleted at inception, the record should be omitted. For records being deleted midterm, the record must be included and the midterm deletion date must be reported in the Policy Change Expiration Date field.
		The Policy Changes Expiration Date field on the State Premium Record (Record Type Code 04) and on the Exposure Record(s) (Record Type Code 05) of the state in question will be reported as follows: a) State Added—Report the Policy Expiration Date or zero-fill. b) State Deleted—Report the Policy Changes Effective Date.
		For single state policies, transaction code 15 is not applicable to delete the state. Submit a cancellation using Transaction Code 05 with Record Type Code 08 (only). Rating, nonrating, and miscellaneous policy changes (excluding Key Field changes) will be accepted on a Transaction Code 15 as of the Policy Change Effective Date, if provided.
		Only one set of Transaction Code 15 records per Transaction Issue Date per submission. A transaction may have more than one Policy Change Effective Date.
		If there are multiple transactions corresponding to Transaction Code 15 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.
16	Proof of Coverage (POC) Notice/Binder N/A: MI, NC, NJ, NY	This Transaction Code is used to report coverage when the insurer does not have all the information available that is required for a complete establishing document. The policy itself must be submitted to the DCO on a subsequent submission, unless the Proof of Coverage (POC) Notice/Binder has been cancelled as of the POC Notice effective Date.
		Transaction Code 16 requires all data elements necessary to establish Proof of Coverage when reporting to DCOs.
		Minimum requirements for filing include: a) All Link Data b) Record Type Code 01—Header Record: At a minimum it must contain Field #1, link data information. c) Record Type Code 02—Name Record: Submit at least one Name of Insured or as many Name Records as required by the DCO. d) Record Type Code 03—Address Record: Submit the Mailing Address (Address Type 1) corresponding to the required Name Record. Also report as many Address of Location of Operations (Address Type 2 and/or 6) records as known. **NCCI**: On Transaction Code 16, Proof of Coverage (POC) Notice/Binder, the minimum requirements can be found in NCCI's Policy and Proof of Coverage Reporting Guidebook.
		Submit the Address of Carrier Issuing/Servicing Office (Address Type 3) record.

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		Additional data elements may be required when reporting to various DCOs, e.g., Federal Employer Identification Number, State Unemployment Number, Type of Plan ID Code, etc. Please contact the DCO to which you would submit this Proof of Coverage.
		CA, WI: On Transaction Code 16, Proof of Coverage (POC) Notice/Binder, the minimum requirements will also include Header Record (Record Type Code 01) position 108, Type of Plan ID Code and either a State Premium Record (Record Type Code 04) with 04/48 in position 44-45, or an Other States Coverage Record (Record Type Code 06) with 04/48 as an included state.
		MA: On Transaction Code 16, Massachusetts Issue notice, the minimum requirements also include Header Record (record 01) position 108 Type of Plan ID Code, positions 58-63 Policy Expiration Date, position 75 Employee Leasing Policy Type Code, and a State Premium Record (Record Type Code 04) with 20 in positions 44-45. If issue notice is for a PEO client then the Transaction Code 16 must contain the Employee Leasing Endorsement Record FA and may contain the name of the client on the appropriately identified Name Record.
		Report as many elements that are known at the time of the issuance of this transaction.
17	Noncompliance/Compliance of Policy Terms and Conditions N/A: CA, NJ, NY, PA, WI	This Transaction Code is used to report noncompliance issues as a result of undisputed premium due, and/or noncompliance with the policy terms and conditions on a policy or Proof of Coverage (POC) Notice/Binder previously reported.
		This Transaction Code is also used to report compliance on a previously reported noncompliance transaction.
		Only Record Type Z1 is valid for this transaction code. The Noncompliance/Compliance record must include the carrier code, policy number identifier, and effective date of the policy for which it applies in the appropriate link data fields (Positions 1-43).
		All carriers must notify the Plan Administrator of any undisputed premium obligation and or any noncompliance issues on prior or current assigned risk workers compensation insurance policies.
		This record is to be used for Assigned Risk policies only. N/A: CA, DE, MA, NC, NJ, NY, NCCI, PA, WI
		This transaction is optional for voluntary market policies. N/A: MN
18	Renewal Certificate/Renewal Agreement N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI	**CA:** This Transaction Code is used to report coverage that has been continued for another policy term by the insurer.
		CA: Renewal Certificates and Renewal Agreements shall be used only for the purpose of renewing the policy and showing the proper experience modification for the renewal period. Renewal Certificates and Renewal Agreements cannot be used to make any other changes to the policy.

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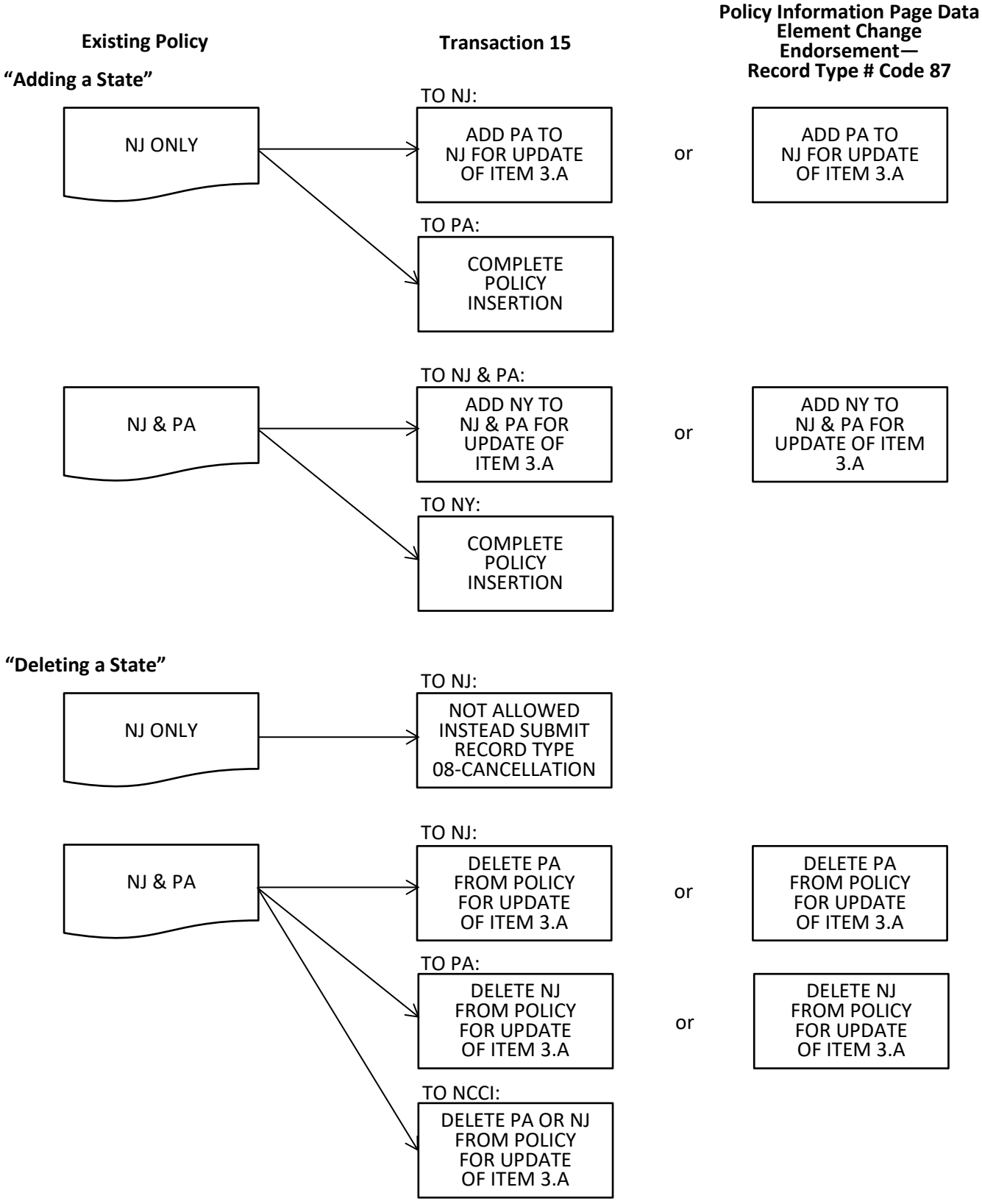
Policy Transaction 15: Example The following is an example of how to use Transaction Code 15 to add or delete a state:



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POLICY NAME CODING EXAMPLES

The following are examples of how different insured names may be submitted when following the data specifications:

Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed.

Policy Example	Name of Insured:	ABC Corporation dba ABC Industries Kyle Smythe and Sara Brown dba Smythe and Brown Industrial Co.
	Address:	123 Main Street (Mailing Address)
	Additional Locations:	456 South Street 789 North Avenue

If able to define each name or group of names with a separate Name Link Identifier, the records should appear as follows:

Example 1—Reporting by Personal/Commercial Format

Name Record

Name Type Code	Name Link Identifier	Name of Insured	Continuation Sequence Number
2	001	ABC Corporation	001
2	001	dba ABC Industries	002
1	002	Smythe, Kyle	001
1	002	Brown, Sara	002
2	002	Smythe and Brown Industrial Co	003

Example 2—Reporting by String Format

Name Record

Name Type Code	Name Link Identifier	Name of Insured	Continuation Sequence Number
3	001	ABC Corporation dba ABC Industries	001
3	002	Smythe, Kyle and Brown, Sara dba Smythe and Brown Industrial Co	001

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Example 2—Reporting by String Format

Name Record

Name Type Code	Name Link Identifier	Name of Insured	Continuation Sequence Number
3	001	ABC Corporation	001
3	001	dba ABC Industries	002
3	002	Smythe, Kyle and Brown, Sara	001
3	002	dba Smythe and Brown Industrial Co	002

EXAMPLE 3—REPORTING A LONG NAME

Name Record

Name Type Code	Name Link Identifier	Name of Insured	Continuation Sequence Number
3	001	The Amalgamated Association of Agricultural Farmers and Dairymen of America Trust Fund Dated Sept	001
3	001	ember 22, 2013	002

POLICY NAME/ADDRESS/EXPOSURE/LINK CODING EXAMPLES

The following are examples of how different insured names with address and exposure links may be submitted when following the data specifications:

Name Link Identifier	Name Records	Address	Legal Nature Of Insured
001	ABC Corporation dba ABC Industries	123 Main Street, Brookfield WI 53086	Corp
002	Smythe, Kyle and Brown, Sara dba Smythe & Brown Industrial Co	123 Main Street, Brookfield WI 53086	Partnership

POLICY NAME/ADDRESS/EXPOSURE LINK

Name Link Identifier	State Code Link	Exposure Record Link	Mailing Address Record
001	48		123 Main Street

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POLICY OTHER LOCATIONS RECORDS

(Listing for addresses is for example clarity only)

001*	48	00001	123 Main Street
002	48	00001	123 Main Street
002	22	00001	No Specific Location (Optional Address Type Code 6)

POLICY EXPOSURE RECORDS

Name Link Identifier	State Code Link	Exposure Record Link	Classification Code	Exposure	Manual/ Charged Rate	Premium Amount
001	48	00001	8810	100,000	1.00	1,000
001	48	00002	9082	100,000	1.00	1,000
002	48	00001	8810	100,000	1.00	1,000
002	22	00001	8742	100,000	1.00	1,000

*Whenever an insurer is supplying an address record/exposure record link, it may do so via either the Mailing Address record or Other Location record.

POLICY INDEPENDENT DCO RISK ID NUMBER / FILE NUMBER / ACCOUNT NUMBER REPORTING

The following provides specific information and examples for reporting these numbers.

Examples by jurisdiction:

CA, MA, MN, NY, NJ, WI

Bytes: 7
Class: Numeric
Leading Zeros: Must be expressed

Example	Reported As	Data Positions	Blank Positions
1234567	1234567	58-64	65-72
123	0000123	58-64	65-72

DE, PA

Bytes: 7
Class: Numeric
Leading Zeros: Are optional

Example	Reported As	Data Positions	Blank Positions
1234567	1234567	58-64	65-72
1234	0001234	58-64	65-72

Or if zeros are not expressed:

1234	1234	58-61	62-72

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MI

Bytes: 9
Class: Alphanumeric
Leading Zeros: Must be expressed

Example	Reported As	Data Positions	Blank Positions
1234567AB	1234567AB	58-66	67-72
123A	0000123A	58-65	66-72

NC

Bytes: 8
Class: Numeric
Leading Zeros: Must be expressed

Example	Reported As	Data Positions	Blank Positions
12345678	12345678	58-65	66-72
123	00000123	58-65	66-72

Note: NC Coverage ID Number must be reported.

MOD/NOMOD/MERIT EXAMPLES ON MULTIPLE STATE PREMIUM RECORDS FOR THE SAME STATE

All examples are based on policies which run from 1/1/21-1/1/22 with a 7/1/21 mid-term change

These rules apply to DCOs that accept more than one Record 04 on a transaction. For NCCI reporting requirements, which do not allow more than one Record 04 on a transaction, see the examples in Mod/NoMod/Merit Examples for Single State Premium Record for a State.

Example #1 – Policy with Midterm Mod Only. No Mod at inception. Multiple Record 04s accepted.

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code *	Experience Modification Effective Date
04	0000	3	000000 or 210101
04	1230	1	210701

*Consult the applicable DCO for rules regarding use of Experience Modification/ Merit Rating Status Code

N/A: NCCI

Above example would apply to CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Example #2 – Policy with Midterm Merit Only. No Merit at inception. Merit to be reported on Record 04. Multiple Record 04s accepted.

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Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code*	Experience Modification Effective Date
04	0000	3	000000 or 210101
04	0920	4	210701

*Consult the applicable DCO for rules regarding use of Experience Modification/ Merit Rating Status Code

N/A: CA, DE, MA, MN, NCCI, NC, NJ, NY, PA, WI

Above example would apply to MI only

Example #3 – Policy with Midterm Merit Only. No Mod Applies. No Merit at inception. Merit to be reported on Record 05.

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code*	Experience Modification Effective Date
04	0000	3	000000 or 210101
04	0000	3	210701

*Consult the applicable DCO for rules regarding use of Experience Modification/ Merit Rating Status Code

Record Type	Exposure Act/ Exposure Coverage Code	Code	Manual Charged Rate	Exposure Period Effective Date	Policy Change Effective Date	Policy Change Expiration Date
05	00	**	0000009500	210701	210701	000000 or 220101

** Consult the applicable DCO for the correct stat code.

N/A: CA, MI, MN, NCCI, NC, NJ, WI

Above example would apply to DE, MA, NY & PA

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Example #4– Policy with Initial Mod Only. No Mod then applies midterm. Multiple Record 04s accepted.

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code*	Experience Modification Effective Date
04	1230	1	000000 or 210101
04	0000	3	210701

*Consult the applicable DCO for rules regarding use of Experience Modification/ Merit Rating Status Code

N/A: NCCI

Above example would apply to CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Example #5 – Policy with Mod at Inception switching to Merit Mid Term. Merit to be reported on Record 04. Multiple Record 04s accepted.

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code	Experience Modification Effective Date
04	1230	1	000000 or 210101
04	0920	4	210701

N/A: CA, DE, MA, MN, NCCI, NC, NJ, NY, PA, WI

Above example would apply to MI only

Example #6 – Policy with a Mod at Inception switching to a Merit mid-term. Merit to be reported on Record 05.

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code	Experience Modification Effective Date
04	1230	1	000000 or 210101
04	0000	3	210701

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*Consult the applicable DCO for rules regarding use of Experience Modification/ Merit Rating Status Code

Record Type	Exposure Act/ Exposure Coverage Code	Code	Manual Charged Rate	Exposure Period Effective Date	Policy Change Effective Date	Policy Change Expiration Date
05	00	**	0000009500	210701	210101	210701

** Consult the applicable DCO for the correct stat code.

N/A: CA, MI, NCCI, NJ, WI

Above example would apply to DE, MA, MN, NY & PA

Example #7– Policy with a Merit at Inception Switching to a Mod. Merit to be reported on Record 04. Multiple Record 04s accepted.

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code*	Experience Modification Effective Date
04	0920	4	000000 or 210101
04	1230	1	210701

N/A: CA, DE, MA, MN, NCCI, NC, NJ, NY, PA, WI

Above example would apply to MI only

Example #8 – Policy with a Merit at Inception switching to a Mod mid-term. Merit to be reported on Record 05.

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code*	Experience Modification Effective Date
04	0000	3	000000 or 01/01/21
04	1230	1	07/01/21

*Consult the applicable DCO for rules regarding use of Experience Modification/ Merit Rating Status Code

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Record Type	Exposure Act/ Exposure Coverage Code	Code	Manual Charged Rate	Exposure Period Effective Date	Policy Change Effective Date	Policy Change Expiration Date
05	00	**	0000009500	210701	210101	210701

** Consult the applicable DCO for the correct stat code.

N/A: CA, MI, NCCI, NJ, WI

Above example would apply to DE, MA, MN, NY & PA

Example #9– Policy with a Merit at Inception Switching to No Mod mid-term. Merit to be reported on Record 04. Multiple Record 04s accepted.

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code*	Experience Modification Effective Date
04	0920	4	000000 or 210101
04	0000	3	210107

N/A: CA, DE, MA, MN, NCCI, NC, NJ, NY, PA, WI

Above example would apply to MI only

Example #10 – Policy with a Merit at Inception switching to No Mod mid-term. Merit to be reported on Record 05.

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code*	Experience Modification Effective Date
04	0000	3	000000 or 210101
04	0000	3	210701

*Consult the applicable DCO for rules regarding use of Experience Modification/ Merit Rating Status Code

Record Type	Exposure Act/ Exposure	Code	Manual Charged Rate	Exposure Period	Policy Change	Policy Change

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	Coverage Code			Effective Date	Effective Date	Expiration Date
05	00	**	0000009500	210701	210101	210701

** Consult the applicable DCO for the correct stat code.

N/A: CA, MI, MN, NCCI, NJ, WI

Above example would apply to DE, MA, NY & PA

MOD/NOMOD/MERIT EXAMPLES ON SINGLE STATE PREMIUM RECORDS FOR THE SAME STATE

All examples are based on policies which run from 1/1/21-1/1/22 with a 7/1/21 mid-term change

These rules apply to DCOs that only allow one Record 04 per state on a transaction (NCCI).

Example #11 – Policy with Midterm Mod Only. No Mod at inception. Only one Record 04 per state is accepted per transaction:

Transaction 1:

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code	Experience Modification Effective Date
04	0000	3	000000 or 210101

Transaction 2:

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code	Experience Modification Effective Date
04	1230	1 or 2	210701

N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Example #12 – Policy with Midterm Merit Only. No Merit at inception. Merit to be reported on Record 04.

Only one Record 04 per state is accepted per transaction:

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Transaction 1:

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code	Experience Modification Effective Date
04	0000	3	000000 or 210101

Transaction 2:

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code	Experience Modification Effective Date
04	0900	4	210701

N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Example #13– Policy with Initial Mod Only. No Mod then applies midterm.

Only one Record 04 per state is accepted per transaction:

Transaction 1:

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code	Experience Modification Effective Date
04	1230	1 or 2	000000 or 210101

Transaction 2:

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code	Experience Modification Effective Date
04	0000	3	210701

N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

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Example #14– Policy with Mod at Inception switching to Merit Mid Term. Merit to be reported on Record 04.

Only one Record 04 per state is accepted per transaction:

Transaction 1:

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code	Experience Modification Effective Date
04	1230	1 or 2	000000 or 210101

Transaction 2:

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code	Experience Modification Effective Date
04	0900	4	210701

N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Example #15– Policy with a Merit at Inception Switching to a Mod. Merit to be reported on Record 04.

Only one Record 04 per state is accepted per transaction:

Transaction 1:

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code	Experience Modification Effective Date
4	0900	4	210101

Transaction 2:

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code	Experience Modification Effective Date
04	1230	1 or 2	210701

N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Example #16 – Policy with a Merit at Inception Switching to No Mod mid-term. Merit to be reported on Record 04.

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Only one Record 04 per state is accepted per transaction:

Transaction 1:

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code	Experience Modification Effective Date
04	0900	4	000000 or 210101

Transaction 2:

Record Type	Experience Modification/Merit Rating Factor	Experience Modification/ Merit Rating Status Code	Experience Modification Effective Date
04	1230	1 or 2	210701

N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

POLICY CHANGE EFFECTIVE/EXPIRATION DATES

For Transaction Codes 01, 02, 04, 06, 16 and 18

The Policy Change Effective Date (position 289-294 of Records 01-07) and the Policy Change Expiration Date (position 295-300) must be zero-filled for policy reporting.

For Transaction Codes 08, 10, 14 and 15

Records that are being added or changed must show the add/change date in the Policy Change Effective Date (position 289-294) of that record. The Policy Change Expiration Date (position 295-300) may be zero-filled or reported as the Policy Expiration Date.

Records that are being deleted must show the deletion date in the Policy Change Expiration Date of that record or if deleted at inception, the record is simply not reported. The Policy Change Effective Date of that record may be zero-filled or reported as of the Policy Effective Date or the date previously reported as an added record. N/A: NCCI

NCCI: Records that are being deleted must show the deletion date in the Policy Change Effective Date and Policy Change Expiration Date of that record or if deleted as of the inception date, the record is simply not reported.

The Policy Change Effective Date and Policy Change Expiration Date fields must be zero-filled for records that are not being added, changed, or deleted.

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Examples – Name Changes

The correct reporting of Policy Change Effective and Policy Change Expiration Dates is most critical on name change endorsements. The examples below are based on name changes. The policy term for these examples are 1/1/2015-1/1/2016 and mid-term changes are effective 7/1/2015.

If the Name Reporting for Transaction Codes 01, 02, 04, 06, 16 and 18 is as follows:

Name Link Identifier	Name	Continuation Seq #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Company, Inc.	001	000000	000000
001	Good Stuff (dba)	002	000000	000000

Example 1 Changing the Primary Name at Policy Effective Date

Name Link Identifier	Name	Continuation Seq #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Enterprises, Inc.	001	150101	000000
001	Good Stuff (dba)	002	000000	000000

Example 2A Changing the Primary Name Mid-Term N/A: DE, MN, PA, NCCI

Keep in mind that name changes are really adds and deletes. When you change a name, the old name is deleted and the new name is added. In the case of a mid-term change, you must delete the old name at the mid-term date and add the new name at the mid-term date.

Name Link Identifier	Name	Continuation Seq #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Company, Inc.	001	000000	150701
001	Acme Enterprises, Inc.	001	150701	000000
001	Good Stuff (dba)	002	000000	000000

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Example 2B Changing the Primary Name Mid-Term – NA: CA, MA, MI, NC, NJ, NY

Name Link Identifier	Name	Continuation Seq #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Enterprises, Inc.	001	150701	000000
001	Good Stuff (dba)	002	000000	000000

Example 3 Adding a Name Effective at Policy Effective Date

Name Link Identifier	Name	Continuation Seq #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Company, Inc.	001	000000	000000
001	Good Stuff (dba)	002	000000	000000
002	Fun Times, Inc	001	150101	000000

Example 4 Adding a Name Mid-Term

Name Link Identifier	Name	Continuation Seq #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Company, Inc.	001	000000	000000
001	Good Stuff (dba)	002	000000	000000
002	Fun Times, Inc	001	150701	000000

Example 5A Deleting an Additional Name at Inception Option 1—Reporting Policy Change Expiration Date Only N/A: DE, PA, NCCI

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Name Link Identifier	Name	Continuation Seq #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Company, Inc.	001	000000	000000
001	Good Stuff (dba)	002	000000	150101

Example 5B Deleting an Additional Name at Inception Option 1—Reporting Policy Change Expiration Date Only -NCCI only

Name Link Identifier	Name	Continuation Seq #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Company, Inc.	001	000000	000000
001	Good Stuff (dba)	002	150101	150101

Example 5C Deleting an Additional Name at Inception-Option 2—Record Not Reported

Name Link Identifier	Name	Continuation Seq #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Company, Inc.	001	000000	000000

Example 6A Deleting an Additional Name at Mid-Term N/A: DE, PA, NCCI

Name Link Identifier	Name	Continuation Seq #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Company, Inc.	001	000000	000000
001	Good Stuff (dba)	002	000000	150701

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Example 6B Deleting an Additional Name at Inception Date or Mid-Term - NA: CA, MA, MI, MN, NC, NJ, NY

Name Link Identifier	Name	Continuation Seq #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Company, Inc.	001	000000	000000
001	Good Stuff (dba)	002	150701	150701

If you are adding a record, you may also report the Policy Expiration Date as the Policy Change Expiration Date.

If you are deleting a record, you may also report the Policy Effective Date, if the name was present at inception or the date the name was previously added, as the Policy Change Effective Date. N/A: DE, PA, NCCI

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POLICY REPLACEMENT TRANSACTIONS (08,10,14) SEQUENCING BY DCO

The chart below shows the current processing sequence for Policy Replacement Transactions. Note the WCIO is working to standardize this more, and what is reflected below is designed to assist you in processing today and not be used as guidance on any future system enhancements.

Logic Used for Updates	Definition	* DCO Exceptions	CA	DE	MA	MI	MN	NC	NCCI	NJ	NY	PA	WI
Updates Done in Real Time or Near Real Time.	If a file is received it is immediately processed. Transactions are applied based on time received.	MA, NY - Business hours only. NJ, MA, NC, NY - excluding unmatched transactions. NY - Excluding large files. MN - Applies only to files uploaded directly to the DCO.			X*	X	X*	X	X	X	X*		
Updates Done in Nightly Batch Based on Received Time Stamp.	All files received during a day are date stamped. All records will be sequentially replaced on a transaction in the order received during that day.	MA - Applies to transactions received outside business hours. MN - Applies only to files received via CDX.		X	X*		X*				X*	X	X
Updates Done in Nightly Batch without using Time Stamp.	All files received in the same batch day are processed without a defined sequence.		X										
Transaction Issue Date (TID) Used in Update Logic to apply all transactions submitted.	When new replacement Policy Transactions are received, the latest transaction date associated with the policy (excluding cancellations/reinstatements) is compared to the Transaction Issue Date of the incoming transaction. If the incoming replacement transaction is later, then all prior records are made inactive and all incoming records are applied as active.	CA, DE, PA: If the incoming replacement transaction is equal to or older, then all prior records remain active and the incoming records are put in history as inactive. NJ, NY: If the incoming replacement transaction is equal to or older the incoming transaction will be rejected.	X	X			X	X			X	X	
Transaction Issue Date (TID) Used when more than one transaction for, the same policy is in the same file.	Only when there are multiple Policy Replacement Transactions for the same policy within the same file is the TID used to determine which order to apply.				X				X	X			X
Unmatched processed when matched, based on only time processed.	If a transaction is initially unmatched, the processed date/time will be used to process.				X					X			
Unmatched processed when matched, based on TID.	If a transaction is initially unmatched, the TID will be used to process.		X		X		X	X			X		
If more than one Replacement Tranaction with the same Transactions Code in the same file, the all matching Link Data transactions will NOT process.	Multiple Transactions with the same link data is percieved as a single transaction.		X	X	X	X	X	X	X	X	X	X	X
If more than one Replacement Tranaction with the same Transactions Code in the same batch, the all matching Link Data transactions will NOT process.	Multiple Transactions with the same link data is percieved as a single transaction.		X										
If more than one Replacement Tranaction with different Transactions Codes are in the same file, they will be processed in asending order.	The two or more Replacement Policies with the same link data other than transaction code will process sequentially.		X	X		X			X			X	
If more than one Replacement Tranaction with different Transactions Codes are in the same batch, they will be processed in asending order.	The two or more Replacement Policies with the same link data other than transaction code will process sequentially.		X										
If more than one Replacement Tranaction with different Transactions Codes are in the same file with the same TID, all transactions will be rejected.	The two or more Replacement Policies with the same link data other than transaction code will process sequentially.				X		X	X		X	X		X
If applied, all records are replaced.	All previously reported records will be replaced by the incoming records, regardless if there is a change reported on the record.		X	X			X	X	X	X		X	
Incoming records are compared by the system to repreviously received records and only the records which are changed are updated.	Records without a percieved change will not be retained.				X						X		X
All records are manually reviewed and if changes present, the changes are applied manually.						X							

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FOREIGN ADDRESS REPORTING

Address Record – Record Type 03:

The following reflects the Address Record fields that relate to the reporting of Foreign Addresses:

Field	Field Title	Description & Code Values	DCO Notes
4	Address Type Code	1 = Mailing Address of Insured	
5	Foreign Address Indicator	This field is only applicable to Address Type Code 1. N = Reported address is inside the US. Y = Reported address is outside the US (e.g., Canada, Japan, Puerto Rico)	N/A: MI, NCCI, NJ
7	Address - Street	A valid street address or P.O. box number must be reported for the mailing address of insured (Address Type Code 1).	
8	Address - City	Report the city name.	
9	Address - State	Report the U.S. Postal Service abbreviation for the state, Canadian Province, or Puerto Rico. Leave blank if Foreign Address Indicator is “Y” and not a Canadian Province or Puerto Rico.	Note is N/A to NCCI. NCCI accepts “FT” being reported for a foreign address.
10	Address – Zip Code	Report the Postal Service zip code	
12	State Code Link	Report the code for the state covered by this record that is used as the second part of a 3-part field that links exposures to locations and then locations to names. For Address Type Codes 3 and 5, and for foreign addresses report “99”.	NCCI will accept 80 or 99 for a foreign address.
18	Geographic Area	Report the Geographic Area (Province, State, etc.) when Foreign Address Indicator is “Y”. This field is required when Foreign Address Indicator is "Y".	N/A: MI, NCCI, NJ
20	Country Code	Report the ISO 3166 Standard Country Code. This field is required when Foreign Address Indicator is "Y".	N/A: MI, NCCI, NJ

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PROOF OF COVERAGE (POC)

Proof of Coverage is a process that is utilized by state industrial accident boards and commissions to verify that an employer is covered by workers' compensation insurance.

In most jurisdictions, where the insurer submits policy data to a DCO, the DCO provides the Proof of Coverage information to the state board. This is accomplished either by sending data to the state board or providing the state board with access to the DCO's database.

States have a variety of requirements to fulfill their POC needs. Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience rating. Contact your DCO or IAIABC POC vendor if further clarification is needed.

POLICY REPORTS

DCOs may produce reports to inform data providers about the results of their submission. These reports provide key details about data that may be informational or require action. Reports are distributed through a variety of delivery mechanisms and formats. Refer to the appropriate DCO for additional information.

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UNIT STATISTICAL DATA REPORTING OVERVIEW

Unit Statistical data is the exposure, premium, and loss information that is first valued 18 months after the Policy Effective Date and annually thereafter. It is required for submission for policies based on the Statistical Plan for the jurisdiction. The information contained in this section of the handbook should be used in combination with the **Workers Compensation Statistical** (WCSTAT) reporting specifications.

USE OF UNIT STATISTICAL DATA

Unit statistical data is payroll, premium and loss information.

The primary uses of unit statistical data are:

- To establish rates and loss costs for each classification within a state.
- To produce experience and merit ratings which establish the experience modification for rated risks.
- To produce summarized data for Schedule Z purposes.
- To provide explanatory information on claim cost trends.

Unit statistical data (commonly known as unit reports) is reported to the various DCOs electronically.

Statistical plans define business rules, instructions, definitions, etc. for required reporting of unit statistical data.

Policy, exposure, premium, and/or loss information is required for unit reports. Data is reported on direct workers' compensation and employers' liability insurance.

ELECTRONIC UNIT STATISTICAL DATA REPORTING

The guidelines for reporting unit statistical data electronically are found in the WCSTAT section of the WCIO *Workers' Compensation Data Specifications* located at *www.wcio.org*.

The WCSTAT format is a 250-byte record.

It is best to check with the DCOs for their accepted methods of electronic submissions.

While the WCSTAT section of the WCIO *Workers' Compensation Data Specifications* is very specific and contains guidelines pertinent to the filing of unit statistical data, some of the more important guidelines are:

- There are four types of unit reports:
    1. 1st Unit Report: Unit report that contains exposure, premium, and loss information (losses are valued 18 months after the policy effective month and year, due by the 20th month).
    2. Replacement Unit Report: Unit report that replaces an original report.
    3. Subsequent Unit Report (2nd –10th): Unit report that updates loss information, which is reported at annual intervals following the 1st unit report.
    4. Correction Unit Report: Unit report that revises data reported in error, or as a result of other changes that require corrections.
- The minimum records required for first reports or exposure corrections are:
    1. Record Type 1 – Header – contains link data (Policy number, Carrier Code, Effective Date, etc.) along with other date fields and information about the risk being reported, e.g., Pol. Type ID, Deductibles, etc.

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2. Record Type 2 – Name – contains link data along with name of the insured.
3. Record Type 4 – Exposure – contains link data along with classification code, payroll and premium information.
4. Record Type 5 – Loss – (this record is not required if there are no applicable losses) contains link data along with claim number, accident date, loss amounts, etc.
5. Record Type 6 – Total – (this record is not required by all DCOs) contains link data along with totals for numeric fields.

- The minimum records required for subsequent reports or loss corrections are:
    1. Record Type 1 – Header
    2. Record Type 2 – Name
    3. Record Type 5 – Loss – (this record is not required if there are no applicable losses)
    4. Record Type 6 – Total (this record is not required by all DCOs.)
- WCSTAT Record Types 7A – 7J are required by some DCOs when the claim meets one of the following conditions:
    1. Death – Injury Type 1
    2. Permanent Total – Injury Type 2

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ELECTRONIC SUBMISSION UNIT REPORT RECORD SET MATRIX

The chart below lists the unit report record types (Header Record, Name Record, Address Record, etc.) that are required for each unit report type (e.g., 1st report, subsequent report, correction report, etc.) for reporting unit statistical data.

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Unit Report Type	Header Record (Type 1)	Name Record (Type 2)	Address Record (Type 3)	Exposure Record (Type 4)	Loss Record (Type 5)	Total Record (Type 6)	ICR (Type 7)
1st Reports	Must have 1 and only 1	Must have 1 and only 1 See note 2-1: MA	**Optional**: All DCOs* No more than 1.	At least 1 required; no maximum **See note 4-1:** DE, MA, MN, NJ, NY, PA, WI See note 4-2: NCCI See note 4-3: TX	Required only if loss data must be reported in accordance with the jurisdictional Statistical Plan; no maximum	No more than 1 allowed **OPT**: MA, NCCI	Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum **N/A:** CA, MA, MI, MN, NCCI, NJ, NC, WI
Replacement Reports to 1st Reports **N/A:** CA, DE, PA **NCCI:** Contact NCCI for reporting requirements	Must have 1 and only 1	Must have 1 and only 1 See note 2-1: MA	**Optional**: All DCOs* No more than 1.	At least 1 required; no maximum	Required only if loss data must be reported in accordance with the Jurisdiction; no maximum	No more than 1 allowed **OPT**: MA, NCCI	Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum **N/A:** MA, MI, MN, NCCI, NJ, NC, WI
Subsequent Reports	Must have 1 and only 1	Must have 1 and only 1 See note 2-1: MA	**Optional**: All DCOs* No more than 1.	None allowed	At least 1 required; no maximum	No more than 1 allowed **OPT:** MA, NCCI	Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum **N/A:** CA, MA, MI, MN, NCCI, NJ NC, WI
Replacement Reports to Subsequent Reports **N/A:** CA, DE, NCCI, PA	Must have 1 and only 1	Must have 1 and only 1 See note 2-1: MA	**Optional**: All DCOs* No more than 1.	None allowed	At least 1 required; no maximum	No more than 1 allowed **OPT:** MA	Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum **N/A:** MA, MI, MN, NJ, NC, WI

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Correction Reports—Correction Type H (Header)	Must have 1 and only 1	None required* **Must have 1 and only 1:** DE, MI, NJ, NY, PA, WI **Optional:** NCCI* No more than 1. See note 2-1: MA	**Optional**: All DCOs* No more than 1.	None allowed	None allowed	None allowed	None allowed
Correction Reports—Correction Type E (Exposure)	Must have 1 and only 1	Must have 1 and only 1 See note 2-1: MA	**Optional**: All DCOs* No more than 1.	At least 1 required; no maximum	None allowed	No more than 1 allowed **OPT:** MA, NCCI	None allowed

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Unit Report Type	Header Record (Type 1)	Name Record (Type 2)	Address Record (Type 3)	Exposure Record (Type 4)	Loss Record (Type 5)	Total Record (Type 6)	ICR (Type 7)
Correction Reports—Correction Type L (Loss)	Must have 1 and only 1	Must have 1 and only 1 See note 2-1: MA	**Optional**: All DCOs* No more than 1.	None allowed	At least 1 required; no maximum	No more than 1 allowed **OPT:** MA, NCCI	None allowed **Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum:** DE, PA
Correction Reports—Correction Type M (Multiple)	Must have 1 and only 1	Must have 1 and only 1 See note 2-1: MA	**Optional**: All DCOs* No more than 1.	None required; no maximum	None required; no maximum	No more than 1 allowed **OPT:** MA, NCCI	None allowed **Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum:** DE, PA
Correction Reports—Correction Type T (Total)	Must have 1 and only 1	Must have 1 and only 1 See note 2-1: MA	**Optional**: All DCOs* No more than 1.	None required; no maximum None allowed: CA, DE, MI, NCCI, NJ, PA, WI	None required; no maximum None allowed: CA, DE, MI, NCCI, NJ, PA, WI	No more than 1 allowed	None allowed
Correction Reports—Correction Type A (Aggravated Inequity) **N/A:** CA, DE, NJ, NY, PA	Must have 1 and only 1	Must have 1 and only 1 See note 2-1: MA	**Optional**: All DCOs* No more than 1.	None allowed	At least 1 required; no maximum See note 5-1: NCCI	No more than 1 allowed **OPT:** MA, NCCI	None allowed
Replacement Reports to Correction Reports **N/A:** CA, DE, NCCI, NY, PA	**All Correction Types:** Must have 1 and only 1	**All Correction Types:** Must have 1 and only 1 See note 2-1: MA	**All Correction Types**: Optional All DCOs* No more than 1.	Correction Type **E:** At least 1 required; no maximum **H, L, A, C:** None allowed **M, T:** None required; no maximum	Correction Type **L, A:** At least 1 required; no maximum **H, E, C:** None allowed **M, T:** None required; no maximum	Correction Type **H:** None allowed **E, L, M, T, A:** No more than one allowed **OPT**: MA (E, L, M, A)	Correction Type None allowed

* If reported, no more than 1 allowed.

2-1: MA – The name record is optional in MA, except for units reported to NCCI for Interstate Experience Rating. The name record is required for all units, except header record corrections, reported to NCCI for Interstate Experience Rating. The name record is optional for header record corrections reported to NCCI.

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4-1: DE, MA, MN, NJ, NY, PA, WI — There cannot be more than one exposure record per unit for any classification code with the same manual/charged rate, experience modification, rate effective date, exposure coverage code and experience modification effective date.
4-2: NCCI — There cannot be more than one exposure record per unit for any classification code with the same rate effective date, exposure act/exposure coverage code and experience modification effective date.
4-3: Texas — There cannot be more than one exposure record per unit for any classification code with the same manual/charged rate, rate effective date, exposure act/exposure coverage code and experience modification effective date.
5-1: NCCI — If correction is due to Aggravated Inequity, may use Code “L” or “A”

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Submission Control Record (Electronic Data Reporting Only)—Record Type Code 9

Provides the total number of records (excluding Record Type Code 9), unit reports, and ICRs contained in an electronic submission. Only one Submission Control Record (Record Type Code 9) is allowed per submission, regardless of the number of electronic files for the submission, and it must be the last record on the last file. This record type is required.

In order to reduce the number of submissions to be handled, a submission may contain all unit report levels for all the insurers within a carrier group. Data for more than one state may be reported within the same submission to NCCI.

UNIT STATISTICAL STATE AND REPORTING DCO

This chart illustrates the state and the DCO to which the unit statistical report should be submitted. The exceptions are noted below the chart.

STATE	DCO
Alabama	NCCI
Alaska	NCCI
Arizona	NCCI
Arkansas	NCCI
California	Workers' Compensation Insurance Rating Bureau of California
Colorado	NCCI
Connecticut	NCCI
Delaware	Delaware Compensation Rating Bureau, Inc.
District of Columbia	NCCI
Florida	NCCI
Georgia	NCCI
Hawaii	NCCI
Idaho	NCCI
Illinois	NCCI
Indiana	NCCI
Iowa	NCCI
Kansas	NCCI
Kentucky	NCCI
Louisiana	NCCI
Maine	NCCI
Maryland	NCCI
Massachusetts	Workers' Compensation Rating and Inspection Bureaus of Massachusetts
Michigan	Compensation Advisory Organization and Inspection of Michigan

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STATE	DCO
Minnesota	Minnesota Workers' Compensation Insurers Association, Inc.
Mississippi	NCCI
Missouri	NCCI
Montana	NCCI
Nevada	NCCI
New Hampshire	NCCI
New Jersey	New Jersey Compensation Rating and Inspection Bureau
New Mexico	NCCI
New York	New York Compensation Insurance Rating Board
North Carolina	North Carolina Rate Bureau or NCCI
North Dakota	Exclusive State Fund
Ohio	Exclusive State Fund
Oregon	NCCI
Pennsylvania	Pennsylvania Compensation Rating Bureau
Puerto Rico	Exclusive State Fund
Rhode Island	NCCI
South Carolina	NCCI
South Dakota	NCCI
Tennessee	NCCI
Texas	NCCI
Utah	NCCI
Vermont	NCCI
Virginia	NCCI
Washington	Exclusive State Fund
West Virginia	NCCI
Wisconsin	Wisconsin Compensation Rating Bureau or NCCI
Wyoming	Exclusive State Fund

Exceptions:

Massachusetts and Minnesota use NCCI for their interstate rating services. When the account qualifies for interstate rating, a copy of the unit statistical report must be sent to both the individual state DCO and to NCCI.

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North Carolina and Wisconsin unit data can be reported to the respective bureaus, or to NCCI. The independent DCO's Statistical Plan Manuals should be used to identify each DCO's reporting requirements.

Unit statistical reports on policies in North Dakota, Ohio, Washington, and Wyoming providing employer's liability, voluntary compensation or U.S. Longshore and Harbor Workers' coverage are collected by NCCI.

If Interstate Rated, WCRB will file the unit report with NCCI on behalf of the data provider. Although reporting for this state can be through either the Wisconsin Compensation Rating Bureau or NCCI, the Wisconsin Statistical Plan Manual is to be used to identify this state's actual, special, unique and/or exception reporting requirements.

STATISTICAL PLANS – OVERVIEW

Statistical Plans are published by Bureaus, DCOs and state insurance departments. These plans contain rules, guidelines and procedures for the submission of data.

The following is usually found in all statistical plans:

- General Rules – contains the general reporting rules applicable to premiums and losses; e.g., loss valuation rules.
- Data Common To Premiums and Losses – contains the rules/guidelines for reporting data elements that apply to both premiums and losses; e.g., Carrier Code, Policy Number, etc.
- Premium/Exposure Information – contains the rules/guidelines for reporting data elements that apply to the premium/exposure records only; e.g., Exposure Coverage Code, etc.
- Loss Data – contains the rules/guidelines for reporting data elements that apply to the loss records only; e.g., Injury Type, etc.
- Subsequent Reports And Corrections – contains the rules/guidelines that apply to the submission of corrections, including subrogation, and subsequent reports.
- Pension Tables – contains the factors applicable for calculating pension benefits payable to dependents and/or claimants; e.g., surviving spouse.

There are many manuals, circulars, guides, etc., that supplement the various statistical plans. It is important that data providers, who are required to report data, have each DCOs manuals and guidebooks to ensure that they are reporting the data correctly based on each DCO's reporting requirements.

The Plan is optional for voluntary compensation, employer's liability, and USL&HW coverage in the following monopolistic fund jurisdictions, North Dakota, Ohio, Washington, Wyoming, and Puerto Rico.

UNIT STATISTICAL LOSS VALUATION AND REPORTING DATES

The losses included in the first report of data must be valued during the 18th month after policy effective date and reported by the end of the 20th month after the policy effective date. For example, for a policy that became effective anytime during January 2010, the data is valued during July 2011, and reported to the DCOs not later than September 2011.

The following table outlines the valuation month and report month for each policy effective date.

Policy Effective Date	Valuation Month 18 Months After Policy Effective Month	Report Month 20 Months After Policy Effective Month
January	July	September

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February	August	October
March	September	November
April	October	December
May	November	January
June	December	February
July	January	March
August	February	April
September	March	May
October	April	June
November	May	July
December	June	August

Second through tenth loss reports (subsequent reports) are required at successive 12 month valuations after the first report; 30, 42, 54, 66, 78, 90, 102, 114, and 126 months; and are to be reported by the due month.

Subsequent reports must be reported if any of the following criteria applies:

- A claim was reported as open on the prior report; e.g., if the second report had open claims, then a third report must be filed.
- A claim was reported as closed on any prior report that has since reopened; e.g., first report had a closed claim that reopened subsequent to submission of the first report.
- A claim was reported as closed on any prior report that has had additional payments; e.g., third report had a closed claim that had additional payments made subsequent to submission of the third report.
- A previously unreported claim develops.

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Three-Year Fixed Rate Policies

Data for a three-year fixed rate policy usually requires one report. The experience should be valued in the 42nd month and include the complete three years of data. Refer to the appropriate DCO statistical plan manual for additional reporting instructions.

Multiple Year Policies

Data on multiple year policies (other than Three-Year Fixed Rate) must be reported as separate annual policies. For example, a policy January 2011 to January 2014 would require separate unit reports for January 2011, January 2012, and January 2013, where each report covers a separate one-year block of experience.

UNIT STATISTICAL LISTINGS/REPORTS

DCOs may produce reports to inform data providers about the results of their submissions, and data expected to be reported. These reports provide key details about data that may be informational or require action. Reports are distributed through a variety of delivery mechanisms and formats. Refer to the appropriate DCO for additional information.

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DETAILED CLAIM INFORMATION DATA REPORTING OVERVIEW

Detailed Claim Information (DCI) is a data collection program whereby insurance companies furnish specific information on workers compensation indemnity claims. The information contained in this section of the handbook should be used in combination with the **Workers Compensation Call for Detailed Claim Information** (WCCDCI) reporting specifications.

USE OF DETAILED CLAIM INFORMATION DATA

(INCLUDING TEXAS)

Detailed claim information provides valuable information in the cost evaluation of benefit changes, fees for medical care, and various types of legislation.

The primary uses of detailed claim data are as follows:

- To provide valuable information for law evaluation.
- To provide valuable information for cost containment.
- To provide “drill down” capabilities on major claims.

DETAILED CLAIM INFORMATION PARTICIPATION PROCESS

DCI is not required to be reported by all Data Reporting Companies. Participation in the detailed claim reporting program is determined on a company group basis, using standard earned premium. For NCCI DCI states, participation is required for companies whose total statewide standard earned premium is at least 1% market share over the most recent three years, in at least three DCI (NCCI and Independent Bureau) states or the market share is greater than or equal to 5% in any one DCI state in the latest year. For Massachusetts and Texas, all workers’ compensation writers must participate.

Participation is usually reviewed every two years. When an insurer is required to report data, the insurer will report for all applicable DCI states in which they write, even if an individual state’s market share in a DCI state is below the threshold. The insurer will continue reporting indefinitely, even if they fall below the eligibility threshold.

All Death and Permanent Total claims must be reported. A percentage of all other indemnity claims, both open and closed, are sampled.

For NCCI DCI states, claims selected must be evaluated 18 months and reported within 21 months after the date the claim was first reported to the company. For example, if a claim occurred on September 3, 2009 and was reported to the insurer on September 6, 2009, the claim must be evaluated March 2011 and reported by June 2011. For Texas, claims selected must be evaluated six months and reported within nine months after the date the claim was first reported to the company.

Subsequent reports on this claim are due annually, as long as the claim remains open, includes indemnity or has not reached the eleventh valuation level. For Texas, it goes up to the twelfth valuation level.

DCI is to be reported as long as the claim remains open up to the final valuation level. If a claim closes but additional payments are made during this timeframe, then the claim is reported at the next valuation after the claim reopens. For example:

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CLAIM STATUS	REPORT
18th valuation open	Report as open
30th valuation closed	Report as closed
42nd valuation closed	No report due
54th valuation reopens	Report as open
66th valuation closed	Report as closed
78th valuation reopens	Report as open
90th valuation closed	Report as closed
102nd valuation closed	No report due
114th valuation closed	No report due
126th valuation closed	No report due
138th valuation closed	No report due

Replacement reports are required when the data was incorrectly reported.

When reporting the replacement of key data fields, the previous key fields must also be reported.

ELECTRONIC DETAILED CLAIM INFORMATION DATA REPORTING

Detailed claim Information data must be reported to NCCI electronically. NCCI does not accept data on hard copy.

The guidelines for reporting detailed claim data electronically are found in the WCCDCI section of the WCIO *Workers' Compensation Data Specifications* located at *www.wcio.org*.

The WCCDCI format is a 600-byte record.

NCCI only accepts the data electronically using Data Transfer via the Internet (via ncci.com) or Secure FTP.

Before reporting electronically to the NCCI, a test submission is required. The test usually requires the following:

1. Data Provider Profile Form
2. 20-50 records

A submission control record must accompany each electronic submission.

For Texas Detailed Claim Data, individual carrier codes are needed. Texas cannot be reported using a group carrier code.

Data from more than one state can be reported in the same submission.

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DETAILED CLAIM INFORMATION STATE AND REPORTING DCO

Detailed claim data, including Texas, is reported to the NCCI. Refer to the NCCI's Detailed Claim Information Reporting Guidebook and the Texas Detailed Claim Information Statistical Plan for reporting instructions.

DETAILED CLAIM REPORTS

NCCI produces reports to inform data providers about the results of their submission, and data expected to be reported. These reports provide key details about data that may be informational or require action.

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MEDICAL DATA CALL REPORTING OVERVIEW

Medical data is reported for medical transaction associated with workers compensation indemnity and medical claims. The information contained in this section of the handbook should be used in combination with the **Workers Compensation Medical Data** (WCMED) reporting specifications.

USE OF MEDICAL CALL DATA

Medical data is the main component used for legislative analysis and pricing.

All medical transactions with a Jurisdiction State in any applicable Medical Call Data state are reportable. This includes all workers compensation claims, including medical-only claims. The Jurisdiction State corresponds to the state under whose Workers Compensation Act the claimant's benefits are being paid.

MEDICAL DATA CALL PARTICIPATION/ELIGIBILITY

Participation is determined by each DCO collecting this data. Refer to the appropriate DCO for more information.

1. Affiliate Group Participation

When an affiliate group is included in the Call, all companies that are aligned within that group are required to report under the Call.

2. Reporting Responsibility

Participants in the Call will have the flexibility of meeting their reporting obligation in several ways, including:

- Submitting all of their Call data directly
- Authorizing their vendor business partners (TPAs, medical bill review vendors, etc.) to report the data

Regardless of who submits the Call, the data submitter must report the standard record layout in its entirety with all applicable data elements populated.

Note: Although data may be provided by an authorized vendor on behalf of an affiliate carrier or affiliate carrier group, quality and timeliness of the data is the responsibility of the carrier.

ELECTRONIC MEDICAL DATA CALL REPORTING

Medical Call data must be reported electronically. Hard copy is not accepted.

The guidelines for reporting medical data electronically are found in the WCMED section of the WCIO *Workers' Compensation Data Specifications* located at *www.wcio.org*.

The format for electronic reporting is called the WCMED format and is a 350-byte record.

Before reporting electronically, a test submission is required.

The WCMED Section of the WCIO *Workers' Compensation Data Specifications* is very specific and contains guidelines pertinent to the filing of Medical Call data. Some of the more important guidelines are:

Electronic submissions shall consist of up to three record types:

1. Medical Data Call Record

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2. Submission Control Record
3. Electronic Transmittal Record (Not Applicable: NCCI)

A submission control record must accompany each electronic submission.

MEDICAL DATA CALL STATE AND REPORTING DCO

Requirements may differ for each applicable DCO. Refer to the appropriate DCO for information.

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INDEMNITY DATA CALL REPORTING OVERVIEW

Indemnity data is reported for indemnity transactions associated with workers compensation indemnity claims. The information contained in this section of the handbook should be used in combination with the **Workers Compensation Indemnity Data** (WCIND) reporting specifications.

USE OF INDEMNITY CALL DATA

Indemnity data is a main component used to support legislative pricing and research related to indemnity benefits.

All indemnity claim activities within an Indemnity Data Call jurisdiction state are reportable. This includes all workers compensation claims for which an indemnity payment has been made or indemnity reserve established. This does not include medical-only claims (i.e., workers compensation claims in which there are no incurred indemnity losses reported and no anticipation of an indemnity payment in the future). The Jurisdiction State corresponds to the state or federal workers compensation act under which the claimant's benefits are being paid.

INDEMNITY DATA CALL PARTICIPATION/ELIGIBILITY

Participation is determined by each DCO collecting this data. Refer to the appropriate DCO for more information.

Participants in the Call will have the flexibility of meeting their reporting obligation in several ways, including:

- Submitting all Call data directly
- Authorizing their vendor business partners (TPAs, vendors, etc.) to report the data

Regardless of who submits the Call, the data submitter must report the standard record layout in its entirety with all applicable data elements populated.

Note: Although data may be provided by an authorized vendor on behalf of a carrier, quality and timeliness of the data is the responsibility of the carrier.

ELECTRONIC INDEMNITY DATA CALL REPORTING

Indemnity Call data must be reported electronically. Hard copy is not accepted.

The guidelines for reporting Indemnity data electronically are found in the WCIND section of the WCIO *Workers' Compensation Data Specifications* located at *www.wcio.org*.

The format for electronic reporting is called the WCIND format and is a 300-byte record.

Before reporting electronically, a test submission is required.

The WCIND Section of the WCIO *Workers' Compensation Data Specifications* is very specific and contains guidelines pertinent to the filing of Indemnity Call data. Some of the more important guidelines are:

Electronic submissions shall consist of up to five record types:

1. Indemnity Data Call Transactional Record
2. Indemnity Data Call Quarterly Record
3. Indemnity Data Call Key Field Change Record
4. File Control Record

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5. Electronic Transmittal Record (Not Applicable: NCCI)

A file control record must accompany each electronic submission.

INDEMNITY DATA CALL STATE AND REPORTING DCO

Requirements may differ for each applicable DCO. Refer to the appropriate DCO for information.

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RESIDUAL MARKET

Assigned risk plans and reinsurance pools, involuntary market, market-of-last-resort and joint underwriting associations (JUAs) are all varying forms or names of what is known as the 'Residual Market.'

All states and the District of Columbia provide a method to ensure that workers' compensation insurance coverage is available. Entities unable to purchase workers' compensation insurance in the voluntary market will be insured in the residual market (involuntary market), as long as they meet the eligibility requirements for the respective jurisdictional residual market mechanism.

The following is a breakdown, by jurisdiction, of the form of the existing residual market mechanisms:

- North Dakota, Ohio, Washington, and Wyoming are exclusive or non-competitive, state funds. All employers must purchase workers' compensation insurance through these exclusive state funds or self-insure. These state funds accept all applicants and, therefore, there is no formal separate and distinct residual market in those jurisdictions.
- In the following states, residual market coverage is provided by non-exclusive, or competitive, state funds. These states are California, Colorado, Hawaii, Kentucky, Louisiana, Maine, Maryland, Montana, New York, Oklahoma, Pennsylvania, Rhode Island, Texas, and Utah.
- The following states have plans administered by state rating bureaus or an outside agency. These states are Delaware, Florida, Indiana, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Jersey, North Carolina, and Wisconsin. Most of these assigned risk plans are reinsured by voluntary market carriers, on a quota share basis, through reinsurance pools (several of which are managed by NCCI), but a few have only excess of loss reinsurance or no reinsurance by the voluntary market.
- The following jurisdictions have assigned risk plans and reinsurance pools administered by NCCI. These states are Alabama, Alaska, Arizona, Arkansas, Connecticut, District of Columbia, Georgia, Idaho, Illinois, Iowa, Kansas, Mississippi, Nevada, New Hampshire, New Mexico, Oregon, South Carolina, South Dakota, Tennessee, Vermont, Virginia, and West Virginia. Most, but not all, of these states assigned risk plans also allow carriers to participate on a direct assignment basis, rather than provide quota share reinsurance through the associated assigned risk pool.

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EDITING

OVERVIEW

The editing process is a series of quality checks performed by DCOs that verifies the validity, accuracy, and completeness of the data submitted by data providers. Editing is critical to ensuring that the data submitted is consistent with reporting requirements and meets quality standards. Edits identify data that has errors, or may have errors, so that data providers can take any corrective action necessary.

Refer to your specific DCO for information on the errors by data type and available error reports.

TYPES OF EDITS

Edit may be classified as follows:

- Field edits ensure that the value in each data field is acceptable according to submission guidelines, e.g., numeric, alphanumeric, or equal to a particular value. This may involve accessing a look-up table to validate the value reported for the field.

Field Edit example:

FIELD NAME	WCPOLS RECORD LOCATION	EDIT
Carrier Code	Link	Must be numeric and other than 00000; must be valid per DCO Table.

- Range edits ensure that a field value is within a particular numeric range (dollar, percentage, or high and/or low). This may involve accessing a look-up table to validate the value reported for the field.

Range Edit example:

FIELD NAME	WCPOLS RECORD LOCATION	EDIT
Address Type Code	Address Record	Must be numeric; must be “1” – “6”

- Logical edits verify that the data makes sense in relations to one or more

Logical Edit example: (Unit Report)

FIELD NAME	WCPOLS RECORD LOCATION	EDIT
State Add/Delete Code	State Premium Record	If Transaction Code = “15” State Add Delete Indicator must not be blank on all State Premium Records or must be blank on at least one State Premium Record.

- Relational edits compare the data in a specific field on the unit report with another data field contained in the same submission and/or with a corresponding submission that was previously submitted and already stored on a DCOs database.

Relational Edit example: (Unit Report)

FIELD NAME	WCPOLS RECORD LOCATION	EDIT
Class Code	Loss Record	If loss class code present, must have corresponding exposure class code.

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REPORTS

DCOs may produce reports to inform data providers about the results of their submission. These reports provide key details about data that may be informational or require action. Reports are distributed through a variety of delivery mechanisms and formats. Refer to the appropriate DCO.

WCCRIT

WCCRIT is a WCIO standard issued by some DCOs when a discrepancy or error is found. Criticisms are used by some DCOs instead of error reports to request a correction to an error or to notify the insurer of a possible problem or request additional information.

The WCCRIT section of the WCIO *Workers' Compensation Data Specifications* contains the record layout for WCPOLS and WCSTAT criticisms.

Within WCCRIT a Multiple Record Identifiers Field is used to provide additional information that identifies the specific record in error when more than one of the same Record Type Code was included in the corresponding WCPOLS or WCSTAT transaction.

Multiple Record Identifiers Field

The Multiple Record Identifiers field (positions 373-398) is reported in the WCSTAT Error Information Record and the WCPOLS Error Information Record of the WCCRIT Reporting Specification. This field provides additional information to help identify the specific record in error when more than one of the same Record Type Code was included in the corresponding WCPOLS or WCSTAT transaction. The individual identifying fields vary depending on the Record Type Code of the record in error.

NOTE: The Record Type Code is reported in the Error Code (positions 58-59) of the WCSTAT Error Information Record and the WCPOLS Error Information Record.

WCSTAT ERROR INFORMATION RECORD

If the error is in the Exposure Record (Record Type Code 04), the following data will be reported in this field.

Field Name	Class	Positions	Bytes
Split Period Code	N	373-373	1
Classification Code	N	374-377	4
Exposure Act/Exposure Coverage Code	N	378-379	2
Experience Modification Effective Date (Format: CCYYMMDD)	N	380-387	8
Rate Effective Date (Format: CCYYMMDD)	N	388-395	8
Reserved for Future Use		396-398	3

If the error is in the Loss Record (Record Type Code 05), the following data will be reported in this field.

Field Name	Class	Positions	Bytes
Claim Number	AN	373-384	12
Reserved for Future Use		385-398	14

If the error is in the ICR Record (Record Type Code 07), the following data will be reported in this field.

Field Name	Class	Positions	Bytes
Claim Number	AN	373-384	12
Reserved for Future Use		385-398	14

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WCPOLS ERROR INFORMATION RECORD

If the error is in the Name Record (Record Type Code 02), the following data will be reported in this field.

Field Name	Class	Positions	Bytes
Name Type Code	N	373-373	1
Name Link Identifier	N	374-376	3
First 20 Characters of Name	AN	377-396	20
Reserved for Future Use		397-398	2

If the error is in the Address Record (Record Type Code 03), the following data will be reported in this field.

Field Name	Class	Positions	Bytes
Address Type Code	N	373-373	1
Name Link Identifier	N	374-376	3
State Code Link	N	377-378	2
First 20 Characters of Address Street	AN	379-398	20

If the error is in the State Premium Record (Record Type Code 04), the following data will be reported in this field.

Field Name	Class	Positions	Bytes
State Code	N	373-374	2
Experience Modification Effective Date (Format: CCYYMMDD)	N	375-382	8
Anniversary Rating Date (Format: CCYYMMDD)	N	383-390	8
Reserved for Future Use		391-398	8

If the error is in the Exposure Record (Record Type Code 05), the following data will be reported in this field.

Field Name	Class	Positions	Bytes
State Code	N	373-374	2
Classification Code	N	375-378	4
Exposure Act/Exposure Coverage Code	N	379-380	2
Exposure Period Effective Date (Format: CCYYMMDD)	N	381-388	8
Reserved for Future Use		389-398	10

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If the error is in the Endorsement Identification Record (Record Type Code 07), the following data will be reported in this field.

Field Name	Class	Positions	Bytes
State Code	N	373-374	2
First Endorsement Number on the Record	AN	375-382	8
Reserved for Future Use		383-398	16

If the error is in the Endorsement Record (Record Type Code 09 and greater, including state specific endorsements), the following data will be reported in this field.

Field Name	Class	Positions	Bytes
State Code	N	373-374	2
Endorsement Number	AN	375-382	8
Endorsement Sequence Number	N	383-385	2
Endorsement Effective Date (Format: CCYYMMDD)	N	381-388	8
Reserved for Future Use		394-398	5

If the error is in the Cancellation/Reinstatement/Nonrenewal Record (Record Type Code 08), the following data will be reported in this field.

Field Name	Class	Positions	Bytes
State Code	N	373-374	2
Cancellation/Reinstatement Type Code	N	375-375	1
Cancellation/Reinstatement Sequence Number	N	376-377	2
Cancellation/Reinstatement Effective Date (Format: CCYYMMDD)	N	378-385	8
Reserved for Future Use		386-398	13

If the error is in the Noncompliance/Compliance Record (Record Type Code Z1), the following data will be reported in this field.

Field Name	Class	Positions	Bytes
State Code	N	373-374	2
Noncompliance/Compliance Notification Type Code	N	375-375	1
Primary Noncompliance/Compliance Reason Code	N	376-377	2
Noncompliance/Compliance Transaction Sequence Number	N	378-379	2
Noncompliance/Compliance Effective Date (Format: CCYYMMDD)	N	380-387	8
Reserved for Future Use		388-398	11

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